# **Joint Appraisal** (JA) Eritrea April 2025

The Joint Appraisal (JA) is an **essential element of Gavi's regular monitoring and performance management (MPM).** The JA has evolved to align with Gavi 5.0 strategic shifts.

The JA is an **annual, country-led, multi-stakeholder** review/discussion that represents an important opportunity for countries to engage Gavi Alliance partners and other key stakeholders on annual progress of routine immunisation programmes against national goals and objectives, and to discuss how Gavi support is contributing to this progress. Key stakeholders involved in the country's immunisation programme should be represented at the Joint Appraisal, including civil society organisations (CSOs).

As an integrated part of Gavi's portfolio management process, the JA discussion should review **Gavi's contribution to immunisation programme performance** in 2024 and Q1 2025. A key feature of the JA is the joint discussion about the **promising practices, challenges met and future needs** for improving immunisation performance with a focus on reaching zero-dose children and missed communities.

The modality of the Joint Appraisal exercise is tailored to the country context and may be scheduled taking into consideration other planning exercises such as EPI reviews or National Immunisation Strategy Development. The JA process will involve preparatory work to assemble and analyse data in advance of the discussion, exchange on the trends and their implications for the EPI program, and will conclude with the finalisation of a report and relevant deliberation outcomes and follow-up actions. At least one live discussion (in person or virtual) of the multiple stakeholders engaged in the Joint Appraisal should be organised.

The Joint Appraisal template is structured as follows

- **Section 1: Country situation**: overview of performance of Gavi support & discussion on progress and challenges faced during 2024 and first quarter of 2025
- **Section 2: Looking forward**: summary of discussion points and follow up actions

The information and indicators contained in section 1 on the country immunisation programme performance and Gavi support are mostly based on standard reporting. They are part of Gavi's monitoring and performance management framework, which will inform ongoing portfolio discussions, the JA, as well as discussions at the Alliance Partnership and Performance Team (APPT) meeting.

Section 1 is also where Gavi expects reporting against the Grant-linked Key Performance Indicators developed during HSS / EAF applications. For these indicators, results are to be analysed as (1) the absolute change in the indicator as a trend over time and; (2) the percent change in the indicator against the baseline value from the HSS or EAF application. Changes over time will be assessed against the end of grant target set during the application stage. Please ensure that sufficient data is provided to conduct such analyses, including the baseline values, targets, and sufficient annual data to infer trends.

The below set of cross-cutting questions should be considered to structure qualitative information:

**Cross-cutting Questions**

1. What factors have facilitated or impeded progress?
2. What promising practices and/or innovations have emerged?
3. What key contributions have partners made to drive performance?
4. What are the top risks that should be mitigated?

Section 1 forms the analytical foundation to structure the JA discussion with Section 2 summarising the outcome of the JA and follow-up actions.

The outcome of this Joint Appraisal will include a joint assessment of promising practices, perceived challenges and opportunities for Gavi investments, and should elaborate future actions with clear targets and assigned responsibilities which is owned by the full set of in-country stakeholders.

## Section 1: Country situation: overview of performance of support & discussion on progress, challenges faced

### A. Immunisation Programme Performance – Zero-dose, Routine immunisation coverage, Vaccine introductions, campaigns, and outbreak response

**1. Learning Question: What progress has been made to reach zero-dose and under-immunised children with vaccinations?**

WUENIC: Compared to 2021, the number of zero-dose has reduced due to strengthen out-reach and conduction of PIRI at the hard-to-reach districts
Dropout have been significantly reduced for DTP1-DTP3 and DTP1-MCV2 in 2024 compared to 2021. None of the Health Facility reported any stock out of vaccine.

| Indicator | 2021 | 2022 | 2023 | 2024 | % change, 2021-2022 | % change, 2023-2024 |
|---|---|---|---|---|---|---|
| Number of zero dose children at national level[1] | 2,823 | 2,861 | 2,901 | 1139 | +1% (+38) | -17% (-1762) |
| Drop out from DTP1 to DTP3 at national level[1] | 2% | 2% | 2% | 0.7% | 0% | -1.3% |
| Drop out from DTP1 to last routine dose of MCV/MR1 at national level[1] | 12% | 12% | 12% | 1.4% | 0% | -10.6% |
| Percentage of health facilities that reported no stock-outs for the full year for DTP[2] | 100% | 100% | 100% | 100% | 0 | 0 |

[1]Source: WHO/UNICEF Estimates of National Immunisation Coverage (WUENIC), July 2024. https://immunizationdata.who.int/listing.html?topic=coverage
[2]Country data as reported to WHO/UNICEF through the electronic Joint Reporting Form (eJRF), July 2024. https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/who-unicef-joint-reporting-process

Analysis of Progress:

- Reduction in Zero-Dose Children: Eritrea has made substantial progress in reducing the number of zero-dose children, from 44.3% in 1995 to 0.2% by 12 months in 2024. This indicates a strong effort to reach previously unvaccinated children.
- High Immunization Coverage: The country reports > 95% fully immunization coverage rates for basic antigens (DTP1, DTP3, MCV1) and suggesting a well-functioning immunization program.
- Low Dropout Rates: Dropout rates for key vaccines are low, indicating that children are completing their vaccination schedules before the age of 2 years.
- Challenges Remain: Despite the overall success, there are areas for improvement, including:
    - Improving coverage for MR2, IPV2, HPV 1st and 2nd doses and Men-A vaccines.
    - Reducing MCV1 to MCV2 and IPV1 to IPV2 dropout rates in specific areas.
    - Strengthening card retention in the Northern Red Sea region.
    - Regular conduction of the out-reach EPI session
    - Logistical support to conduct 4 rounds integrated mobile clinics in the 22 hard to reach to vaccinate zero and under-immunized children

**Country comments** (please consider the set of cross-cutting questions to structure comments):

The EPI program of the MoH in Eritrea has achieved significant progress in vaccinating children, demonstrated by the near elimination of zero-dose children (down to 0.2% by 12 months in 2024 from 44.3% in 1995 for basic antigens) and high coverage rates for basic antigens (91.0% by 12 months and 97.2% by 24-35 months) and overall vaccination (81.3% fully vaccinated with 17 antigens by 24-35 months), attributed to strategies like static facilities, outreach programs, and national vaccination campaigns, alongside high community trust (99.2%) and satisfaction (98.2%) leading to low dropout rates (below 1.5% for most antigens); however, future efforts should focus on improving coverage for MR2, IPV2, HPV 1 and 2 and Men-A vaccines, addressing slightly lower rates by 12 months, reducing MCV1 and 2 and IPV1 and 2 dropout rates in specific areas, and strengthening card retention in the Northern Red Sea region to ensure equitable access for all children.

Facilitating factors:

- High political commitment
- Strong EPI program by the Ministry of Health.
- Use of strategies like static facilities, outreach programs, and national campaigns.
- High community trust (99.2%) and satisfaction (98.2%).
- Effective strategies leading to low dropout rates.
- High vaccination demand and community engagement
- Limited gender barriers

Impeding factors:

- Slightly lower coverage rates for MR2, IPV2, HPV1 and 2 and Men-A vaccines (compared to other antigens).
- High MCV1 and 2 and IPV1 and 2 dropout rates in specific areas.
- Challenges with card retention in the Northern Red Sea region.

Promising practices and/or innovations

- Use of static facilities, outreach programs, and national vaccination campaigns to achieve high coverage.

