# Joint Appraisal report 2019

| | |
|---|---|
| **Country** | |
| **Full JA or JA update**[1] | ☑ **Full JA** ☐ JA update |
| **Date and location of Joint Appraisal meeting** | 26 – 30 August 2019, Port-au-Prince, |
| **Participants / affiliation** [2] | See Annex |
| **Reporting period** | |
| **Fiscal period**[3] | October - September |
| **Comprehensive Multi Year Plan (cMYP) duration** | 2016 - 2020 |
| **Gavi transition / co-financing group** | *NA* |

## 1. RENEWAL AND EXTENSION REQUESTS

### Renewal requests were submitted on the country portal

| | | | |
|---|---|---|---|
| **Vaccine (NVS) renewal request** (by 15 May) | Yes X | No ☐ | |
| **Does the vaccine renewal request include a switch request?** | Yes ☐ | No X | NA ☐ |
| **HSS renewal request** | Yes ☐ | No X | NA ☐ |
| **CCEOP renewal request** | Yes X | No ☐ | NA ☐ |

## 2. GAVI GRANT PORTFOLIO

### Existing vaccine support *(to be filed by Gavi Secretariat)*

| Introduced / Campaign | Date | Coverage 2018 (WUENIC) by dose | Target 2019 | | Approx. Value $ | Comment |
|---|---|---|---|---|---|---|
| | | | % | Children | | |
| **Penta** | *2012* | *64% (3nd dose)* | *90%* | *231,788* | *398,000* | |
| **Rota** | *2014* | *58% (2nd dose)* | *90%* | *231,788* | *705,000* | |
| **IPV** | *2016* | *66%* | *90%* | *231,788* | *426,000* | |
| **Pneumococcal** | *2018* | *1%* | *85%* | *201,190* | *2,432,500* | *Vaccine introduced in October 2018* |
| **MR SIA** | *2019* | *NA* | *95%* | *1,366,538* | *1,085,000* | |

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

| Grant | Channel | Period | First disbursement | Cumulative financing status in August 2019 | | | | Compliance | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Comm. | Appr. | Disb. | Util. | Fin. | Audit |
| **HSS1** | *Total* | *2013-18* | | *3,299,915* | *3,299,915* | *3,299,915* | | | |
| | *PAHO* | *2013-18* | *Feb 2014* | *3,299,915* | *3,299,915* | *3,299,915* | | *2018* | *NA* |
| **HSS2** | *Total* | *2019-23* | | *9,327,176* | *4,405,490* | *2,135,390* | *NA* | *NA* | *NA* |
| | *PAHO* | *2019-23* | *June 2019* | | *2,703,125* | *1,540,112* | *NA* | *NA* | *NA* |
| | *UNICEF:* | *2019-23* | *June 2019* | | *1,702,365* | *595,278* | *NA* | *NA* | *NA* |
| **Penta** | *PAHO* | *2011* | *2011* | *239,000* | *239,000* | *239,000* | *100%* | *NA* | *NA* |
| **Rota** | *PAHO* | *2013* | *2013* | *243,601* | *243,601* | *243,601* | *100%* | *NA* | *NA* |
| **IPV** | *PAHO* | *2015* | *2015* | *175,068* | *175,068* | *175,068* | *100%* | *NA* | *NA* |

[1] Information on the differentiation between full JA and JA update can be found in the *Guidelines on reporting and renewal of Gavi support*, https://www.gavi.org/support/process/apply/report-renew/
[2] If taking too much space, the list of participants may also be provided as an annex.
[3] If the country reporting period deviates from the fiscal period, please provide a short explanation.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Pneumococcal** | *PAHO* | *2018* | *2018* | *271,500* | *271,500* | *271,500* | | *2018* | *NA* |
| **MR camp.** | *PAHO* | *2019* | *Jan 2019* | *888,250* | *888,250* | *888,250* | | *NA* | *NA* |
| **CCEOP** | *Unicef SD* | *2017-20* | *2017* | *5,864,647* | *4,509,161* | *2,750,024* | | *NA* | *NA* |
| **Comments** | | | | | | | | | |

**Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future**[4]

| Indicative interest to introduce new vaccines or request HSS support from Gavi | Schedule | Expected application year | Expected introduction year |
|---|---|---|---|
| | | | |
| | | | |

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

| Intermediate results indicator | Target | Actual |
|---|---|---|
| Percentage of departments having an Annual Operational Plan (AOP) | 100 | 100 |
| Percentage of institutions that have started at least 90% of the awareness-raising activities projected | 100 | 82 |
| Existence of an AOP at the national level | 100 | 100 |
| Percentage of institutions with endorsed EPI micro-plans in place | 100 | 100 |
| Percentage of institutions that have submitted full monthly EPI reports throughout the year | 100 | 88 |
| Percentage of institutions that have submitted monthly EPI reports on time throughout the year | 100 | NA |
| Existence of new IT system tools at the institutional level | 100 | 100 |
| Existence of new IT system tools at the departmental level | 100 | 100 |
| Percentage of institutions with cold chain equipment properly operating throughout the year (endorsed by supervision visits) | 95 | 92 |
| Percentage of health institutions implementing the outreach strategy | 100 | 82 |
| Percentage of projected micro-planning workshops implemented | 100 | NA |
| Percentage of scheduled inspection visits made according to the micro-plan | 100 | NA |
| Number of community health workers (CHWs) trained for immunisation | 739 | 739 |
| **Comments** | | |
| The indicators given here relate to the HSS1 grant. | | |

**PEF Targeted Country Assistance: Core and Expanded Partners at** [insert date] *(to be pre-filled by Gavi Secretariat)*

| | Year | Funding (US$m) | | | Staff in-post | Milestones met | Comments |
|---|---|---|---|---|---|---|---|
| | | Appr. | Disb. | Util. | | | |
| **Insert** | | | | | | | |

[4] Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for informational purposes.
Countries are encouraged to highlight in subsequent sections, and particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Insert** | | | | | | | |
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| **Insert** | | | | | | | |

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

**Country Context**

In the course of the last twelve months, the country context has been marked by recurrent social problems that hamper the proper performance of all its institutions, negatively affecting the already-precarious operation of the health system.

In particular regard to immunisation, this climate makes it hard to implement the action plan of the National Coordinating Unit for the Immunisation Programme (UCNPV).

The Government has taken charge of financing the traditional vaccines for two years, but in view of the deterioration of the country's socio-economic situation, delays have been noted in this mode of financing.

Looking at vaccine-preventable disease trends, the **diphtheria** epidemic persists despite targeted community interventions and immunisation mini-campaigns in certain affected districts. This year, following a lull of approximately 13 weeks, at least 4 health departments once more reported deaths attributed to the disease as well as positive cases. However, in comparison to 2018, the tendency for 2019 shows a decline. As of epi-week 32, only 93 suspected cases were recorded: 11 tested positive by RT-PCR, and there were 2 confirmed deaths out of a total of 6 deaths. A new district was added to the list of those that have reported positive diphtheria cases since 2014: Marmelade, which was 100% positive as of epi-week 28. The Ministry continues to organise supplementary immunisation activities to control the diphtheria epidemic. Mini-campaigns have been conducted in 22 districts considered high risk in the Ouest and Artibonite departments (which have reported at least one positive case or one death attributed to diphtheria since 2016).

Regarding **measles**, the Haiti is experiencing a risk situation within the regional context. To promote prevention, the Ministry of Public Health and Population (MoH) has just conducted a new national MR-Polio and Vitamin A campaign, three years after that of 2016, targeting children under 5 years of age. To date, no confirmed autochthonous or imported case of measles has been detected.

With regard to **polio**, the country has been implementing environmental surveillance (ES) activities since 2016. Analysis of waste water samples gathered has not shown evidence of wild poliovirus circulation, although a vaccine-derived poliovirus (from PVD3) was detected in April 2018. On the other hand, weakness of immunisation coverage and AFP surveillance indicators give reason to fear reintroduction of polio. With PAHO support, the MoH has deployed additional human resources at the departmental management level in order to strengthen surveillance and active search activities.

