Deloitte.

DRC Case Study Report

Evaluation of the technical assistance provided through the Gavi Partners' Engagement Framework

Baseline Assessment

July 2017

Table of Contents

Acronyms

BMFG	Bill & Melinda Gates Foundation
BP	Business Plan
CDC	Centers for Disease Control and Prevention
CNP-SS	Comité National de Pilotage de Système de Santé
CSO	Civil Society Organizations
DFID	Department for International Development
EPI	Expanded Program on Immunization
HSS	Health System Strengthening
HQ	Headquarters
ICC	Interagency Country Committee
JA	Joint Appraisal
MOH	Ministry of Health
MOPH	Ministry of Public Health
NGO	Non-governmental Organization
PEF	Partners' Engagement Framework
PEF MT	PEF Management Team
RED	Reaching Every District
REHZ	Reaching Every Health Zone
SANRU	Soins de Santé Primaires en Milieu Rural et Urbain
SCM	Senior Country Manager
TA	Technical Assistance
TCA	Targeted Country Assistance

Executive Summary

This report presents findings from a case study of Gavi-funded Targeted Country Assistance (TCA) in the Democratic Republic of Congo (DRC). This case study is a component of the larger prospective evaluation of TCA across the 20 Tier 1 and Tier 2 countries that are supported by Gavi-funded Partners to bolster the implementation of their national immunization programs. Using intensive interviews, document reviews, and observations, the Evaluation team explored the planning and implementation of the 2016 TCA cycle (2015 JA - implementation of the 2016 TCA activities through March 2017) in the DRC and identified key successes and challenges. Data collection for this case study was conducted between November 2016 and March 2017.

Below is a summary of the key findings and recommendations for this case study.

- **Finding 1.** The TCA efforts in the DRC offer an example of strong coordination and collaboration across different stakeholders.
  - **Recommendation 1.** The *Gavi Secretariat* can use the DRC as a strong example to showcase the EPI-led coordination efforts which other countries may use as a model to enhance their coordination efforts.

- **Finding 2.** There is strong support for and engagement with the immunization program from high levels of leadership within the Ministry of Health.
  - **Recommendation 2.** The Gavi Secretariat (SCMs) should conduct a closer study of the factors that facilitated this high level of engagement from senior leadership of the MOH.

- **Finding 3.** The geographic expanse of the DRC, together with security concerns present unique challenges for the delivery of health services, including immunization services.
  - **Recommendation 3.** TCA Partners should work together on researching and pilot testing new, tailored approaches for reaching the most hard to reach areas to increase coverage and equity, exploring potential collaborations with other health programs as well as non-traditional partners including those in the non-profit and private sectors.

- **Finding 4.** The limited visibility on TCA at the subnational levels has raised concerns about the quality and sustainability of TCA provided at this level.
  - **Recommendation 4.** The Gavi Secretariat should include in the JA guidance documents that representatives of subnational level immunization officers as well as TA providers should participate in the JA discussions.
  - **Recommendation 5.** EPI teams and Partners should invite and encourage their counterparts at the subnational level to participate in the JA
  - **Recommendation 6.** The EPI should consider ways to engage the subnational level health officers and TA providers in the weekly and monthly coordinating calls
  - **Recommendation 7.** The EPI and Partners can work together to develop a monitoring framework that will provide real-time feedback on the TA provided at the subnational level. Such a system should provide mechanisms for health workers at the provincial and health zone levels to assess the TA provided and also identify their ongoing needs/challenges.
  - **Recommendation 8.** The Gavi Secretariat should assess ways in which the TCA support can be supplemented by material support to the health programs at the provincial/ health

zone levels so that there is a solid platform upon which to maintain the gains made through TCA once those efforts are completed.

1. Introduction

This report presents findings from a case study of Gavi-funded Targeted Country Assistance (TCA) in the Democratic Republic of Congo (DRC). This case study is a component of the larger prospective evaluation of TCA across the 20 Tier 1 and Tier 2 countries that are supported by Gavi-funded Partners to bolster the implementation of their national immunization programs. This case study was conducted by Deloitte Consulting in partnership with l'École de Santé Publique de Kinshasa.

Overview of Case Study Approach

The purpose of this case study is to supplement the Gavi Baseline Assessment of the Targeted Country Assistance (TCA) within the Partner Engagement Framework (PEF). The Democratic Republic of Congo (DRC), was selected to serve as one of four case study countries throughout the five year evaluation of the PEF-TCA alongside Afghanistan, Ethiopia, and Nigeria, based on the criteria noted in Box 1.