- High community trust and satisfaction, contribute to low dropout rates.
- Conduction of integrated mobile clinics in the 22 hard-to-reach districts

Key partner contributions

- *Role of UNICEF and WHO in the success of the EPI is significant.*

Top risks: The following are the top risks that should be mitigated:

- Risk of not achieving equitable access if challenges in specific areas (MR2, IPV2, HPV Men-A coverage; MCV/IPV dropout rates; card retention) are not addressed.
- Potential for gains to be reversed if program implementation weakens.
- Bordering with Ethiopia and Sudan where measles and cVDPV out-break is on-going
- Irregular outreach and mobile clinics pose a risk for hard-to-reach districts

**Gavi comments:**

Please provide context on the data below. WUENIC estimates higher DTP1 coverage than Admin JRF and IHME and the same DTP1 coverage as Official JRF.

Data from WUENIC, JRF and IHME are not yet published

**2. Learning Question: How well are vaccine stocks being managed?**

**Indicator(s):**

- Number of health facilities that reported no stock-outs of DTP-containing vaccine.
  - No stock-outs of DTP-containing vaccines throughout 2024.
- Number of health facilities that reported no stock-outs of Measles-containing vaccine.
  - No stock-outs of measles vaccines throughout 2024.
- Closed vial wastage of DTP-containing vaccine.
  - Zero wastage reported for 2024.
- Number of CCE received/installed/leased through third party providers.
  - 70 CCE units procured through Gavi and installation is in progress
- Equipment maintenance and/or onsite readiness.
  - Routine preventive and corrective maintenance were performed as needed.

**Country comments** (please consider the set of cross-cutting questions to structure comments):

- Progress and Enabling Factors:
  - Eritrea has demonstrated commendable progress in vaccine stock management.
  - Each Zoba has two dedicated cold chain technicians, supported by the national Biomedical Engineering Department, ensuring routine preventive and corrective maintenance.
  - In 2024, Eritrea reported no stock-outs of DTP-containing or measles-containing vaccines, and zero DTP vaccine wastage.
  - The Stock Management Tool (SMT), implemented since 2011, provides national and regional visibility of vaccine and cold chain temperature data, with quarterly physical counts for validation.

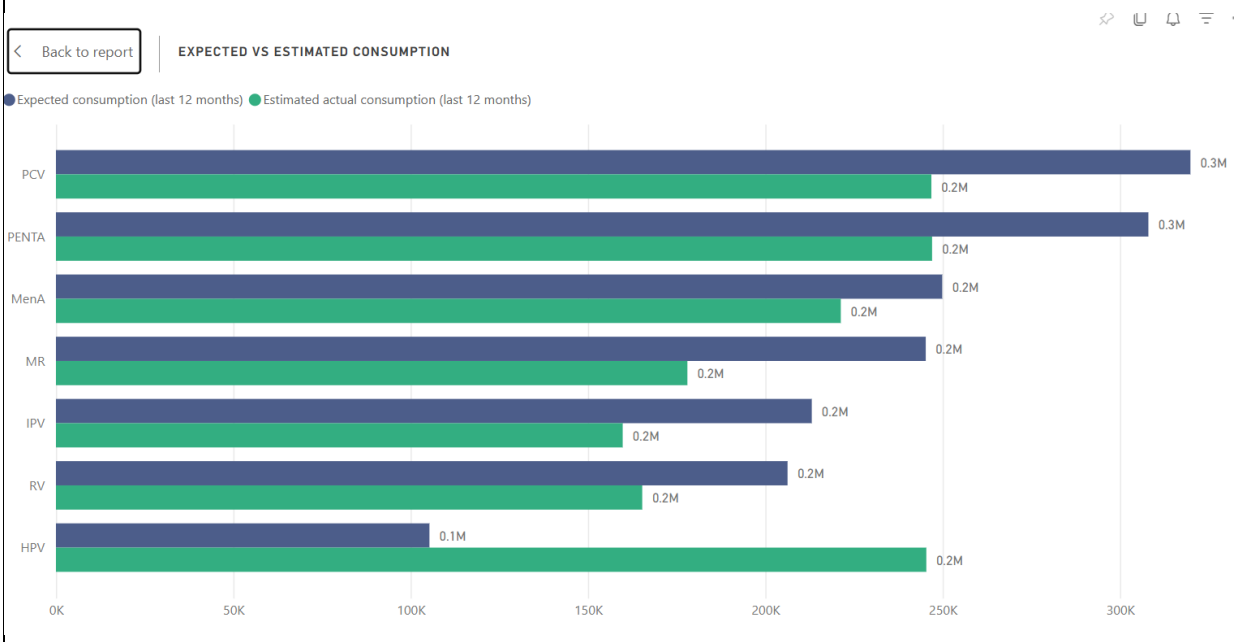
- The government has procured 70 Cold Chain Equipment (CCE) units (Solar Direct Drive and electrically powered refrigerators) through the Gavi-supported CCEOP initiative to expand and modernize storage capacity and installation is in progress

- Challenges and Impediments:
  - A shift from biannual to annual vaccine shipments in 2024, due to funding limitations, has led to overstocking and increased the risk of simultaneous vaccine expiry and wastage.
  - The current paper-based reporting and phone-based communication system cause delays in real-time data transmission and decision-making.
  - The pull-based distribution system is constrained by a lack of dedicated vehicles, compromising vaccine safety and causing delays.
  - No EPI dry stores at national and sub-national levels
  - Only 14% of the Health Facilities have medical incinerators
  - No eSMT/eLMIS is in place to see real time stoke data and timely action
- Promising Practices and Innovations:
  - Partnership with UNICEF to roll out an electronic stock management system for real-time monitoring of vaccine stocks and cold chain equipment, enhancing demand forecasting, accountability, and prevention of stockouts and wastage.
  - Plans to introduce Remote Temperature Monitoring Devices (RTMDs) under the Innovation Top-Up grant to strengthen vaccine safety during storage.
  - Procurement of three refrigerated trucks to shift from a pull to a push distribution model, improving the timeliness and equity of vaccine delivery.
- Partner Contributions:
  - UNICEF and Gavi have supported the procurement of vaccines, CCEs, and refrigerated trucks.
  - A Cold Chain Inventory was conducted in 2025 with support from UNICEF and funded by Gavi.
  - Technical assistance is being provided for digital transformation.
  - Training is being provided by Vest Frost for ICT and EPI personnel.
- Top Risks:
  - Limited real-time visibility of vaccine stocks at the subnational level.
  - Absence of fully deployed remote temperature monitoring across storage facilities.
  - Risk of overstocking and simultaneous vaccine expiry due to less frequent annual shipments.
  - Operational delays caused by the pull-based distribution system.

**Graphs and Gavi Comments:**

1. **Vaccine Orders vs Vaccine Delivery:**

## Expected vs Estimated Consumption:



**Please outline how vaccine stocks are reported, from district up to central level. Currently, Eritrea has a very low reporting rate on Thrive 360, and this has been flagged to the Eritrea CT to follow up.**

**3. Learning Question: Are vaccines being consumed at rates that are in-line with approved forecasts? What are the key drivers of consumption compared to expectation** (e.g., stockouts, increased coverage, wastage)?

