

Joint Appraisal 2016: How to develop the joint appraisal report

This document accompanies the “Joint Appraisal Report Template” (Word file) and provides guidance to the joint appraisal team on how to develop the report.

The content provided in each section of this document is intended to guide the appraisal discussions to ensure the relevant range of issues is covered in the appraisal and is sufficiently addressed in the final report.

To help organize a successful joint appraisal process, please refer to the document entitled “Joint Appraisal 2016: How to plan and conduct a joint appraisal.” Included there is an indicative list of documents (Annex 2) useful in developing the report.

Part 1: General Guidance

The joint appraisal report

The joint appraisal report documents Gavi grant performance (taking into account achievements in relation to pre-established targets, activities and budgets documented in the performance framework and in financial expenditure reports and action plans agreed with Gavi) as well as implementation challenges identified through the joint appraisal process.

It also highlights recommendations made by the joint appraisal team on actions needed to ensure sound future implementation in line with program objectives, with the aim of achieving and sustaining high coverage and equitable access to immunisation in particular.

The joint appraisal report informs discussions with national coordination mechanisms (Inter-agency Coordinating Committee (ICC), the Health System Coordinating Committee (HSCC) or equivalent) on areas where greater national investments and efforts, as well as technical support, are needed.

As a key input for Gavi’s decision on grant renewals, the report findings enable consideration by the High Level Review Panel (HLRP) of how Gavi resources can be best directed (e.g. through re-allocation of cash support, or continuation of support, or for technical assistance) in the coming implementation period, to maximise the impact of Gavi support to improve immunisation outcomes.

Important to note

- Data submitted to Gavi, most notably the country’s up to date programmatic and financial performance, information on overall expenditure and financing for immunisation and future plans for grant implementation (as well as country information (population size and health statistics), and published coverage estimates), should inform the joint appraisal discussions and can be referenced as appropriate throughout the report.
- Any other recent data and analyses¹ available in the country from the last 12 months should also be considered during the joint appraisal. Data provided in the report should include clear reference to the source of information.

¹ For example from Expanded Programme on Immunisation (EPI) review, joint annual health sector review, comprehensive multi-year plan (cMYP) annual work plan, post-introduction evaluations (PIE), effective vaccine management (EVM) assessments.

- Endorsement by the relevant national coordination mechanisms (Inter-agency Coordinating Committee (ICC), the Health System Coordinating Committee (HSCC) or equivalent) of the joint appraisal process, findings, recommended actions, (as well as the targets, reported performance of the grants and the request for continued HSS funding) serve to indicate country ownership.

Report format and length

Countries are requested to use the joint appraisal report template provided (see Word document provided). This report structure will help ensure completeness of the report as well as a consistent presentation to the HLRP. It will also help regional and global partners identify common issues across countries and inform how they can best provide support.

The expected length of the full joint appraisal report is ten (10) pages in total (excluding annexes), and five pages for the joint appraisal update. Suggested page lengths are provided for each section. To the extent possible, please preserve the format provided in the template, including font size 11 and standard margins.

Report submission

Upon completion of the joint appraisal, the MOH is to submit the appraisal report to the Gavi Secretariat via the Senior Country Manager. It will then be shared with the review members for their review.

- Dates for countries conducting a **'full' joint appraisal** using the full reporting template and with country, regional and global stakeholders present

Deadlines for joint appraisals	High Level Review Panel meeting dates
20 April	12-13 May
27 June	27-29 July
5 Sept	5-7 Oct

- Dates for countries conducting a **joint appraisal 'update'** using a lighter version of the reporting template and with only country stakeholders present

Deadlines for joint appraisals	Secretariat review dates
3-4 months following end of fiscal cycle	Immediately following submission of joint appraisal

Part 2: Joint appraisal report sections

This second part of the guidance provides details on the expected content for each section of the joint appraisal report. Where relevant, it also outlines topics to discuss with stakeholders during the joint appraisal. Rather than respond to each of these areas, the report should focus on topics most important to the analysis and resulting recommendations.