Box 1. Selection criteria for case study countries:

- Tier 1 country
- Diversity of TA providers
- Diversity of TA activities & programmatic areas
- Regional representation
- Security
- Feasibility

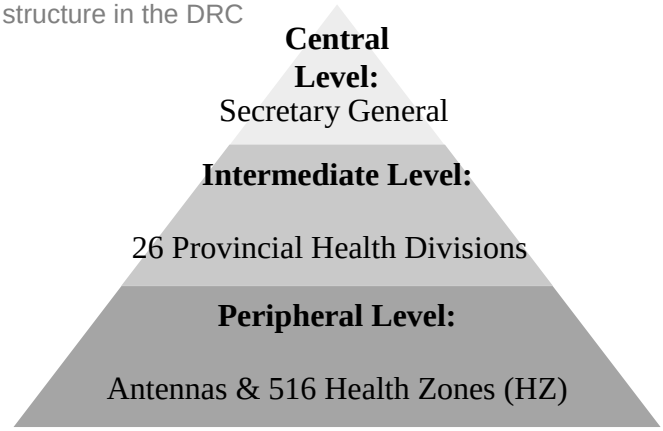
This report provides a background on the immunization landscape of the DRC, including the TA needs, and a summary of the key insights gained on some of the unique aspects of the TCA process in the DRC during the 2016 TCA cycle (2015 JA - implementation of the 2016 TCA activities through March 2017).

As with the broader TCA evaluation, this case study employed a mixed methods approach. Information used in this analysis is based on an extensive document review (see Appendix A); interviews with 16 stakeholders from TCA implementing Partners, MOH, and the Gavi Secretariat (see Appendix B); In-person observations of 3 EPI/TCA coordinating meetings between Partners and the MOH (Appendix C); and responses to an 360° online survey from respondents in the DRC. Data collection for this case study was conducted between November 2016 and March 2017.

2. Background and Country context

The DRC is the second largest country in Africa, covering an area two-thirds the size of Western Europe. Most of the country is covered by dense rain forest, posing vast challenges in reaching many indigenous communities for health care service and immunization.

Figure 1. Diagram of the decentralized health system structure in the DRC



In the last five years, the governance system, and therefore the health system, in DRC has continued to become increasingly decentralized to better reach the vast geographic and population expanse. Whereas previously the country was divided into 11 provinces, it is now split into 26 provinces. This decentralization process is fairly recent and has implications for delivery of health services, including immunization. The health system consists of three levels, illustrated in Figure 1. In this pyramid structure, each level is responsible for providing technical support for the system below it.

Immunization landscape

DRC's population is estimated at 82,242,537 inhabitants, and it ranks sixth in the world of countries with the most unimmunized children.[1] The country utilizes a highly decentralized immunization approach of Reaching Every District (RED) or Reaching Every Health Zone (REHZ), to better reach the populations within its 26 provinces who are difficult to reach. To ensure equity across Health Zones, the RED/REHZ strategy uses an “antenna approach” which considers all health zones within an “antenna” regardless of their performance, while considering the specific needs of each area. An antenna regroups several Health Zones; a Province can have one to three antennas.

The DRC’s Expanded Program on Immunization (EPI) is part of the Disease Control Directorate of the Ministry of Public Health (MOPH). The EPI oversees the procurement, management, and distribution of vaccines, and supports the regulation, standardization, monitoring, evaluation, and surveillance of vaccine-preventable diseases.

Table 1. Country Ranking of Unimmunized Children. CDC

Rank	Country	Number Unimmunized
1	India	7,225,120
2	Nigeria	3,048,560
3	Indonesia	1,574,350
4	Ethiopia	1,194,130
5	Pakistan	883,600
6	DRC	764,400
7	Philippines	458,600
8	Afghanistan	409,700
9	Chad	342,420
10	South Africa	281,680

Source:https://www.cdc.gov/globalhealth/immunization/stories/child-immunization-drc.htm

[1] “Fostering Ownership of Childhood Immunization Data in Democratic Republic of Congo,” https://www.cdc.gov/globalhealth/immunization/stories/child-immunization-drc.htm.

The immunization program is largely donor-funded (Figure 2), with Gavi supporting about 50% of the immunization funding, and the government covering 8% of the budget.[2] Interviewees also identified support from Korean, Chinese, and Japanese aid organizations for specific immunization campaigns such as the yellow fever campaign. The Gavi Alliance supports DRC's complex immunization challenges through new and underused vaccine introduction grants, as well as the Health System Strengthening grant. The 2014 HSS grant prioritizes support for the following objectives:[3]

1. **Strengthen the entire supply chain** to ensure that quality immunizations, medication and other specific inputs are available at every level of the health system.
2. **Increase the availability of quality health services in the 50 targeted Health zones** and the implementation of appropriate strategies for reaching children who are hard to access in the Health Areas concerned throughout the country
3. **Increase the availability of quality health data** in general as well as data related to immunization, in particular, at every level.
4. **Strengthening institutional capacity** at every level, including the coordination mechanism and M&E.
5. **Strengthening the demand for immunization** by efficient and effective implementation of communication plans and the effective participation of the community.
6. Consolidate **financing reform** and GAVI-HSS program management

Technical Assistance

In addition to the HSS and other Gavi-funded grants, the DRC immunization program is also supported with targeted country assistance from Gavi-funded Partners. In 2016, Gavi provided a total of $2.9M to 6 Partners to support targeted country assistance in DRC, with the majority of the funding going towards UNICEF and WHO. Though funds had been set aside for REPAOC, no activities were specified for this organization within the 2016 TCA Plan.[4]