**Indicator(s):**

- Percentage of forecasted Annual Vaccine Requirement (AVR) consumed in prior period (by antigen)

**Vaccine Consumption Rates:**

- Vaccine consumption has largely aligned with approved forecasts for key routine antigens.
- No stockouts of any kind of vaccine were reported throughout 2024, and there was no vaccine wastage, except for HPV vaccine.
- Percentage of Forecasted Annual Vaccine Requirement (AVR) consumed:
    - BCG (98.8%)
    - DTP (79.3%)
    - OPV (91.2%)
    - MR (146%)
    - Rota (78%)
    - MR (77.5%)
    - PCV (77.5%)
    - Men-A (77.5%)
    - Td (59.3%)
    - HPV (23.8%)

**Country comments** (please consider the set of cross-cutting questions to structure comments):

In Eritrea, vaccine consumption has largely aligned with approved forecasts for key routine antigens. The country reported no stockouts of any kind of vaccine throughout 2024 and no vaccine wastage except for HPV. These outcomes indicate that the Percentage of Forecasted Annual Vaccine Requirement (AVR) consumed for most vaccines is in line with expectations.

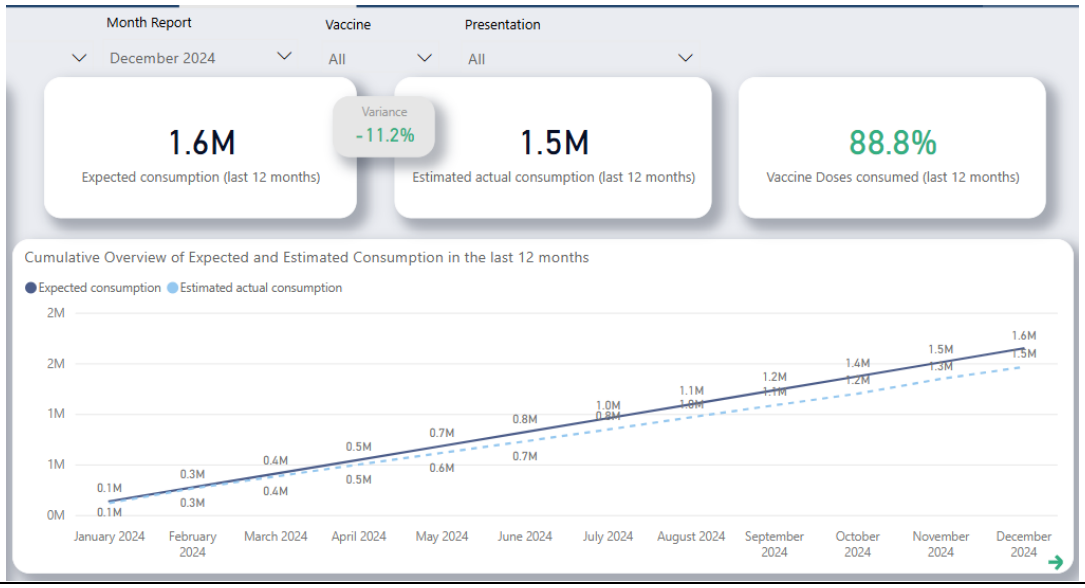
- Factors facilitating or impeding progress:
    - Facilitating factors: Use of a Stock Management Tool (SMT) at national and Zoba levels since 2011, quarterly physical counts for data validation, trained technicians for regular maintenance, and timely substitution of obsolete CCEs.
    - Impeding factors: Challenges with consumption of newly introduced vaccines like HPV, and the shift to annual vaccine shipments.
- Promising practices and/or innovations:
    - Implementation of an electronic stock management system (in collaboration with the UN partners) to improve real-time visibility of stock levels and cold chain performance.
- Key contributions of partners:

- UNICEF is collaborating on the electronic stock management system.

- Top risks that should be mitigated:
  - The need for more adaptable forecasting for new vaccines.
  - The need for improved data systems, enhanced infrastructure, and a potential reconsideration of shipment frequency.

**Graphs:**

1. **Percentage of vaccine doses consumed: 88%**

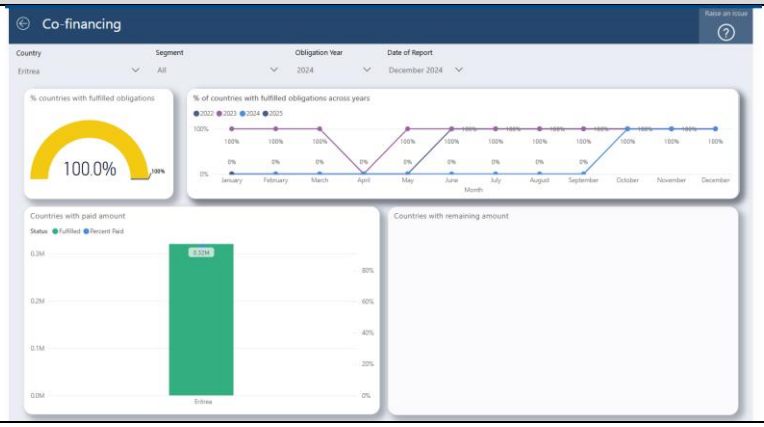



**4. Learning Question: Is the country complying with co-financing requirements in a timely manner?**

**Indicator(s):**

- Country co-financing obligation met in a timely manner

o Yes, all the time.




**Country comments:**

- The Government of Eritrea is committed to contributing 20% for Country Joint Investment for Vaccines, non-vaccine supplies and CCEs procurement
- Funds are paid to the Eritrea UNICEF Country Office by the Ministry of Health after the Gavi Decision Letter is issued and procurement processes are communicated by the UNICEF Supply Division.
- Eritrea has consistently met its co-financing obligations to Gavi and UNICEF; Gavi awarded the government in 2021 for this commitment.

- In 2024 and 2025, the Government paid USD 500,868.9 and USD 337,721, respectively for vaccine procurement
- The Ministry of Health is responsible for customs clearance for all vaccines and CCE, and a tariff exemption is applied, as per the 2013 MOU between UNICEF and the Government of Eritrea.
- UNICEF's role in receiving funds and communicating procurement processes (Supply Division) was remarkable.

**5. Learning Question: If applicable, have new vaccines been introduced as planned and if not, why? Is coverage of recently introduced vaccines being scaled-up as expected?**

**Indicator(s):**

- Number of routine introductions completed over number of targets set for the calendar year
- Coverage of recently introduced vaccines

- No new vaccines were introduced in 2024. However, an MR follow-up vaccination campaign integrated with vitamin A was conducted in April 2024, using both selective and non-selective strategies.
- The National Immunization Strategic Plan (2021-2025) includes the introduction of three new vaccines: Hep-B birth dose, yellow fever, and malaria.
- Hep-B birth dose introduction is planned for August 2025. The following activities have been conducted in preparation:
    - Developed and endorsed operational guidelines.
    - All reporting tools revised and updated to accommodate Hep-B.
    - ICC and NITAG meetings held, and endorsed Hep-B operational guidelines and reporting tools.
    - Activity chronogram for Hep-b birth dose finalized and in progress.
    - Purchase order for Hep-B birth dose issued; vaccine delivery expected in early July 2025.
    - GAVI introduction grant received and will be disbursed to zones for preparatory implementation activities.
- For the other 2 vaccines (yellow fever and malaria), a risk assessment will be conducted, and an expression of interest (EOI) will be submitted to GAVI for approval.

**Country comments** (please consider the set of cross-cutting questions to structure comments):

- High political commitment, community engagement, high vaccination demand, and support from GAVI and WHO/UNICEF.