Epidemiological surveillance of **Congenital Rubella Syndrome** shows a detection rate of 0.68% suspect cases for every 10,000 live births (target for the year is 1/10,000 children < 1 year), without any evidence of confirmed cases as of epi-week 32 of the year current. Sporadic suspect cases of **whooping cough** (all tested negative) and **neonatal tetanus** have been reported for the same period.

Noteworthy progress has been made in the fight against **cholera**. At the start of 2019, transmission had declined to an incidence of 0.03 suspect cases for every 1,000 inhabitants. Since epi-week 4, the system has not recorded any positive case of cholera or death attributed to the disease, even though 100% of suspected cases are systematically sampled. Active searches are conducted in places other than acute diarrhoea treatment centres (CTDAs). A certain number of acute watery diarrhoea cases are sampled and analysed for *Vibrio cholerae*. From epi-week 5 to 33, research is still not conclusive. Despite the projections of the long-term plan, cholera immunisation no longer seems feasible under the current conditions.

***Potential future issues (risks)***

| Risk analysis | Description of risk | Level of probability | Mitigation measures projected |
|---|---|---|---|
| **1. Socio-political risk** | • Strikes and demonstrations hampering the continuity of services and sometimes impeding the proper conduct of EPI activities (MR campaigns, solar energy implementation for the cold chain, supply, supervision, etc.) | High | • Prepare a management plan for emergencies and resilience |
| **2. Natural catastrophes** | • Cyclones, floods and earthquakes weakening the health system | High | • Prepare a budgeted contingency plan and mobilise funds |
| **3. Human Resources** | • Lack of human resources at all levels of the health system<br>• Poor quality of the technical and managerial capabilities of existing human resources | High | • Hire qualified HR in sufficient numbers<br>• Strengthen capabilities through continuous training and degree courses to form a core group capable of managing the EPI at all health system levels, taking administrative steps to prevent the loss of trained HR (post-training commitments, salaries, career plans) |
| **4. Epidemiological surveillance:**<br>• **Risk of reintroducing certain eradicated EPI diseases**<br>• **Risk of an uncontrolled nationwide diphtheria epidemic**<br>• **Regional context of measles epidemic** | • Weakness of immunisation coverage<br>• Weakness of VPD surveillance indicators<br>• Weakness of the immunisation response to the diphtheria epidemic<br>• Lack of human and financial resources for ES at community level<br>• Weakness of border surveillance | High | • Allocate resources for ES and epidemic response<br>• Strengthen institutional and human capabilities in ES and coordination<br>• Implement community-based surveillance<br>• Strengthen border surveillance |
| **5. Coordination between the UCNPV and international partners** | • Lack of harmonised and complementary partner support for the different EPI components<br>• The lack of coordination and transparency does not allow for sufficiently | High | • Obtain the commitment of the Government and the technical teams at all stages of the financial resource mobilisation and planning process<br>• Conduct transparent joint planning based on national priorities |

| | | | |
|---|---|---|---|
| | close and flexible proactive planning, implementation and monitoring towards timely reaction | | • Ensure regular programmatic and financial monitoring of the implementation of these action plans for purposes of reorientation and timely reallocation |

## 4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

### 4.1. Coverage and equity of immunisation

1. **Immunisation Coverage Equity**

- **Target populations and immunisation schedule in 2018**

The following vaccines are administered in the framework of the EPI: BCG against tuberculosis; the oral vaccine and the inactivated vaccine against polio; Pentavalent against diphtheria, neonatal tetanus, whooping cough, Haemophilus Influenza type B and viral hepatitis B infections; rotavirus vaccine against certain forms of diarrhoea; the measles-rubella vaccine; and the Td vaccine against diphtheria and tetanus in adults.