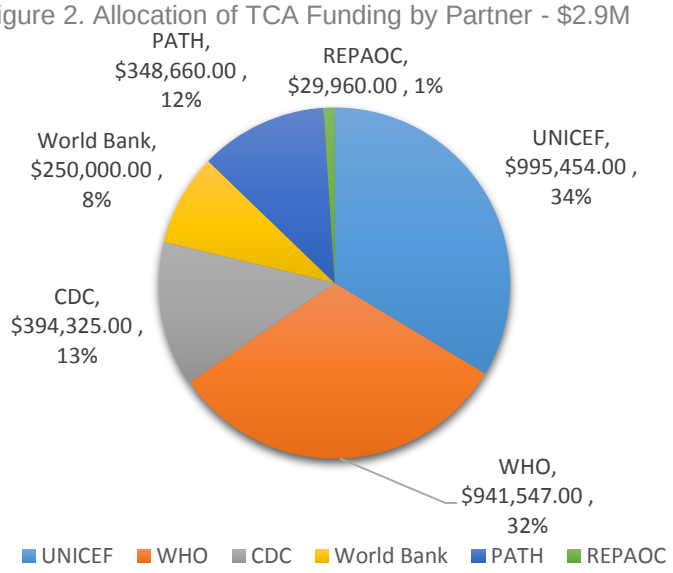
[2] "Immunization in the Democratic Republic of the Congo: Landscape Analysis and Policy Recommendations," http://www.path.org/publications/files/APP_drc_landscape_rpt.pdf, September 2016.

[3] 2014 GAVI DRC HSS Application, http://www.gavi.org/country/drc/documents/.

[4] As REPAOC's TCA activities had not been specified nor implementation started at the time of data collection for the case study, REPOAC (as well as other CSOs in other countries) was not included in the baseline assessment of TCA.

In addition to TCA support, Partners such as UNICEF and WHO support the immunization program through their own core funding. Similarly, other Donors such as the Gates Foundation and USAID also support technical assistance to the EPI. Interview respondents also noted that the Sabin Institute, SANRU (CSO), and AMP support technical assistance for the EPI particularly in the areas of sustainable financing for immunization, advocacy and communication, and human resource planning, respectively.

Figure 2. Allocation of TCA Funding by Partner - $2.9M



3. Domain 1: TCA Planning

Overall, the transition from the Gavi Business Plan framework to the PEF-TCA framework has been received positively by stakeholders in DRC. Many stakeholders noted the marked improvements, especially in the TCA planning process when compared to prior years, commending the increased transparency and coordination across Partners. The JA process in DRC is notable for its high engagement of Partners, including the Minister of Health. Perhaps as a result of the close coordination during the planning process, the ensuing TCA plan is streamlined and well-aligned with the specified needs of the immunization program.

JA Process in country

The 2015 Joint Appraisal meeting was convened over a course of 3 days by the Comité National de Pilotage de Système de Santé (CNP-SS) and chaired by the Secretary General of Health. According to the JA Report, there was significant preparatory work leading up to the JA meeting. A team comprising of the EPI, UNICEF, WHO, and CSO representatives reviewed relevant reports from immunization efforts carried out in the previous year to inform the draft JA report ahead of the JA and circulated it to stakeholders ahead of the meeting. The report was reviewed and validated at a workshop preceding the JA.

"It is a very interesting process and it deserves to be kept and continued" - - Expanded Partner

Partners also convened among themselves following the JA to review achievements and outstanding TA needs to inform the TCA Plan. As one Partner explained: "during that same period, the partners also met between themselves and each presented the level of implementation and what they received as resources from GAVI because they were receiving resources to help with the countries. They would say 'WHO should have done this', 'UNICEF should have done that'. These are the activities that should have taken place to get to the result."

Stakeholder Engagement

There was high level of engagement from a broad spectrum of stakeholders including senior level government officials.

Interviewees noted that the JA was attended by a wide range of stakeholders including UNICEF, WHO (regional and country offices), CDC, USAID, the Gates Foundation, CSOs (including SANRU, Rotary, Red Cross), the Sabin Institute, MSF, Red Cross, as well as Gavi Secretariat representatives. From the government side, there were representatives from the Ministry of Finance, Ministry of Budget, as well as several officials from the Ministry of Health, including the Minister of Health himself.

"The secretary general of the ministry of health directed the [JA] meeting until the end, and the people have appreciated it, everybody was engaged until the end, and it was really a strong engagement, and they have applauded" - - EPI

Though only 4 individuals responded to the corresponding 360° online survey questions on the TCA planning process, their responses do support the insights gained from the interviews and document reviews. Three of these four respondents noted that "*all"* of the relevant stakeholder were engaged in the TCA Planning process, while one noted that *"most"* of the relevant stakeholders were engaged.

Relevance

The 2016 TCA Plan for DRC is relatively streamlined, with a limited set of activities by Partner and focused on a handful of priority issues, closely aligned with the TA Needs identified in the 2015 JA report, as well as with Partners' areas of comparative advantage.

As illustrated in table 2 below, the TCA activities are well aligned with the TA needs, with little overlap in the activities assigned to different Partners.