1. Summary of renewal requests

This section will be pre-populated by the Gavi Secretariat. If any changes are to be made in this section, they should be discussed as a group during the joint appraisal and flagged in the report.

If the country expects to introduce a new vaccine in the upcoming years, this should be recorded in the table provided. This will help inform planning and can flag any potential technical assistance needs.

2. Country context *(maximum 1 page)*



This section does not need to be completed for joint appraisal update in interim years

This section of the report only needs to be filled-in if there have been any changes to the major contextual factors (e.g. political instability, natural disaster, etc.) or objectives that have had a direct impact on Gavi grant performance. Consider, for example, the various immunisation system components as linked to the health system building blocks² as well as other factors or events, for example:

- **Leadership, governance and programme management** (e.g. governing function of ICC/HSCC)
- **Coverage & equity** of all Gavi supported antigens part of the country's routine immunisation: (e.g. provinces/districts with low coverage and/or specific demographic groups identified as having lower access/coverage; any equity analyses conducted including findings from H-H surveys on impact of socioeconomic and gender factors on immunisation and other health services access and utilisation; any priorities for coverage & equity improvements; any notable progress, stagnation, or regression in the past year; any specific activities being conducted to address equity issues).
- **Immunisation financing** (e.g. political commitment to immunisation, insufficient budget/disbursements to fund vaccines and other capital and operational costs of the programme, near-term entry into the accelerated transition phase and phase-out from Gavi support, major macroeconomic or political changes affecting the government/health/immunisation budget, any issues with the adequacy and timelines of budgeting and disbursement processes, other financial sustainability issues). Submitted information from the Country Information section of the Gavi country portal "*Overall expenditure and financing for immunisation from all sources (Government and donors)*" should be referred to here to provide an overview of the extent to which the country contributes to the immunisation programme. This and other information provided by the country or partners should inform a discussion on financial sustainability issues of the immunisation programme, particularly in light of any expected increases in funding needs.
- Other system components including **human resources management, immunisation supply chain management, immunisation service delivery, surveillance and reporting, demand promotion and communication** (e.g. changes in policies, new

² For more information, see section on situation analysis in the WHO/UNICEF Guidelines for cMYP (http://apps.who.int/iris/bitstream/10665/100618/1/WHO_IVB_14.01_eng.pdf)

investments in certain areas), existing structures in place to manage various components and their capacity; capacity of national regulatory agency, strengths and weaknesses of national immunization technical advisory groups (NITAGs) or equivalent.

- **Other factors/events** (e.g. political changes, new comprehensive multi-year plan cMYP and programme priorities, judiciary arrangements for Gavi support, outbreaks, adverse events following immunization (AEFI) issues affecting community confidence in vaccines including what mechanism is in place to address AEFI communication issues).

This section is not intended as a comprehensive summary of the factors affecting the immunisation programme or of its weaknesses. Only **major factors** with a direct impact on the Gavi grants and/or overall coverage & equity should be highlighted– especially factors where there have big changes in the past year – to help put into context the analysis of grant performance to follow in the subsequent section.

If available, an analysis completed for a recent review that provides this same information can be referenced and submitted as an attachment.

Other **data or graphs** could be helpful either included in the body of the report or attached as an Annex to support the commentary, where relevant.

3. Grant performance and challenges *(max. 3-5 pages)*



For countries conducting the joint appraisal 'update', only include information relevant to upcoming needs and strategic actions described in section 5

3.1. New and underused vaccines support (NVS)

3.1.1. Grant performance and challenges

This section covers an analysis of both the programmatic and financial aspects of NVS grant performance (achievements in relation to pre-established objectives, targets, programme activities and budgets as reflected in the performance framework, and related implementation challenges (along the system components as described in the Country Context section) since the previous joint appraisal.