- Promising practices and/or innovations:
    - Development of SMS-based digital health innovations (under GAVI innovation top-up) to track and vaccinate zero-dose and under-immunized children in hard-to-reach areas.
    - Implementation of periodic intensified outreach activities, conducted four times per year, to vaccinate zero-dose and under-immunized children.

- Key contributions of partners:
  - UNICEF and WHO provide technical support in immunization planning, guideline development, assessment, demand generation, logistics and management system expansion, and vaccine and cold chain equipment procurement.
- Top risks that should be mitigated:
  - Lack of logistical support for regular outreach sessions and PIRI. Currently, the country brought some solutions for rental car.
  - Challenges in procuring ICT equipment for GAVI and ITU activities.
  - Construction challenges for national and sub-national EPI dry stores.
  - Procurement of medical incinerators.
  - Inadequate CCEOP budget allocation.

**Gavi comments:**
HepB birth dose has been approved for introduction in 2026. Please outline any preparation / preparedness for this introduction which is already underway

**6. Learning Question: If relevant, how effective have recent Gavi supported vaccination campaigns been?[1] Please highlight lessons learned which are applicable for routine immunisation and upcoming campaigns** (e.g., timeliness of outbreak response, quality, campaign reach and link back to strengthening routine immunisation).

**Indicator(s):**

- Number of vaccination campaigns conducted in 2024 (stratified by type of campaigns, including preventive, reactive, catch-up, follow-up, sub-national and national):
  - 1 (National integrated Measles-Rubella (MR) follow-up vaccination campaign integrated with Vitamin-A)
- Coverage of recent Gavi-supported campaigns, compared to target (coverage rate disaggregated by sex if collected):
  - 95%; Over 800 Sudanese children were protected during the 2024 influx through MR vaccination integrated with Vitamin-A
- Number of reported outbreaks of vaccine-preventable diseases (for which GAVI supports with reactive campaigns):
  - 0

**Details of the 2024 Gavi-supported MR follow-up Campaign integrated with Vitamin-A in Eritrea:**

- The campaign was a national integrated Measles-Rubella (MR) vaccination campaign targeting children aged 9–59 months.

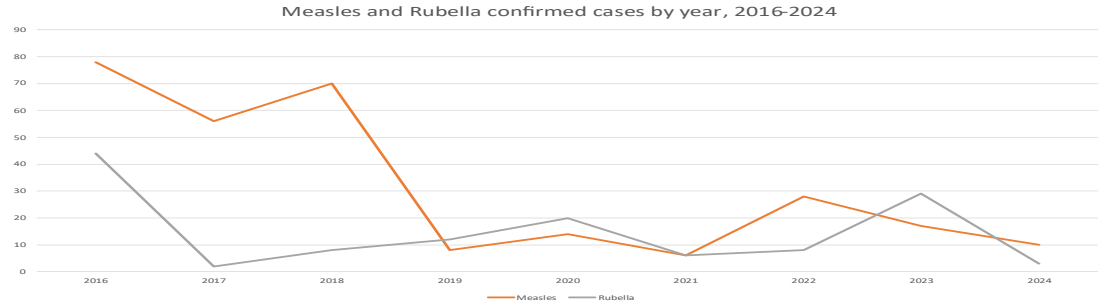
[1] Please reflect on those campaigns conducted since the last Joint Appraisal/Multi-Stakeholder Dialogue exercise.

- The campaign aimed to reduce measles-rubella susceptibility and deliver Vitamin A supplementation among children 6-59 months old and other vaccines in areas with zero-dose and under-immunized children.
- A double-layered tailored strategy was used, classifying districts into selective and non-selective based on risk factors like healthcare access, border proximity, and historical coverage rates.

**1. Measles & rubella cases:**

**No. reported outbreaks:**






**Country comments** (please consider the set of cross-cutting questions to structure comments):

- **Promising Practices and Innovations:**
  - Risk-based microplanning, utilizing five-year MR data, prioritized districts with high dropout and low MR1–MR2 coverage.
  - Innovative outreach logistics, including the use of boats and camels, supported by community mobilizers and BFDs, demonstrate adaptability.
  - MR vaccination was integrated with Vitamin A supplementation, other health condition screening, and referrals.
  - Real-time campaign monitoring through Rapid Convenience Monitoring (RCM) allowed for on-the-spot corrective actions and mop-up vaccinations.
  - Early awareness campaigns and the integration of local leaders-built trust and boosted turnout.

- **Partner Contributions:**
  - Gavi, UNICEF, WHO, and local organizations provided technical support for planning, coordination, and monitoring.
  - They also provided logistical assistance, including transport and cold chain reinforcement.
  - Vaccine procurement and timely delivery were ensured.
  - Training for district-level staff and campaign supervisors was provided.
  - Community engagement was strengthened through mobilization materials and advocacy messaging.
- **Challenges Faced:**
  - Difficult geography and scattered settlements, especially in areas like SRS Zone, increased per-child campaign costs.
  - Reaching pockets of zero-dose children and under-immunized populations, including nomadic groups and recent arrivals from Sudan, presented access and tracking challenges.
  - Identify missed MR-1 and MR-2 dose as there was NO digital immunization registry
  - Identify and record Sudanese children
- **Risks to be Mitigated:**
  - Reaching zero-dose and mobile populations remains a challenge.
  - Data limitations, such as the absence of a census, limit the accuracy of targets.
  - High costs per child in remote areas pose challenges to sustain high-quality campaigns.
  - Introduce off-line digital immunization registry
- **Lessons Learned:**
  - The 2024 Gavi-supported MR campaign in Eritrea was highly effective, achieving strong coverage, inclusive reach, and integration of essential services.

**8. Learning Question: Trajectory and progress against targets set**

- **How does the progress over the past year compare with your Theory of Change or programme objectives?**
- If there are **other factors** (e.g., government transitions, natural disasters, other disease outbreaks, etc.) which have led to disruptions in your immunisation programme over the last year, please also reflect on those.

**Indicator(s):**

- How does the progress over the past year compare with your Theory of Change or program objectives?
- If there are other factors (e.g., government transitions, natural disasters, other disease outbreaks, etc.) which have led to disruptions in your immunization program over the last year, please also reflect on those.
- **Indicator(s):**

- Number of children who received DTP3 and number of children who received MCV1 in the past year compared to the number who received those vaccines in 2019.

- DTP3 coverage has been consistently high, maintaining the 95% level from 2019 and increasing to 97% in 2024. Over the past few years, MCV1 coverage has shown a marked improvement compared to 2019, culminating in 98.4% in 2024.

- The program has demonstrated some significant achievements, notably the successful MR campaign, strong political and community support, effective partnerships, and strategic integration of EPI within PHC. These achievements align with program objectives of increasing coverage and strengthening health systems. The involvement of CHWs and CSOs is a positive step towards improving community engagement and equity.
- However, progress is hampered by several challenges, including procurement delays, logistical bottlenecks, cold chain issues, financial management, and difficulties in reaching unreached populations. These challenges are impeding the program's ability to achieve its full potential and may lead to disparities in immunization coverage. The delays in infrastructure development in hard-to-reach areas are particularly concerning, as they directly affect the program's ability to achieve equitable access.
- The political instability in neighboring countries presents an additional challenge, highlighting the vulnerability of immunization programs to external factors.
- The theory of change lacks well-though risk mitigation approaches that could tackle the above issues which need to be considered in the future.