Table 2. Alignment of TCA activities to TA needs

TA Needs, per 2015 JA report	Sample TCA activities as specified in the 2016 TCA Plan
1. Sustainable financing for vaccination	WHO supports the following activity to address this need: • TA for sustainable financing of immunization e.g. budgeting, tracking co-financing, monitoring disbursement of funds entered in the EPI OAP (WHO)*
2. Improvement of information systems for immunization data, logistics data, and financial and programmatic data	There are 4 sets of TCA activities under the Data/Surveillance programmatic area supported by WHO, CDC, and the World Bank to support efforts such as: • Support country data quality improvement and reporting processes thru data validations mechanisms (WHO) • Demonstration project in 2 provinces to achieve high quality case based MR surveillance (CDC) • Plan for improving birth registration rates using the immunization program developed (World Bank)
3. Support for vaccine logistics – stock management,	Supply chain efforts are supported by UNICEF and WHO and include activities such as the following:

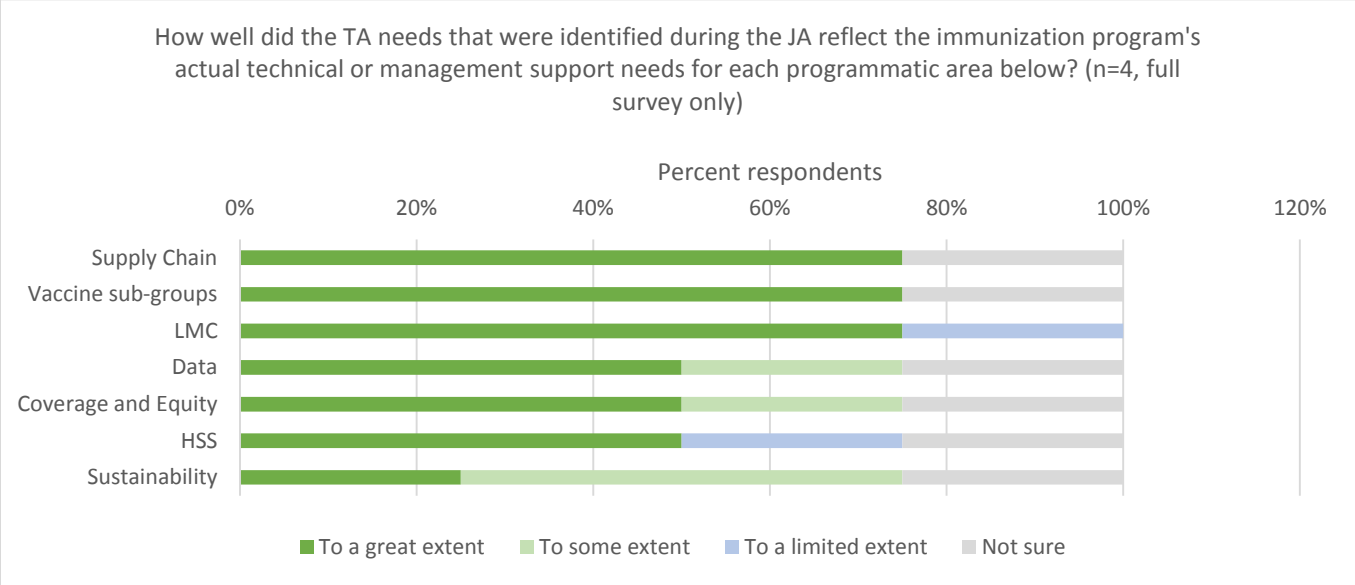
temperature monitoring, implementation of bar code technology)	• Support for the design / implementation of the computerized management/monitoring system of decentralized Hubs linked to the national level and the operational level by considering new logistics acquisitions financed by GAVI RSS2 (UNICEF) • Support government in defining role and responsibilities of partners in the immunization supply chain (UNICEF) • TA (additional) in vaccine logistics, stock management, networking, remote temperature monitoring, barcodes, etc. (WHO)
4. Planning, implementation, and evaluation of measles campaigns	The Vaccines sub-group programmatic area is supported by one set of activities from WHO in the TCA Plan. However, CDC's activities specified under the Data programmatic area are also focused on support for the measles campaigns • TA for planning, implementation and evaluation of measles follow-up campaign (WHO) • Demonstration project in 2 provinces to achieve high quality case based MR surveillance (CDC, under Data)
5. Coordination of interventions and support in the health sector	WHO and the World Bank both support the HSS programmatic area with activities such as: • Analysis of the supply systems; cost-benefit analysis and roadmap with solutions (World Bank) • TA for coordinating support and responses in the health sector (WHO)*

** WHO's activities are phrased the same as the TA need itself, making it unclear on exactly what they will do to address the specified need.*

In addition to these activities, Partners also support a limited set of activities around Leadership, Management, and Coordination, as well as Coverage and Equity/ Demand Promotion. Although not specified in the TCA Plan, interviewees noted that Expanded Partners such as PATH support demand generation activities to support routine immunization. This alignment of TA activities to TA needs is a reflection of the high level of engagement of all stakeholder and leadership of the EPI in the TCA planning process.