If Vaccine Introduction Grants (VIGs, for routine vaccines) or operational costs (for campaigns or HPV demonstration programmes) were received in the reporting period, highlight any key issues regarding the financial management of these cash grants vs programmatic achievements. For example, the joint appraisal report should summarise on-going discussions or recommendations based on the country context between the government and Gavi on actual versus planned expenditure against approved program objectives and activities for these cash grants, based on budget details submitted prior to fund disbursements. Also indicate how campaigns will strengthen routine programmes, i.e. how will assets and other campaign activities be transitioned to routine

Submitted information via the online NVS renewal request and the performance framework should inform discussions on key indicators including coverage target achievements, stock management, drop-out and wastage performance expectations, a comparison of coverage discrepancies between vaccines administered in the same schedule, and sub-national grant performance if possible (e.g. coverage discrepancies between districts, or roll-out of vaccine in some areas only). These should be referred to in this section of the report. Other graphs or tables can be included to support the analysis. Findings and recommendations of other recent reviews (e.g. EPI review, PIEs, EVM assessments, sentinel surveys, agreed base lines in the performance framework, improvement plans, and relevant cold chain management plans) should be used to inform the discussion on grant implementation.

This analysis of vaccine implementation contributes to the identification of persistent challenges that impede progress in improving and sustaining coverage and equity in access to immunisation, and the extent to which the current HSS support is addressing these challenges and future priorities.

The joint appraisal team should highlight the most important 3-5 next steps to address these challenges for improving coverage and equity in Section 5. This might include the need for additional data at the subnational level to better assess coverage and equity issues.. Other actions to address any specific grant management issues should also be documented in Section 5.

Topics to discuss during the joint appraisal (all bolded areas to be covered in the report)³:

Programmatic performance and challenges:

- **Performance** of each Gavi-supported vaccine programme (routine, campaign, demonstration projects) **against approved coverage targets and planned activities as outlined in the performance framework; reasons for any deviations**
 - Actual performance versus targets on coverage, wastage and drop-out and national/regional stock levels.
 - Reasons for any discrepancies between coverage and targets, including between various antigens.
- Results from any **equity analyses** that showed any socioeconomic, geographic, gender or other barriers to access, utilisation and delivery of essential health services
- **Progress in the implementation of new introductions and/ or campaigns in the reporting period:**
 - **Actual versus planned time of introduction** (as indicated to Gavi Secretariat to determine dose requirements); **issues** with completion of activities from vaccine introduction plans, status of national roll-out or plans of action **that led to delays**, if relevant
- **Status of implementing any outstanding recommendations from the IRC, HLRP or Senior Country Manager** (or others entities as relevant)
- Degree of **participation of key stakeholders** in the implementation of the HSS proposal, including **civil society organizations**
- **Status of strengthening surveillance systems** (for AEFI and disease surveillance)
- **Compliance with data quality and survey requirements**
 - Use of data for data quality activity planning (annual desk review & every 5 year data quality/system evaluation), data quality improvement plan
 - Appropriate national survey frequency (previous survey report, plan for next survey)
 - Use of Gavi support on immunization data quality monitoring and improvement
 - **Key lessons learned to inform future routine vaccine introductions or campaigns** (from e.g. EPI reviews, PIEs, HPV demo evaluations, post campaign coverage surveys, impacts of Gavi-supported campaigns on routine immunisation, FCE country reports)

³ If these topics were recently discussed as part of a Post-introduction Evaluation (PIE) or EPI review, these discussions can be referenced in the joint appraisal report.

- **Key implementation bottlenecks and corrective actions, along system components** such as (but not limited to):
 - Vaccine management and distribution issues (stock-outs, over-supply, inefficient vaccine delivery, or loss of doses)
 - Supply chain management (status of EVM improvement plan implementation, availability of trained supply chain managers, availability of reliable supply chain data, updated and implemented cold chain management plans)
 - Human resources management and service delivery
 - Demand promotion and communication, including issues of public perception of vaccines
 - Past and expected challenges in meeting **co-financing requirements** and mitigation measures
 - capacity of national regulatory agency, if applicable
 - effectiveness of national immunization technical advisory groups (NITAGs) or equivalent
 - The extent to which these bottlenecks are/will be addressed by Gavi HSS support or funds from another source.
- **Overall programmatic capacity to manage NVS grants**

Financial performance and challenges:

- **Actual versus planned financial expenditure**, based on approved budget details for VIGs and operational costs, including dates of approval or disbursements
- **Any key challenges** regarding the financial management and reporting of VIGs or operational costs (note cross-cutting NVS/HSS financial management issues to be highlighted in Section 3.4)
- Proposals for how to use **any unspent funds** (from campaign to routine) to strengthen the immunisation programme
- **Complementarity between VIGs, operational costs and HSS funds** (i.e. alignment between activities funded through VIGs or operational support for campaigns and HSS grant activities)
- **Overall financial capacity to manage NVS grants**

3.1.2. NVS future plans and priorities

Referencing the NVS renewal request (submitted in May) and performance framework, provide rationale for the renewal of NVS grants in reference to the indicated targets, including any risks to future implementation and mitigating actions.

Further to Section 1, describe any future plans for NVS applications to Gavi and new vaccine introductions or campaigns, or new priorities in the national immunisation programme that may affect future implementation of Gavi-supported vaccines. The key challenges and risks identified in the implementation of the currently-supported vaccines, along with the future plans, may inform the technical assistance needs (for discussion under Section 5 and to be included in Section 1).

Topics to discuss during the joint appraisal, if applicable (all bolded areas to be covered in the report):

Currently approved vaccines:

- **Reasonableness of targets for next implementation year**
 - Proposed targets (first and last dose as applicable) for next implementation year for the new vaccines versus those requested in the previous year
 - Projected wastage rates
 - Projected growth by year in coverage performance given recent trend
 - Justification for any steep increase in planned coverage and plans to achieve this
- **Plans for change in any vaccine presentation(s) or type(s) ⁴**
 - Issues to be addressed to ensure a successful product presentation/type switch
 - Financial considerations of a presentation switch that may affect co-financing
- **Risks to future implementation and mitigating actions**

New applications or new immunisation programme priorities:

- **Any expected future applications to Gavi for new vaccine introductions or campaigns** (in the next two years – include in Table 1 of the template)
- **Emerging new priorities for the national immunisation programme** based on the latest cMYP and annual work plans

3.2. Health systems strengthening (HSS) support

3.2.1. Strategic focus of HSS grant

This section describes the extent to which the HSS grant aligns adequately to the system bottlenecks, contributes to improve coverage and equity, and strengthen the programmatic, systemic and financial capacities of countries to sustain these gains once Gavi support is eventually phased out.

Describe the complementarity and added value of the HSS support and PBF reward (if received), relative to support from other partners and funding sources, to addressing the persistent challenges that impede progress in achieving better immunisation outcomes (as described in Section 3.1.1 on NVS grant performance and challenges) and the realization of the Board's vision for successful transitions⁵. This forms the basis for any planned changes necessary to the HSS grant, as described in section 3.2.3.

3.2.2. Grant performance and challenges

This section covers an analysis of both the programmatic and financial aspects of HSS grant performance and related implementation challenges.

Please refer to the HSS grant overview information completed through the country portal.

⁴ "Type" refers to for example changing to measles/rubella vaccine as the measles second dose

⁵ For more information on transition, visit <http://www.gavi.org/Support/Apply/Graduating-countries/>

The joint appraisal report should summarise other ongoing discussions between the government and Gavi on actual versus planned activity implementation and financial expenditure, against approved activities and budget.

The joint appraisal discussions should be informed by information (e.g., HSS grant overview, progress against targets, workplan and budget) submitted through the country portal.

The joint appraisal team should recommend actions to address any specific grant management issues, to be documented in section 5.

Topics to discuss during the joint appraisal (all bolded areas to be covered in the report):

Programmatic performance and challenges:

- **Achievements of targets and of intermediate results, and feasibility of targets** set in the original proposal, with a focus on those pertaining to coverage and equity
- Use of **Performance Based Funding (PBF) reward**, if it has been received.
- **Actual versus planned activity implementation, based on approved workplan** (i.e. level of achievement in implementing the activities per objective)
- Degree of **participation of key stakeholders** in the implementation of the HSS proposal, including **civil society organizations**
- **Implementation bottlenecks, corrective actions, and lessons learned** (as per section 3.1.1) to improve future performance especially with regards to coverage and equity priorities.
- **Compliance with data quality and survey requirements**
 - Use of data for data quality activity planning (annual desk review & every 5 year data quality/system evaluation), data quality improvement plan
 - Appropriate national survey frequency (previous survey report, plan for next survey)
 - Use of Gavi support on immunization data quality monitoring and improvement
- Follow-up on recommendations from any **available HSS evaluation report**
- **Overall programmatic capacity of entity managing HSS grants**