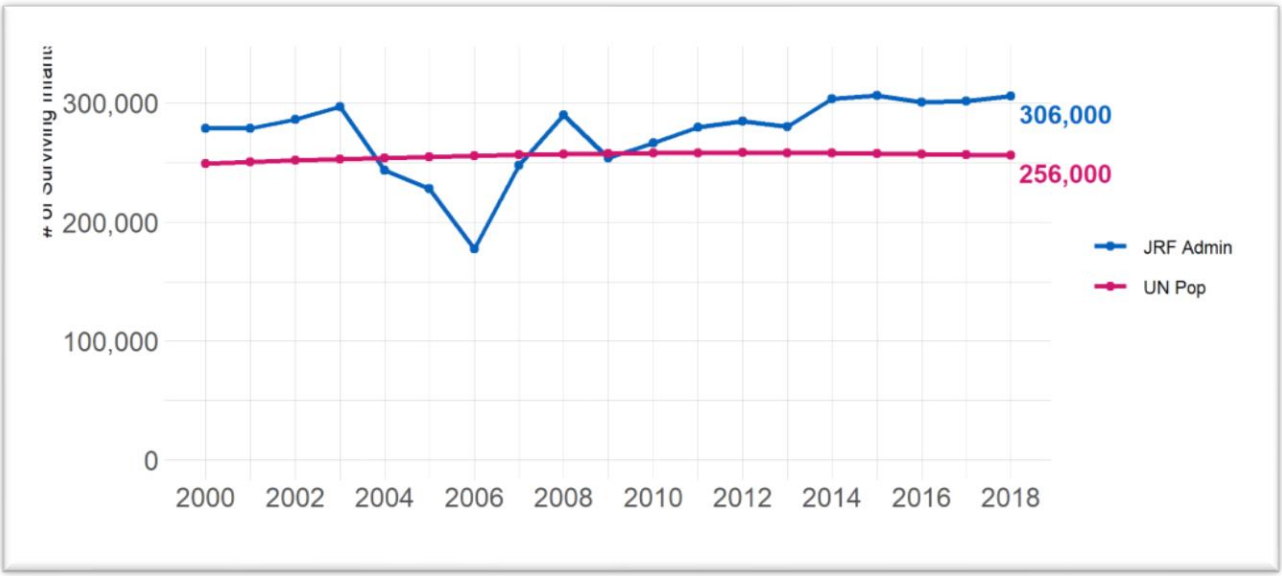
The EPI continues to target children under one year of age and pregnant women. In the course of 2016, a second dose of measles vaccine and a booster against diphtheria for children aged 12 to 23 months were introduced.

In October 2018, PCV-13 was introduced into the national immunisation schedule.

| Departments | Live births | Survivors at 1 yr | Children 12 months to 23 months | Pregnant women |
|---|---|---|---|---|
| **Artibonite** | 50,586 | 48,418 | 45,166 | 57,812 |
| **Centre** | 21,851 | 20,915 | 19,510 | 24,973 |
| **Grand'Anse** | 13,713 | 13,125 | 12,244 | 15,672 |
| **Nippes** | 10,030 | 9,600 | 8,955 | 11,463 |
| **Nord** | 31,249 | 29,910 | 27,901 | 35,714 |
| **Nord-Est** | 11,536 | 11,042 | 10,300 | 13,184 |
| **Nord-Ouest** | 21,341 | 20,427 | 19,055 | 24,390 |
| **Ouest** | 117,999 | 112,942 | 105,356 | 134,856 |
| **Sud** | 22,693 | 21,720 | 20,262 | 25,935 |
| **Sud-Est** | 18,524 | 17,730 | 16,539 | 21,170 |
| **National** | **319,523** | **305,829** | **285,288** | **365,169** |

Nationally, the EPI target population is distributed among departments, districts and health institutions. The smallest administrative unit for the EPI is the health institution, which is assigned a target population.