Though based on a very limited number of respondents, the survey responses do provide a cursory indication that the JA was effective in identifying the appropriate TA needs particularly for supply chain and vaccine sub-groups programmatic areas. Interestingly, although the JA report does not specify any Leadership, Management, Coordination-related TA needs, 3 of the 4 survey respondents indicated that such needs were duly identified in the JA process. Only 1 or 2 respondents indicated that TA needs in other programmatic areas were effectively identified during the JA.

Figure 3. Perceptions on the extent to which the JA identified the TA needs within the different programmatic areas



Spotlight on UNICEF:
Beyond its TCA activities, UNICEF plays a very large role in supporting the vaccine supply/cold chain in the DRC. Due to inefficiencies in the government systems, UNICEF directly receives the Gavi funds for cold chain logistics (instead of the government) and leads efforts to construct vaccine and immunization equipment storage hubs in 3 provinces, install refrigerators in health centers, and provide overall logistics and management support to strengthen the national cold chain system. These efforts are also supported through additional funding from other donors, including UNICEF's core funding. The TCA funds provide additional funding to supplement UNICEF's broader efforts around supply chain.

4. Domain 2: TCA Delivery

The key aspect of TCA delivery that stands out in the DRC is the high level of ongoing communication and coordination across key stakeholders at the Central level. However, coordination is weaker at the provincial levels, where overall there is high level of concern about the quality as well as sustainability of the TCA provided.

TCA Delivery Model. TCA is delivered using a combination of TA delivery methods, perhaps with less emphasis on the embedded model than is seen in other countries. All 6 of the Partners in DRC who responded to the online survey indicated they provide ongoing support to the EPI based out of their Country Office. Interviewees also noted that they spend a portion of their time at the EPI offices, but did not specify that they have team members based at the EPI on a full time basis.

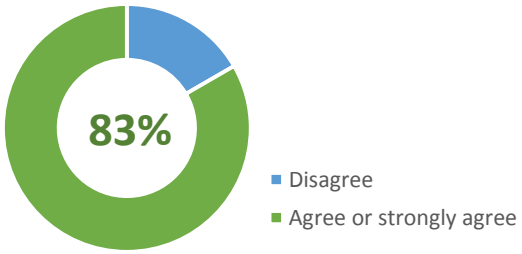
"We can be 60% of the time in the office, 40% at the Ministry of Health. We have a key and an office at the Ministry of health, but as we do not always have common activities, we go 2-3 times a week and we spend the rest of the time at the office here."- - Core Partner

Key Strengths of TCA Delivery

Strong Coordination at the Central Level

DRC presents an example of strong stakeholder Partner collaboration led by the EPI. The EPI convenes weekly meetings (every Tuesday) with immunization Partners (both Gavi and non-Gavi supported) to review the status of activities and the action points to follow in order to promote coordination between partners. Interviewees all highlighted these meetings as critical to gaining clarity on the progress of other Partners' activities. In addition to the EPI team, UNICEF, WHO, Sabin Institute, PATH, some international NGOs and CSO stakeholders are regularly in attendance at these weekly meetings. However, it is not clear the extent to which other TCA partners such as World Bank and CDC are engaged in these weekly meetings.

Figure 4. Survey Question: "The provision of TCA is coordinated well across different Gavi- PEF funded TCA providers at country level" (n=6, includes pilot survey)



In addition to these weekly meetings, there are monthly calls with Partners' HQ Offices as well as the Gavi Secretariat team (SCM and sometimes the Regional Head) to discuss progress on TCA activities.

"Coordination is the link with all the other interventions that are in the sense of arranging the calendars or in the sense of capitalizing on the other opportunities that are offered by the other interventions that are at the field level." - - Core Partner

Strong Engagement from Senior MOH Leadership.

As with the JA, the Minister of Health is closely engaged in immunization efforts throughout the year. The EPI team meets with the Minister on a regular basis to coordinate the efforts of the Immunization Program and its Partners with broader health efforts.

Limited transparency on progress of activities. This strong coordination has resulted in high level of transparency in the activities supported by UNICEF and WHO. Though Stakeholders are aware of the activities supported by CDC and the World Bank, they do not have as much transparency with respect to the progress of those activities. Similarly, interviewees did not discuss the activities of PATH or other Expanded Partners, indicating limited transparency around the activities of these Partners as well.

Weaknesses in TCA Delivery

Weak coordination of efforts at the subnational level.

Despite the impressive coordination at the Central level highlighted across Partners, interviewees highlighted the need for better coordination of Partners' activities at the Provincial and health zone levels. Many Partners are providing TA in nearby geographic areas, via technical assistants at the subnational level as well as Partner staff from the country office (in Kinshasa) traveling to the provinces. However, when planning these subnational level TA efforts, Partners in Kinshasa do not often coordinate with each other. Given the high level of resources required to travel across the wide geographic expanse of the DRC, as well as the difficulties posed by lack of infrastructure, topography, and political instability, the need for coordinated effort for the transportation and delivery of services at the subnational level becomes even greater.

In addition to coordination across TCA partners, interviewees highlighted the need to improve the harmonization of efforts with other health programs.