**Country comments** (please consider the set of cross-cutting questions to structure comments):

- **Facilitating factors:**
  - Strong political and community support.
  - Successful MR Campaign (planning, engagement, logistics, tailored approach).
  - Effective partnerships with UN agencies.
  - Strategic integration of EPI within PHC.
  - Active involvement of CHWs and CSOs in reaching communities, data collection, and monitoring.
  - Strong focus on capacity building through training healthcare workers.
- **Impeding factors:**
  - Delays in off-shore procurement of IT equipment and devices.
  - Weak supportive supervision.
  - Postponed study tour or country experience sharing.
  - Challenges in preventive and corrective maintenance of CCE.
  - Delays in decommissioning and safe disposal of unused Cold Chain Equipment/vaccines.
  - Slow progress in digital micro-planning and geographic information system (GIS) mapping.
  - Logistics limitations: manual stock management, transport limitations, lack of dry store.
  - Cold chain challenges: aging equipment, energy access issues, uneven coverage.

        - Financial/implementation challenges: low absorption, delays, procurement issues.
        - Difficulty in reaching unreached populations, particularly nomadic groups.
        - Inadequate infrastructure: storage, waste disposal, EPI working space.
        - Infrastructure-related activities (solar, water, incinerators, transport) in Hard-to-Reach areas are largely not implemented.
        - Political instability in neighboring countries impacted regional collaboration.
    - **Promising practices and/or innovations**
        - Successful MR Campaign (planning, engagement, logistics, tailored approach).
        - Strategic integration of EPI within PHC.
        - Potential introduction of digital health technologies (eSMT)
        - CHWs and CSOs involvement
    - **Key contributions of partners**
        - Effective partnerships with UN agencies such as UNICEF and WHO and Gavi.
    - **Top risks:** The following are the top risks that should be mitigated:
        - Continued delays in procurement and implementation, hindering progress towards program objectives.
        - Logistics and cold chain weaknesses, potentially leading to vaccine wastage and reduced effectiveness.
        - Low financial absorption and inefficient financial processes, limiting the program's ability to utilize available resources.
        - Failure to reach zero-dose children and under-immunized populations, perpetuating inequities.
        - Inadequate infrastructure, compromising service delivery quality.
        - Weak data systems, hindering effective monitoring, evaluation, and decision-making.
        - Negative impact of regional political instability on immunization activities
- **Recommendations and Path Forward:**

The recommendations provided offer a comprehensive path forward:

- Enhanced Financial Management: Implementing strategies to significantly improve budget absorption rates, ensuring timely utilization of allocated funds, and streamlining financial processes at all levels.
- Strengthened Logistics and Supply Chain: Prioritizing the adoption of the eSMT, completing the EPI dry store, and investing in appropriate transportation and cold chain infrastructure to ensure efficient vaccine management.
- Infrastructure Development: Prioritizing investments in essential infrastructure, including cold storage, dry storage, adequate service delivery spaces, and proper waste management systems at the Zoba level.
- Enhance ITU implementation: Expedite implementation to achieve at least 75% utilization within the current timeframe.
- Zonal-Level Empowerment: Empowering Zonal Medical offices with the necessary resources and support to effectively implement and monitor immunization activities at the local level.
- Targeted Strategies for Zero-Dose Children: Developing and implementing tailored approaches to identify and reach zero-dose children and under-immunized communities, particularly in underserved and nomadic populations.

- Continued Stakeholder Collaboration: Fostering even stronger collaboration and coordination among all stakeholders, including government ministries, Gavi, UN agencies, and zonal representatives.
- Capacity Building and Human Resources: Addressing human resource gaps through targeted recruitment and training initiatives, and utilization of civil society conference halls.

**Graphs:**

**9. Learning Question: Progress of implementation of ITU project**

- Please indicate any progress / challenges incurred during 2024 / 2025 concerning the eLMIS/eSMT project funded through Gavi ITU funds.

**Indicator(s):**

- No of trainings completed:
  - 2024: 0
  - Q1 2025: 0
- No of devices/equipment procured and installed:
  - 2024: 0
  - Q1 2025: 0
- % execution of funds:
  - 2024: 0%
  - Q1 2025: 0%
  - Total allocated ITU funds: USD 470,220.00 (of which approximately USD 220,000 is for IT equipment and devices)
- % of locations reporting end of month stock within 10 days of month end:
  - 2024: 100%
  - Q1 2025: 100%
  - Current stock reporting system: Monthly, non-digitalized.

**Country comments:** (please consider the set of cross-cutting questions to structure comments):

- While several training plans are in place related to ITU implementation and operationalization, no training activities have been conducted in 2024 or Q1 2025. This is because the underlying systems (SMS-based RapidPro, Electronic Stock Management Tool, Electronic Remote Temperature Monitoring System for vaccines and non-vaccine products, off-line android apps and the toll-free reporting system) are yet to be developed.
- No devices or equipment have been procured or installed in 2024 or Q1 2025. The MOH already requested procurement of the required items to the Ministry of National Development and Red Sea Corporation Trading Agency.
- None of the allocated ITU funds (USD 470,220.00) have been utilized in 2024 or Q1 2025. Approximately USD 220,000 of these funds is specifically allocated for the procurement of IT equipment and devices, which is currently in progress.

- The percentage of locations reporting end-of-month stock within 10 days of the month's end is 100% for both 2024 and Q1 2025. The current stock reporting system is a non-digitalized, monthly process.
- Since the end of 2024, significant progress has been made in preparing for the project. This includes:
  - Establishing an inter-sectoral technical working group.
  - Preparing and endorsing a concept note for the full ITU project.
  - Setting specifications for all required equipment and devices and sharing them with national procurement entities.
  - Conducting high-level discussions and reaching an agreement with the National Telephone and Internet Service Provider (EriTel) on the project's practicality, their role in implementation, and ongoing maintenance.
  - Conducted several advocacy sessions with the stake-holders.
  - Selected indicators for SMS-based Rapid Pro
- The country is currently in the process of recruiting Technology for Development (T4D) expert to guide the development of the National ITU Implementation Strategy, and ICT policy. The first training sessions will be convened following the recruitment of these consultant. The Consultant is expected to be recruited in May and June 2025 and finalize the documents in July 2025.
- The main challenge delaying the process has been the procurement of IT equipment and devices, due to the national centralized procurement system. To save time, the Technical Committee in collaboration with EriTel is planning to work on system development, introduction of toll-free reporting system, and capacity building while waiting for the procurement of ICT materials.
- EriTel commitment and readiness to support the project, which was previously a challenge, is now promising with high-level commitments.
- Since the inception of the project, the contribution of stakeholders such as MFND, EriTel, UNICEF, WHO, and Gavi has been remarkable.
- There are two identified risk that are likely to hamper the success of the project. These are the Centralized Procurement System and Eritel's perception on the digital health implementation. To mitigate these risks, several advocacy sessions such as high-level meeting between MOH and EriTel, MoH and MFND, and advocacy sessions focused on higher officials or decision-makers.
- With UNICEF support, DH expert will come to Eritrea to support ICT policy and strategic planning development
- With support from UNICEF South Sudan, eSMT expert will come to Eritrea to support introduction of eSMT and roll-out to 6 Zones

**Gavi comments:**
Please provide a timeline for finalisation of project, noting the implementation deadline of December 2025

## B. Programme Management

### Financial implementation of Gavi cash grants

### Cash[2] Support Summary*

| Grant | Recipient | Period | Status as of March 2025 | | | | | Cash Bal | Compliance** | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Grant Value | Appr. | Disb. | Expenditure | Utilisation (in %) | | Fin. Rep | Audit |
| HSS III | MoH | 2024-2028 | 7,500,000 | 7,500,000 | 1,275,000 | 170,685 | 13% | 1,104,314 | | |
| EAF | MoH | 2024-2028 | 999,990 | 999,990 | 499,995 | 0 | 0% | 499,995 | | |
| ITU | MoH | 2024-2025 | 940,440 | 940,440 | 470,220 | 0 | 0% | 470,220 | | |
| CCEOP | MoH | 2024-2025 | 472,621 | 472,621 | 472,621 | 472,621 | 100% | 0 | | |
| Meg A Catch - Up Campaign | MoH | 2024 | 1,825,464 | 1,825,464 | 1,825,464 | 1,825,464 | 100% | 0 | | |

*All amounts are in USD
**Comment below in case of non-compliance

[2] All HSIS grants (HSS, VIGs, OPS, Switch), EAF, ITU cash support as applicable.