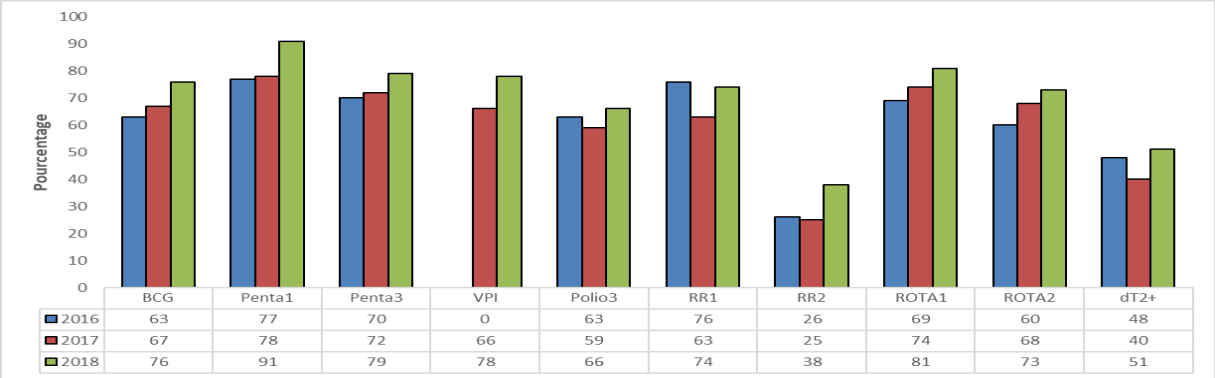
**Difference between national administrative estimates and unit estimates in target population for immunisation**



Substantial deficiency at all levels persists in accounting for the population, the census of which is dated 2003. Failure to observe the health map likewise plays a role in this problem of controlling service areas. Ongoing micro-planning could, to a certain level, facilitate determination of the target populations allocated to health institutions.

- **Out of 1,004 basic health institutions, 732 offer immunisation, with only 696 listed in the national health information system (DHIS2)**

- **Evolution of immunisation coverage by antigen, EPI – 2016-2018**



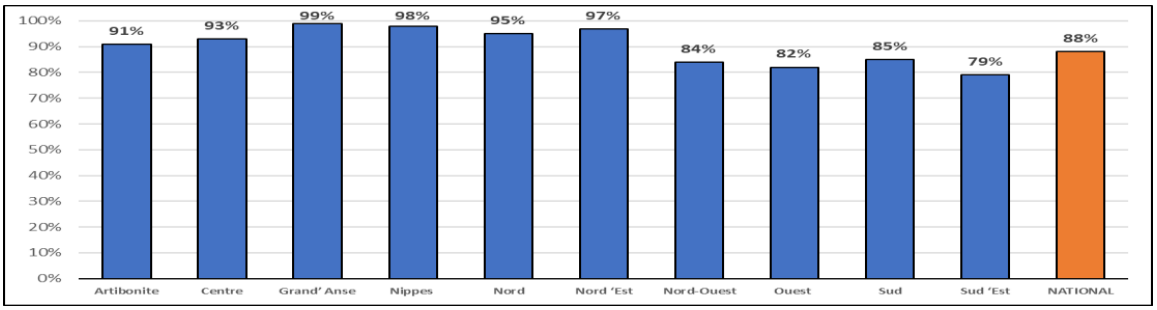

| | BCG | Penta1 | Penta3 | VPI | Polio3 | RR1 | RR2 | ROTA1 | ROTA2 | dT2+ |
|---|---|---|---|---|---|---|---|---|---|---|
| 2016 | 63 | 77 | 70 | 0 | 63 | 76 | 26 | 69 | 60 | 48 |
| 2017 | 67 | 78 | 72 | 66 | 59 | 63 | 25 | 74 | 68 | 40 |
| 2018 | 76 | 91 | 79 | 78 | 66 | 74 | 38 | 81 | 73 | 51 |

In 2018, an improvement in IC in relation to 2017 is observed. Nevertheles, these IC rates remain below the national targets set in the cMYP. No IC target has been achieved.

The results of the survey on disease, death and the use of services, EMMUS VI 2016-2017 (*Enquête Mortalité, Morbidité et Utilisation des Services*), show that immunisation coverages for the first dose of all the antigens in children of 12-23 months exceed 80% (BCG: 83%, Penta1: 84%, oral polio: 84%). These outcomes indicate a weakness in reporting and data quality.