> "This is still a problem today, for example, you are in a CDR and there are 5 vehicles that leave the same day in the same direction but with different programs. If the Global Fund Malaria puts some products maybe the vehicle is not full, Global Fund HIV takes the products, the PROSANI project that is there comes to take the products, and EPI also that has to go in the same direction with the vaccines. Without there being a link. Whereas we could pool all these means of transport and be more efficient. So these are aspects that are often lacking at the provincial level and that is not done in Kinshasa. It really is at the provincial level." - - Core Partner

Subpar quality of TCA at the subnational level

Both WHO and UNICEF provide support at all 3 levels of the health system (Central, Intermediate, and Peripheral). Their provincial level teams, funded in part through Gavi TCA funds, work with the health officers to support operational aspects of immunization delivery. WHO and UNICEF staff from the Country Office also conduct monitoring visits on an ad hoc basis

> "If we don't build the technical capacity of technical assistants in the districts...we don't see the sustainability of the activities of these assistants." - - EPI

A consistent concern raised by EPI stakeholders is the quality and sustainability of TCA delivery at the provincial and health zone levels. Though interviewees did question the expertise and contribution of the TA providers at the subnational level, the concerns about quality at this level seem to be confounded with other factors including:

- **Poor remuneration of health workers at the provincial and health zone levels.** The low salaries (and sometimes delayed payment) of government health workers has resulted in high turn- over or demotivated staff, impeding ability to

really leverage the technical support provided and deterring major progress in immunization efforts. Interviewees noted that while other Gavi grants support procurement of vaccines and equipment for the immunization program, salaries for the health workers are not typically covered. Then when the TA providers arrive, it further builds on the perception that more resources are being provided to the *Program*, without addressing the needs of the health workers themselves. However, others have noted that the Gavi HSS2 grant does in fact support funding for health worker salaries in priority provinces.

> "The funds of GAVI are dedicated for the vaccines. Well, we have the vaccines, we have everything, but the individual… the individual is not considered. So when you send the vehicles, when you send the oil, it causes a problem… especially in the different provinces, that many don't receive any salary, and when someone is not taken into consideration… with which mental condition will he work? This is often the case in our programs, there are many people that don't even receive their public salary." -- EPI

- **Weak engagement with subnational level health workers.** Even with the high level of stakeholder engagement during the TCA planning process, subnational level stakeholders, including those at the health facility level that are delivering immunization services, are often not consulted and do not provide much input in determining and shaping the TCA activities. Similarly, the health workers at the provincial/health zone level do not have a platform with which to share feedback on the TA they have received. Both factors limit the transparency and ownership around TA implemented at the subnational level.

> "The big problems are in the provinces, because what happens is that we listen to the people in the country, which is something that we encourage, but we don't have this same contribution in the provinces level. There isn't any equality in the organizational system." - - EPI

- **Emphasis on the TA providers, without equivalent support to the program**. In many cases, interviewees pointed out the emphasis on providing the material support for TCA providers without equivalent support for the health staff at the provincial level. For example, TCA providers have the necessary tools (e.g. computers, software, etc.) to do the work, but these resources are not transferred to the local program once the TA period ends, severely limiting ability to continue or maintain the processes put in place by the TA provider. This particular aspect of the TA dynamic was commonly flagged as an issue for the long-term effectiveness or sustainability of the TA efforts.

> "We don't give the same resources to the staff to allow them to get the planned results of this technical assistance in the provincial level." – EPI

Factors affecting effectiveness of TCA

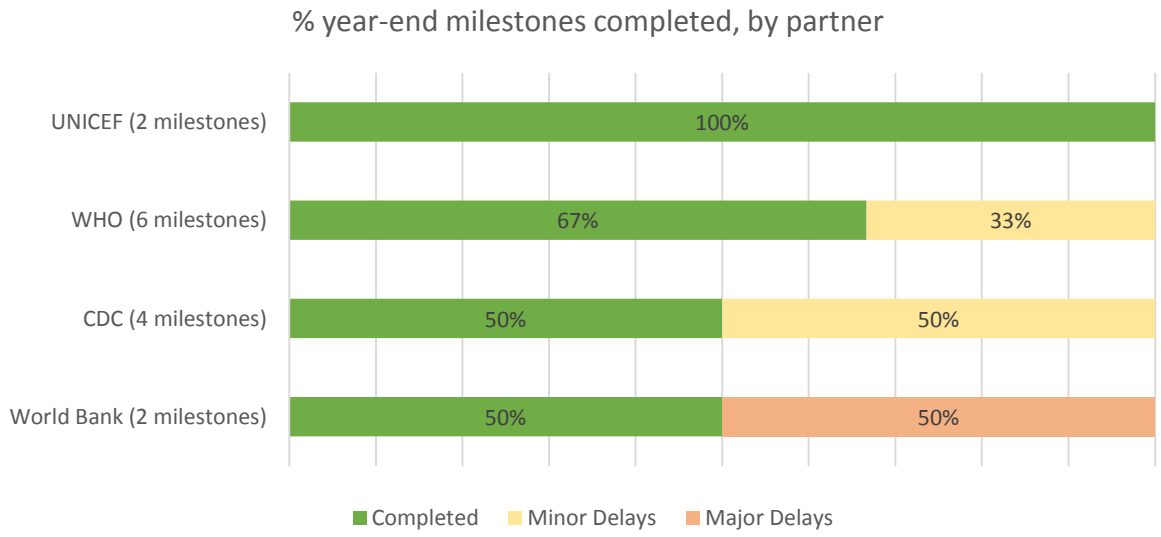
Despite the best efforts and large amount of funding and resources devoted to providing immunization assistance in the DRC, there are greater external challenges faced by the country such as geography, political instability, security, lack of infrastructure, that greatly impede efforts to reach the "last mile" of the hardest to reach Health Zones. In addition, structural challenges such as the decentralized health system as well as the shortage of qualified human resources are systemic challenges to the immunization program and overall ability to make the best use of the TA provided by Partners