**10. Learning Question: How well is the country able to absorb Gavi funding and what are the drivers?** (This should cover all funding including funds channelled through partners.)

- Comment on the financial implementation progress of grants including but not limited to the utilisation rates. What are the key issues?

**Indicator(s):**

- Percentage of grant funds utilised
  - Percentage of grant funds utilized for HSS-3 13%, EAF- 0% and ITU- 0%: 13%. The financial absorption rate is low.
  - CCEOP grant utilization: 100% and procured 70 CCEs through UNICEF Country Office
  - MR follow-up vaccination campaign grant: 100% utilized and campaign completed

- Amount of cash balance in-country
  - Amount of cash balance in-country: USD 2,074,529.44 for HSS-3, EAF and ITU

**Graphs:**

**Country comments**:

- Even though the Ministry of Health is striving hard to implement pre-determined strategic objectives, the financial absorption rate of the ministry is said to be low. There are a number of reasons for the low financial absorption rate.
- Impeding factors:
  - Shifting from Quarterly Plans of Action to implement planned activities: This change in planning approach has likely caused delays and disruptions in the implementation of activities, affecting the rate at which funds can be utilized.
  - Weak Supportive Supervision and mentorship: Inadequate supervision and mentorship can lead to inefficiencies, errors, and a lack of accountability in the implementation of funded activities.
  - Delayed materialization of Off-Shore procurement: Delays in procuring goods and services from international sources can significantly hinder project implementation and, consequently, fund utilization.
  - Vacuum at Zonal PMU Offices (absence of Project and finance officers in NRS and Gash-Barka Zones): The lack of key personnel in these zonal offices is likely impeding the implementation of Gavi-funded activities at the regional level.
- Top risks that should be mitigated
  - The following are the top risks that should be mitigated:
  - Continued delays due to the shift in planning approaches.
  - Lack of capacity at the zonal level due to staff vacancies.

- Prolonged procurement processes, particularly for off-shore procurement.
- Explore comparative advantage of Gavi supported procurement through UN partners
- Insufficient monitoring and accountability due to weak supervision and mentorship.

**11. Learning Question: How well is the country resolving issues arising from assurance activities? What issues are left to solve and what is the path forward?**

- What is the progress of Grant Management Requirements implementation?
    - The Project Management Unit (PMU) is currently in the process of recruiting finance and procurement officers to manage Gavi-assisted projects at the national level.
- How has the country addressed recommendations arising from past audit recommendations (annual external audits + Gavi Programme Audit)?
    - External audits are conducted annually, examining the project's accounting system and internal control procedures. Audit reports, containing comments and recommendations, are submitted to the Ministry of Health and the PMU. The PMU then works to address the recommendations in these reports.
- Comment on the improvements that have been made to financial management and risk assurance activities with the support of assurance providers (e.g., Fiscal Agents, Monitoring Agents, Financial Management Technical Assistance)?
    - Significant improvements have been made in financial management with the support of assurance providers. Training has been provided to PMU project officers and finance officers on the new Gavi Planning and Budgeting Template. This training covers managing financial expenditures, variances, advances in zones, and advances with suppliers. Assurance providers are also supporting the Ministry to expedite the approval of reprogramming activities.
- Specifically, what actions have been taken to enable a larger % of Gavi funds to be channeled back through government systems?
    - During the Full Portfolio Planning (FPP) process, the Ministry of Health was designated as the Primary Recipient (PR). This means that almost all off-shore procurements are planned to be approved and procured through the Ministry of Finance and National Development and the Red Sea Corporation. For the implementation of soft activities, the Ministry of Health, with technical assistance from partners, is the main body responsible for implementation, monitoring, and evaluation.

**Country Comments**: Grant Management Requirements (GMRs) and Audit Recommendations Implementation:

Significant progress is being made in resolving issues arising from assurance activities. The filling of key programmatic and financial vacant positions has been a facilitating factor, addressing a critical capacity gap. The ongoing onboarding of new staff will further strengthen this. The update of the fixed asset register, with planned verification by the Assurance Provider (AP) in April 2025, demonstrates a proactive approach to addressing asset management, a potential area of risk.

The commitment to addressing past external audit recommendations with AP support is commendable. The training conducted in 2024 for Finance, Administration, and Program Officers on Gavi guidelines and financial management, along with the planned additional

training on internal audit and SAP systems (at the country's request), signals a strong intent to reinforce internal controls and strengthen compliance. This proactive capacity building is a promising innovation that should contribute to more sustainable improvements. The quarterly tracking of GMR and audit recommendation implementation, facilitated by the AP, provides a crucial mechanism for monitoring progress and identifying any emerging challenges.

**Other Improvements in Financial Management and Risk Assurance:**

The review and update of the financial management manual, and the ongoing review of the procurement manual, are important steps towards strengthening the overall financial management framework. The better alignment of reprogramming requests with Gavi's requirements has facilitated timely approvals and improved fund absorption, demonstrating a greater understanding of donor expectations. The adoption of Gavi's new budgeting and reporting templates has enhanced the accuracy and timeliness of reporting, contributing to better accountability.

**Actions to Increase Use of Government Systems:**

Targeted training and ongoing support by the AP to strengthen capacity, systems, and controls are crucial actions aimed at enabling a larger percentage of Gavi funds to be channeled through government systems. The adoption and implementation of procurement guardrails, with the support of alliance partners, is a promising innovation that could lead to greater ownership and sustainability of procurement processes.

**Factors that facilitated progress:**

- Filling key positions, proactive engagement with the Assurance Provider, alignment of reprogramming requests, and adoption of new reporting templates.

**Factors that impeded progress:**

- Historically, vacant key positions likely hindered progress in certain areas. The need for ongoing onboarding suggests that fully realizing the benefits of new hires takes time.

**Promising innovations:**

- The planned additional training on internal audit and SAP systems based on country request, and the adoption of procurement guardrails to increase the use of government systems.

**Key contributions of partners:**

- The Assurance Provider is playing a significant role in supporting the implementation of audit recommendations, updating the fixed asset register,

providing training, and facilitating the tracking of GMRs. Alliance partners are supporting the implementation of procurement guardrails.