- **Completeness**

**Rate of completeness in EPI reports for 2018**

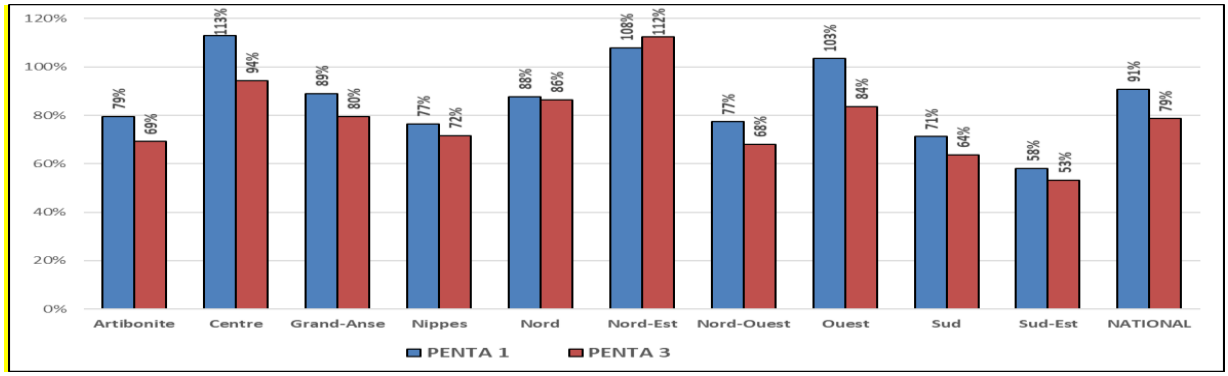



Overall completeness in SISNU data entries still remains poor in relation to the desired level of at least 95%, although it has seen improvement in comparison with 2017. Much remains to be done likewise as to timeliness. The Ouest, Nord-Ouest, Sud and above all Sud-Est departments suffer long delays in data entry. A "timeliness" indicator should be added to the EPI performance monitoring framework, as this indicator – along with completeness and accuracy – counts as an EPI data quality criterion. It is likewise urgent to take measures with the planning and studies unit (UEP) to remedy

immunisation data losses by including all the institutions offering immunisation in the country into the SISNU, along with the data from the private sector.

- **IC in Penta1 and Penta3**

**Departmental coverage for children under 1 year of age in Penta1 and Penta3 in 2018**

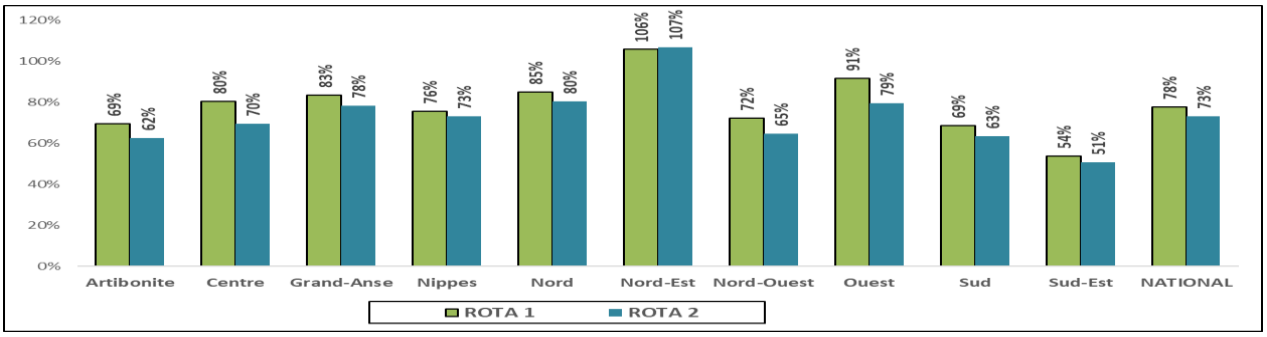



Source: DHIS2-MoH-SISNU

The number of children not vaccinated with Penta3 has been decreasing over the years but still remains very high, thereby increasing [sic] the number of children vulnerable to the different vaccine-preventable diseases.