Financial performance and challenges:

- **Actual versus planned financial expenditure**, based on approved budgets
- Any **key challenges** regarding the financial management of HSS grant (*note cross-cutting NVS/HSS financial management issues to be highlighted in Section 3.4*)
- For country that has received **performance payments under the Gavi Performance Based Funding (PBF) approach**:
 - **Budgets and plans for using these funds, and how they have been used to date**
- **Overall financial capacity of entity managing HSS grants**

3.2.3. Describe any changes to HSS funding and plans for future HSS applications

Present the rationale for requesting a new tranche of HSS funds (and the associated amount, as per table in section 1) or for planned changes to the HSS grant in terms of re-allocation or reprogramming.

If the country is requesting a new tranche of HSS funding for the next programme year, submitted information from the performance framework (on approved multi-year HSS programme and planned HSS activities) should be referred to during the joint appraisal to inform discussions on planned activities and budgets. Please also indicate when the next tranche of funding will be required.

This section should explain why the country is requesting a re-allocation or reprogramming⁶ of the HSS funds.

- In the case of reallocation of funds, please attach an updated workplan and budget as an annex to the appraisal report.
- In the case of reprogramming, please refer to www.gavi.org for the reprogramming application materials. A reprogramming application must be submitted to Gavi for IRC review.
- A one-time no-cost extension for up to one year may be requested at the end of the grant period, in exceptional circumstances.

Any requests for reallocation or reprogramming of HSS resources will be assessed with a coverage, equity and sustainability lens.

3.3. Transition planning (if relevant)

The implementation of transition plans (including activities funded by Gavi or others) should be monitored through an annual joint appraisal process. For countries that have developed a transition plan and are in the process of transitioning out from Gavi support, this section describes the implementation progress of the plan to ensure financial and programmatic sustainability of the program.

For countries in transition that have not yet developed a transition plan, but who are planning to phase out from Gavi support in the coming years, this section describes their plans for the phase-out.

Topics to discuss during the joint appraisal (all bolded areas to be covered in the report):

- **Progress of implementation of planned activities** in transition plan (Gavi and non-Gavi activities), including whether the plan is still relevant.
- **Implementation bottlenecks** for these activities and **corrective actions**
- **Changes required to the transition plan for the coming years, rationale for the changes, and related costing and proposed financing of the amended activities.** Details for any changes can be included in Annex C.

3.4. Financial management of all cash grants

This section provides an assessment of the quality of financial management of Gavi's cash grants, including budgeting, oversight, execution, reporting and auditing requirement compliance.

Topics to discuss during the joint appraisal (all bolded areas to be covered in the report):

- **Cash utilisation performance and financial capacity constraints**
- **Modifications, if any, made to the financial management arrangements**
- **Any major issues arising from Cash Programme Audits or Monitoring Reviews**
- **Degree of compliance with Financial Management Requirements** (Annex 6 of Gavi's Partnership Framework Agreement) and **outstanding issues**

4. Update of findings from previous joint appraisal

The status of all strategic actions identified in the previous joint appraisal will be reviewed each year during joint appraisal discussions. This section of the joint appraisal report should focus on progress to date in addressing the top 5 prioritised strategic actions and any additional IRC or HLRP recommendations.

5. Prioritised country needs

Having analysed the progress of grant implementation within the context of the immunisation system, summarise in this section the priority areas of need and strategic actions that could significantly improve coverage, equity, and financial sustainability. Include this information in the table provided, along with a timeline for completing the associated actions.

Technical assistance needs should align with prioritized supply and demand-side barriers or challenges to achieving sustained coverage and equity targets, during the country's involvement with Gavi and for long-term sustainability. It is suggested to align the assistance needs with the grants provided by Gavi (e.g. introductions of new vaccines, implementation of the HSS grant, application support). They should also support achievement of Gavi-supported grant objectives, and be aligned with the cMYP where possible.