**Top risks that should be mitigated:**

- Delays in the onboarding of new staff could slow down progress. Ensuring the effective implementation and consistent application of the updated financial and procurement manuals will be critical. Continued reliance on external support highlights the need to build sustainable in-house capacity to manage financial and risk assurance activities over the long term. Ensuring the procurement guardrails are effectively implemented and adhered to across all relevant entities will be crucial for increasing the use of government systems

**Gavi comments:**
Outstanding audit issues to resolve:

**12. Learning Question: Please comment on any other financial management-related bottlenecks for implementation and compliance.**

**Country comments**:

Other financial management-related bottlenecks affecting implementation and compliance include:

- inadequate communication and transport infrastructure,
- delays in fund disbursement from national to sub-national levels, and
- limited capacity at sub-national levels in financial reporting and compliance with Gavi requirements.
- Limited program monitoring visits to Zoba to discuss with Zoba PMU to identify the bottlenecks and take timely actions to implement the project on time and increase utilization.

These bottlenecks collectively impede the efficient flow of resources and oversight, potentially leading to delays in program implementation and increased risks of non-compliance.

**13. Learning Question: Is the country effectively addressing gender related barriers** (e.g. faced by caregivers or adolescents in accessing immunisation services and barriers faced by health workers in delivering immunisation services)?

**Indicator(s):**

Did (when) the country conduct a gender analysis that identified barriers faced by health workers, caregivers and adolescents (yes/no). Has the country implemented initiatives that remove or reduce gender related barriers?

1. **Yes**, the country has done gender analysis by a desk review on seven online published documents and a comprehensive search was conducted on PubMed and Google Scholar electronic databases, grey literature, and the WHO and UNICEF websites for articles reporting on routine immunization service delivery published in the last 10 years

2. **Yes,** the country has partially implemented initiatives that remove or reduce gender related barriers

3. **Barriers faced by caregivers**

| Barrier (state the barriers that restricts the caregiver from access the service) | Intervention that addresses barriers (state the interventions planned | Was the intervention implemented? (no, partially, fully) | What was the impact (provide evidence)? |
|---|---|---|---|
| • Patriarchal decision-making<br>• limited male engagement<br>• low maternal education<br>• entrenched cultural beliefs<br>• low socio-economic status of the caregivers<br>• low risk perception and self-esteem. | • Increase knowledge of the caregiver on the importance of immunization<br>• Engaging mothers on decision making with male involvement | • It is partially implemented.<br>• We had one pilot project in Zoba Maekel and there were 124 peer facilitators trained on male involvement and remove gender barriers, and in three months, they influence above 1346 male partners to accompany their wives during their visits to health facility for routine immunization and other activities. | • There was an increment on the number of mothers bringing their children to health facilities.<br>• Enable them to have good confidence to make decisions. |

4. **Barriers faced by health worker**

| Barrier (state the barriers that restricts the caregiver from accessing services) | Intervention that addresses barriers (state the interventions planned) | Was the intervention implemented? (no, partially, fully) | What was the impact (provide evidence)? |
|---|---|---|---|
| ▪ Poor technical knowledge of healthcare workers<br>▪ Lack of motivation among healthcare workers<br>▪ Limited availability of health supplies | • Timely training of health workers in technical skills, counselling skills and IPC.<br>• Equipped with adequate health supplies<br>• Create conducive environment | • Yes, partially implemented<br>• There is an adequate supply of health equipment.<br>• But there is a need for funding to facilitate the planned activities. | We have observed significant change of understanding the importance of immunization in the society, however there is no concrete data or research done to measure the impact. |

| | | | |
|---|---|---|---|
| ▪ Limited in-service training opportunities, and weak interpersonal communication skills/counselling skills of health workers | for the health workers. | | |

5. **Barriers faced by adolescents**

| Barrier (state the barriers that restricts the adolescents from accessing services) | Intervention that addresses barriers (state the interventions planned) | Was the intervention implemented? (no, partially, fully) | What was the impact (provide evidence)? |
|---|---|---|---|
| • female adolescents have multiple responsibilities, and domestic / household activities<br>• limited decision-making power disproportionately affect women and adolescent girls.<br>• low awareness on routine immunization<br>• pressure of mothers and grandmothers and religious leaders influencing adolescents not to utilize health facility. | • Ease the burden of female adolescents by increasing knowledge of mothers and adolescents on the importance of immunization<br>• Engage with Women Association to support and improve adolescents' ability to plan prepare and increase utilization of health service. | Yes, partially implemented (eg, HPV vaccine, Tetanus-Diphtheria vaccine, Men-A) | Increased awareness of adolescents on the importance of immunization. |

6. **What new programming or reprogramming is required to improve impact?**

- Prioritize marginalized groups/nomads through tailored interventions, especially rural women and those with low education.
- Community Engagement: Foster strong partnerships with community leaders and influencers to dispel myths and promote vaccine acceptance.

- Improve access to healthcare services, especially in rural areas (Hard To Reach), and nomadic population to ensure adequate vaccine supply.
- Equip healthcare providers with the skills to provide culturally appropriate and gender-responsive counselling.
- Implement robust monitoring and evaluation systems to track progress and identify areas for improvement.

**Country comments:**

- Facilitating factors:
    - The country has conducted a gender analysis.
    - Initiatives have been implemented to address gender-related barriers.
    - There is increased awareness of adolescents on the importance of immunization.
  - Impeding factors:
    - Patriarchal decision-making and limited male engagement.
    - Low maternal education and entrenched cultural beliefs.
    - Low socio-economic status of caregivers, and low risk perception and self-esteem.
    - Poor technical knowledge of healthcare workers, lack of motivation, limited availability of health supplies, limited in-service training opportunities, and weak interpersonal communication/counselling skills.
    - Female adolescents' multiple responsibilities and domestic/household activities.
    - Limited decision-making power disproportionately affecting women and adolescent girls.
    - Pressure from mothers, grandmothers, and religious leaders influencing adolescents not to utilize health facilities.
    - Need for funding to facilitate planned activities for health workers.
    - Qualitative study on NOMADIC and Semi-Nomadic community has not yet conducted
- Promising practices and/or innovations
  - Pilot project in Zoba Maekel trained peer facilitators on male involvement and removing gender barriers, leading to increased male partner involvement in health facility visits.
- key partners contributions
  - UNICEF's contribution in risk communication and gender equality has been significant
- The following are the top risks that should be mitigated:
  - The barriers faced by caregivers, health workers, and adolescents, if not adequately addressed, could hinder immunization efforts.

- Lack of funding to facilitate planned activities for health workers
- Lack of concrete data or research to measure the impact of interventions.