Data quality. A major bottleneck for the immunization program in the DRC is the poor quality of immunization data. While data quality improvement is one of the priorities for the TCA efforts, it also becomes an obstacle for effective planning and delivery of TCA. It is difficult to plan for and prioritize TA needs and deliver on those priorities without accurate coverage data, for example. Similarly, it is difficult to monitor and evaluate the success of TA and immunization activities without access to reliable data to inform reporting.

Milestone Reporting

The Core TCA Partners submitted progress reports to the Gavi Secretariat on the status of their TCA activities. As of the milestone report, about 64% of Partners' milestones were reported as "completed". Where explanations were provided, delays were attributed to a change from original plans due to the original activity no longer being relevant, waiting on government level processes, or were noted as being in progress.

Figure 5. Year-end Milestone reporting



Only two stakeholders from DRC responded to the 360 online survey questions about the accuracy of the milestone reports submitted by Partners. This does not provide a

sufficient response rate for us to draw meaningful insights on stakeholders' perspectives on the accuracy of the milestone reports.

Some discrepancies in the reported status of milestones and the reporter comments raise some doubts on the level of accuracy of the report. This may partially be attributed to the non-nuanced reporting options (completed/minor delays/major delays) that do not allow Partner to indicate that milestones are in progress or have been modified. Table 3. provides some examples of such discrepancies.

Table 3. Sample of incongruent milestone reports

Milestone	Reported status	Reporter Comment
Plan for improving birth registration rates using the immunization program developed	Completed	Preparations underway
Report on the implementation of the HSS grant [translated]	Minor delays	The pilot study for solarization has been completed and the technical specifications of the materials have been identified. [We] are still waiting for the official transmission of technical specifications by the MOH. The next step is to make a tender for the selection of the provider and the ordering of materials. The final report of the solarization will be developed as soon as activity is fully achieved.

5. Overall Conclusion and Recommendations

Overall, PEF-TCA has been received positively by both EPI and Partner stakeholders in the DRC. The DRC is exemplary for the Partner coordination mechanism it has put in place. Findings also indicate the need for greater engagement of subnational level stakeholders in the TCA planning and coordination process as well as a stronger emphasis on the subnational level for TCA delivery. Below are the key findings and recommendations to continue building on the achievements of the PEF-TCA in the DRC.

Level of Priority	Recommendations
Continue doing	❖ **Finding 1.** The TCA efforts in the DRC offer an example of strong coordination and collaboration across different stakeholders. ➢ **Recommendation 1.** The ***Gavi Secretariat*** can use the DRC as a strong example to showcase the EPI-led coordination efforts which other countries may use as a model to enhance their coordination efforts. Representatives from the DRC can be given time on the agenda during a regional meeting to share their best practices around Partner Coordination
Study further and take action as needed	❖ **Finding 2.** There is strong support for and engagement with the immunization program from high levels of leadership within the Ministry of Health. Such engagement sets the platform for strong ownership of the immunization program as well as the TA efforts in support of the EPI. ➢ **Recommendation 2.** The Gavi Secretariat (SCMs) should conduct a closer study of the factors that facilitated this high level of engagement from senior leadership of the MOH. Such insights may be helpful to facilitate similar levels of commitment and engagement for other immunization programs. ❖ **Finding 3.** The geographic expanse of the DRC, together with security concerns present unique challenges for the delivery of health services, including immunization services. ➢ **Recommendation 3.** TCA Partners should work together on researching and pilot testing new, tailored approaches for reaching the most hard to reach areas to increase coverage and equity, exploring potential collaborations with other health programs as well as non-traditional partners including those in the non-profit and private sectors.
Act Now	❖ **Finding 4.** The limited visibility on TCA at the subnational levels has raised concerns about the quality and sustainability of TCA provided at this level. ➢ **Recommendation 4.** The Gavi Secretariat should include in the JA guidance documents that representatives of subnational level immunization officer as well as TA providers, including health workers who delivery routine immunization at the health facility level, should participate in the JA discussions. ➢ **Recommendation 5.** EPI teams and Partners should invite and encourage their counterparts at the subnational level to participate in the JA ➢ **Recommendation 6.** The EPI should consider ways to engage the subnational level health officers and TA providers in the weekly and monthly coordinating calls ➢ **Recommendation 7.** The EPI and Partners can work together to develop a monitoring framework that will provide real-time feedback on the TA provided at the

	subnational level. Such a system should provide mechanisms for health workers at the provincial and health zone levels to assess the TA provided and also identify their ongoing needs/challenges. ➢ **Recommendation 8.** The Gavi Secretariat should assess ways in which the TCA support can be supplemented by material support to the health programs at the provincial/ health zone levels so that there is a solid platform upon which to maintain the gains made through TCA once those efforts are completed.