Technical assistance needs relating to coverage & equity, addressing barriers to sustainability, and enhancing grant performance can be structured around the various elements of the immunisation systems (e.g. Health workforce, cold chain and logistics, communication and demand promotion, Immunisation services delivery, surveillance and reporting, regulatory authority, national independent technical advisory groups, financial sustainability etc.)

Where possible, specify for each area whether the need is for technical support (i.e. on specific technical topics) or management/coordination assistance (e.g. assistance with management and coordination of vaccine introductions, management support to ICC, specific grant programme management). Also specify whether the need is for short-term, targeted support or for long-term, day-to-day assistance.

Lastly, describe the long-term capacity building approach to ensure that technical and managerial skills are adequately transferred to the country staff.

Information provided in this section should be used to trigger a discussion with the ICC, HSCC or equivalent on how resources can be mobilised to fund the assistance to be provided by national research and technical institutions, civil society organisations, bilateral or multilateral organisations. It will also be used to inform discussions at the regional and global levels on possible technical assistance provision through Gavi Alliance partners.

More detailed information on country specific requirements linked with the Partners Engagement Framework (PEF) and technical assistance will be made available in May 2016.

Topics to discuss during the joint appraisal (all bolded areas to be covered in the report):

- **Highest-priority country needs in the upcoming year** to achieve sustained progress on coverage and equity, enhance country readiness to successfully transition out of Gavi support, and support grant implementation:
 - **Nature/type of assistance desired for each of the indicated areas** (e.g. short-term targeted support for bottleneck resolution, long term assistance on technical topics, day-to-day management support...)

6. Endorsement by ICC, HSCC or equivalent and additional comments *(maximum 1 page)*



This section does not need to be completed for joint appraisal update in interim years

The joint appraisal process and report should be endorsed by the relevant national coordination mechanisms (ICC, HSCC, or equivalent). This can be done through a debrief of the appraisal findings to the ICC/HSCC. Minutes of the debrief meeting can be submitted along with the joint appraisal report, or briefly describe in this section how the joint appraisal was endorsed. Any issues raised during the debrief of the appraisal findings should also be documented here.

Finally, the section provides a space for any members of the ICC/HSCC, partners or the Senior Country Manager from the Gavi Secretariat to provide any additional comments that they may wish to bring to the attention of the High Level Review Panel. Any dissenting views, if applicable, should also be captured here.

7. Annexes



This section does not need to be completed for joint appraisal update in interim years

Please attach the following annexes to the report, and any additional as needed

A. **Joint appraisal process description**

(This provides further detail on the process used to conduct the joint appraisal, lists the members of the joint appraisal team and other key stakeholders who participated in the process).

Minutes from the debrief session may also be included with this Annex.

B. **Changes to Transition Plan** (if relevant)

Acronyms and abbreviations

AEFI	Adverse Events Following Immunisation
cMYP	Comprehensive Multi-Year Plan
CDC	Centers for Disease Control and Prevention
CES	Coverage Evaluation Survey
CPA	Cash Programme Audit
CSO	Civil Society Organisation
DHS	Demographic health surveys
EPI	Expanded Programme on Immunisation
EVM	Effective Vaccine Management
HLRP	High Level Review Panel
HPV	Human Papilloma Virus
HSCC	Health Sector Coordinating Committee
HSS	Health Systems Strengthening
ICC	Inter-Agency Coordinating Committee
IRC	Independent Review Committee
ISS	Immunisation Services Support
JAR	Joint Annual Review
JANS	Joint Assessment of National Strategies
JRF	WHO/UNICEF Joint Reporting Form
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MOF	Ministry of Finance
NVS	New and underused Vaccine Support
PIE	Post-Introduction Evaluation
PBF	Performance-Based Funding
SIA	Supplementary Immunisation Activity
SCM	Senior Country Manager
UNICEF	United Nations Children's Fund
VIG	Vaccine Introduction Grant
WHO	World Health Organisation