**14. Learning Question: How well is the country implementing its health information systems and data strengthening, monitoring and learning activities?**

- What is the progress of planning and implementing health information system and data strengthening, monitoring, and learning activities? Do these collectively constitute at least 10% of your HSIS/EAF grant budget?
  - HIS-related activities supported by Gavi included data management training, supervision, printing data collection tools, installation of internet connectivity and bandwidth payment, and procurement of computers. All these activities were implemented within the specified time period. Activities related to M&E, like capacity building and data quality assessment, were rescheduled for later years of the grant period. The budget collectively was less than 10% of the grant budget.
- How will the country address remaining data-related gaps or barriers to immunization program performance?
  - To address gaps such as the population denominator issue, periodic surveys are conducted to complement the routine information generation system.
  - Surveys need to be designed to estimate under-immunized children up to the sub-zoba or health facility level, rather than just the zoba level.
  - The country aims to use local administrative population data, as opposed to estimates from the National Statistics Office (NSO), to provide more accurate estimates of EPI coverage indicators.
- Comment on key results or findings for identified learning priorities based on Eritrea's FPP application. Have any actions been taken to improve immunization program performance based on information from the initial application?
  - Based on the sector Monitoring and Evaluation framework, EPI-related indicators have been set within the health sector, with baselines and annual targets. Most of the indicators monitored at the sector level are outcome and impact level, and this information is captured from population-based surveys. Population-based surveys, such as EPI coverage surveys, indicate fully immunization coverage consistently above 95%.
- Please share any documentation of learning results if available (e.g. reports, evaluations, assessments, etc).
  - *None*

**Country comments:**

- Facilitating factors:
  - Good political commitment from the government, and partners (UNICEF, WHO, GAVI)
  - Gavi support for HIS-related activities.
  - EPI-related indicators are integrated into the health sector M&E framework.
  - High immunization coverage reported in population-based surveys.
  - Use of DHIS2 for data capture in a significant percentage of hospitals and districts.
  - Introduction of digital health technologies (SMS, SMT).
  - High vaccination demand and community engagement
  - Limited gender barriers
- Impeding factors:
  - Budget for HIS activities is less than 10% of the grant budget.
  - M&E activities were rescheduled for later in the grant period.
  - Gaps in immunization data, such as the population denominator issues
  - The population-based surveys on immunization are only able to capture/estimate under-immunized children up to zoba level. So such surveys need to adapt a design that help estimate under immunized children up to subzoba level or health facility level.
  - Use of local administrative population data as opposed to the estimates from NSO, could provide more accurate estimate on the EPI coverage indicators. Surveys only capture under-immunized children up to the zoba level.
  - Continuously relying on estimated population would underestimate the coverage for immunization. Thus, some triangulation methods need to be employed to narrow the gap in immunization coverage due to population denominator issue.
  - Procurement delay for ICT equipment for health information system equipment could have negative effect towards strengthening the health information system.
- Promising practices and/or innovations
  - Introduction of digital health technologies (SMS Rapid Pro, eSMT. eRTMS).
  - Data are collected from the community and reported to nearby health facilities. 81% of the hospitals and districts are capturing their data through DHIS2.

- Most of the program-related data are captured from DHIS2, however, there are some gaps related to immunization data such as the population denominator issue. Thus, to address such problem periodic surveys need to be done to complement the routine information generation system in the Ministry.

- Key contributions of partners
  - UNICEF, WHO, and GAVI have been providing support in the areas of technical assistance and funding.
- Top risks: The following are the top risks that should be mitigated:
  - Insufficient budget allocation for HIS activities.
  - Delays in implementing M&E activities.
  - Inaccurate immunization coverage data due to the population denominator issue.
  - Limited granularity of survey data (zoba level).
  - Delays in procurement of health information system equipment.

## Section 2: Looking forward: Summary of key discussion points and follow up actions

Briefly summarise the **key discussion points**, including **identified needs** and **follow up actions** resulting from the Joint Appraisal review and dialogue.
This may include identified (future) needs and priorities

The Joint Appraisal (JA) review was conducted with the involvement of different stakeholders and partners such as the Ministry of Health (EPI, Pharmacovigilance Centre, IDSR, Gavi Focal Person, Health Information System, Health Promotion Division, and Monitoring and Evaluation Division), CSOs (National Union of Eritrean Women), UNICEF and WHO.

The Joint Appraisal (JA) highlighted Eritrea's significant progress in immunization, notably the reduction in zero-dose children and high coverage rates for basic antigens, driven by strong political commitment, effective EPI strategies, and high community trust. Key facilitating factors include successful MR campaigns, robust partnerships with UN agencies, integration of EPI within PHC, and active engagement of CHWs and CSOs. Other strategies such as risk-based microplanning, innovative outreach logistics (use of boats and camels), real-time campaign monitoring, and early awareness campaigns involving local leaders were vital. The planned introduction of digital health technologies (eSMT, eRTM, SMS-based RapidPro, and Toll-free systems), and integrated mobile clinics are also positive developments.

Despite these achievements, the JA identified areas needing improvement. These include addressing lower coverage rates for certain vaccines (MR2, IPV2, HPV, Men-A), reducing dropout rates in specific areas, strengthening card retention, and ensuring regular outreach and mobile clinic services, especially in hard-to-reach districts. Challenges such as procurement delays, logistical bottlenecks, cold chain issues, financial management, and difficulties in reaching unreached populations, including nomadic groups, were also noted. The political instability in neighboring countries presents an additional risk.

The JA emphasized the crucial roles of UNICEF and WHO in providing technical and logistical support, and Gavi in financial assistance. To mitigate identified risks, the report underscores the need for improved vaccine management, enhanced data systems, real-time monitoring notifiable diseases and adverse events following immunization, strengthened infrastructure (dry stores, incinerators, cold chain equipment), and more adaptable forecasting for new vaccines. Addressing these challenges will be crucial for sustaining progress and ensuring equitable access to immunization services across the country.

Finally, the Joint Appraisal (JA) review and dialogue identified critical priorities and follow-up actions to enhance immunization program effectiveness. Key discussions focused on addressing logistical gaps, strengthening community outreach, and accelerating program implementation within the current grant cycle.

Immediate priorities include:

1. Establish EPI dry stores at national and Zonal levels

2. Procurement of incinerators and ICT equipment
3. Procurement of motorcycles for temporary out-reach services
4. Health facilities solarization covering all services
5. SBC qualitative study for nomadic and semi-nomadic communities
6. Expansion of the cold chain through replacing obsolete and adding new CCEs in the over crowed HFs.
7. Implementation of the innovation top-up activities before the the grant expired in December 2025
8. Procurement of additional multipurpose vehicle to regularly conduct temporary outreach services and mobile clinics

To expedite progress, key follow-up actions with assigned responsibilities and deadlines were established. These actions are listed in the table below:

Program adjustments include reallocating incinerator funds to Year 1, introducing Hep-B BD in August 2025, and submitting a Malaria Vaccine EOI by December 2025. Promising innovations such as eSMT, eRTMS, SMS-based RapidPro, a Call Centre, multipurpose vehicles, and health facility solarization, will be implemented.

To expedite progress, key follow-up actions with assigned responsibilities and deadlines were established. These actions are listed in the table below:

| Follow up action | Timeline | Responsible person/partner |
|---|---|---|
| Acceleration plan finalised and approved by Ministry | 04 April 2025 | MOH / ICC |
| Finalisation of the JA template | 30 April, 2025 | EPI Manager |
| Procurement of ICT equipment, motorcycles, CCEs, solar panels, multipurpose vehicles, and incinerators | 30 Sept, 2025 | PMU |
| Conduct SBC qualitative study for nomadic and semi | June 30, 2025 | HPD |
| Establish EPI dry store at national & zonal levels | November 30, 2025 | PMU |
| Establishment of systems for ITU | Nov 30, 2025 | HIS |

- Expected adjustments to activities and as applicable the Gavi workplan, targets and budget, such as budget reallocations, revision of dates for anticipated new vaccine applications or introductions, etc.
    - Reallocating incinerator funds to Year 1 from year 2,
    - Introducing Hep-B BD in August 2025, and
    - Submitting a Malaria Vaccine EOI by December 2025
- Roll-out or expansion of promising practices and innovations
    - Introduction new innovation such as eSMT, eRTMS, SMS-based RapidPro, Call Centre, and procurement of multipurpose vehicles, and HF solarization.
- Other aspects and follow up actions
    - Addressed above.