Appendix A. List of Stakeholders Interviewed

Organization	Name
MoH	Elisabeth Mukamba
MoH	Guillaume Ngoie Mwamba
MoH	Guylain Kaya Mutenda
MoH	Joelle Mulubu
MOH	Dr. Ayeti Mukinaya
MOH	Jean Paul Makala
MOH	Dr. Jean Paul Kazadi
Gavi Secretariat	Marthe Sylvie Essengue Elouma
Gavi Secretariat	Nadia Lasri
WHO	Moise Desire Yapi
WHO	Dr. Dah CHEIKH
WHO	Alexis Satoulou-Malayo
UNICEF	Guy Clarysse
UNICEF	Rija Andriamihantanirina
SANRU	Dr. Assy Lala
SANRU	Dr. Albert Kalonji

Appendix B. List of Documents Reviewed

Full reference for Document
2010 GAVI DRC Annual Progress Report, http://www.gavi.org/country/drc/documents/.
2011 GAVI DRC Annual Progress Report, http://www.gavi.org/country/drc/documents/.
2012 GAVI DRC Annual Progress Report, http://www.gavi.org/country/drc/documents/.
2013 GAVI DRC Annual Progress Report, http://www.gavi.org/country/drc/documents/.
2014 GAVI DRC Annual Progress Report, http://www.gavi.org/country/drc/documents/.
2014 GAVI DRC HSS Application, http://www.gavi.org/country/drc/documents/.
2015 Joint Appraisal Report
2016 TCA Plan
2008-2012 DRC cMYP (Comprehensive Multi-Year Plan), http://www.gavi.org/country/drc/documents/.
Gavi FCE (Full Country Evaluation)
Previous Evaluation: McKinsey & Co.
"DR Congo introduces new vaccine against one of its leading causes of child death," http://www.gavi.org/library/news/press-releases/2011/dr-congo-introduces-new-vaccine-against-one-of-its-leading-causes-of-child-death/, April 4, 2011.
"Democratic Republic of the Congo (the)," http://www.gavi.org/country/drc/, 2017.
"Immunization in the Democratic Republic of the Congo: Landscape Analysis and Policy Recommendations," http://www.path.org/publications/files/APP_drc_landscape_rpt.pdf, September 2016.
http://ponabana.com/child-survival-engaging-the-whole-community/?lang=en
"Sustainable Immunization Financing: DRC," http://www.sabin.org/programs/sustainable-immunization-financing/drc?language=en, July 11, 2016.
Le Gargasson JB, Breugelmans JG, Mibulumukini B, Da Silva A, Colombini, "A Sustainability of National Immunization Programme (NIP) performance and financing following Global Alliance for Vaccines and Immunization (GAVI) support to the Democratic Republic of the Congo (DRC)," https://www.ncbi.nlm.nih.gov/pubmed/23462529, April 2013.
Gandhi G., "Charting the evolution of approaches employed by the Global Alliance for Vaccines and Immunizations (GAVI) to address inequities in access to immunization: a systematic qualitative review of GAVI policies, strategies and resource allocation mechanisms through an equity lens (1999-2014)," https://www.ncbi.nlm.nih.gov/pubmed/26621528, November 2015.
Kallenberg J, Mok W, Newman R, Nguyen A, Ryckman T, Saxenian H, Wilson P, "Gavi's Transition Policy: Moving From Development Assistance To Domestic Financing Of Immunization Programs,"https://www.ncbi.nlm.nih.gov/pubmed/26858377, Feburary 2016.

"Fostering Ownership of Childhood Immunization Data in Democratic Republic of Congo," https://www.cdc.gov/globalhealth/immunization/stories/child-immunization-drc.htm.
Dan Nelson and Lora Shimp, "The Immunization Inter-agency, Coordination Committee Model, Example from DR Congo," http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=10280&lid=3.
Brian Atuhaire and Guy Bokongo, "Now is the time to invest in immunization for a healthier, safer Africa," http://news.trust.org/item/20161118154116-i94fz/, 18 November 2016.
Gavi Board Papers
"UNICEF Annual Report 2015: Democratic Republic of Congo," https://www.unicef.org/about/annualreport/files/Democratic_Republic_of_Congo_2015_COAR.pdf, 2015.

Appendix C. List of Meetings observed

Event	Description	Event sponsor/organizer	Date of event	Place of event (city)
EPI and Partners Coordination Meeting	Weekly coordination meeting between EPI and Partners	EPI	January 3, 2017	Kinshasa
EPI and Partners Coordination Meeting	Weekly coordination meeting between EPI and Partners	EPI	January 10, 2017	Kinshasa
EPI and Partners Coordination Meeting	Follow-up coordination meeting between EPI and Partners decided on January 10	EPI	January 12, 2017	Kinshasa