- **IC in Rota1 and Rota2**

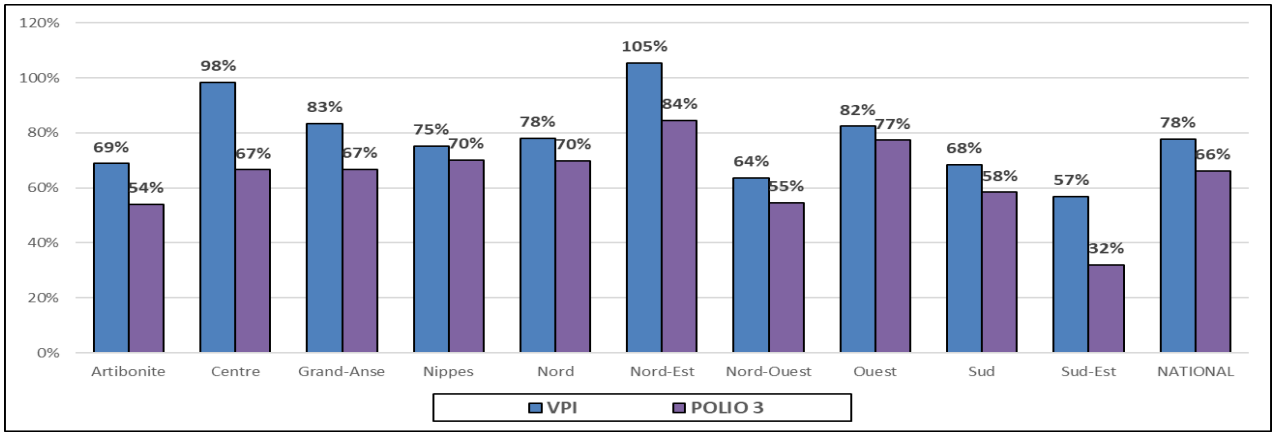
**Departmental coverage for children under 1 year of age in Rota1 and Rota2 in 2018**




Source: DHIS2-MoH-SISNU

- **IC in IPV and Polio3**

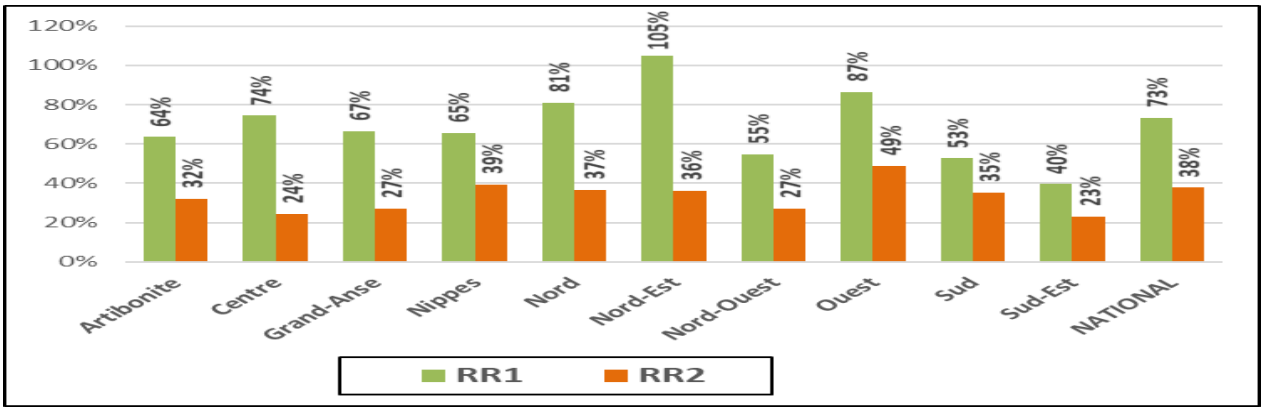
**Departmental coverage for children under 1 year of age in IPV and Polio3 in 2018**




Source: DHIS2-MoH-SISNU

- **IC in MR1 and MR2**

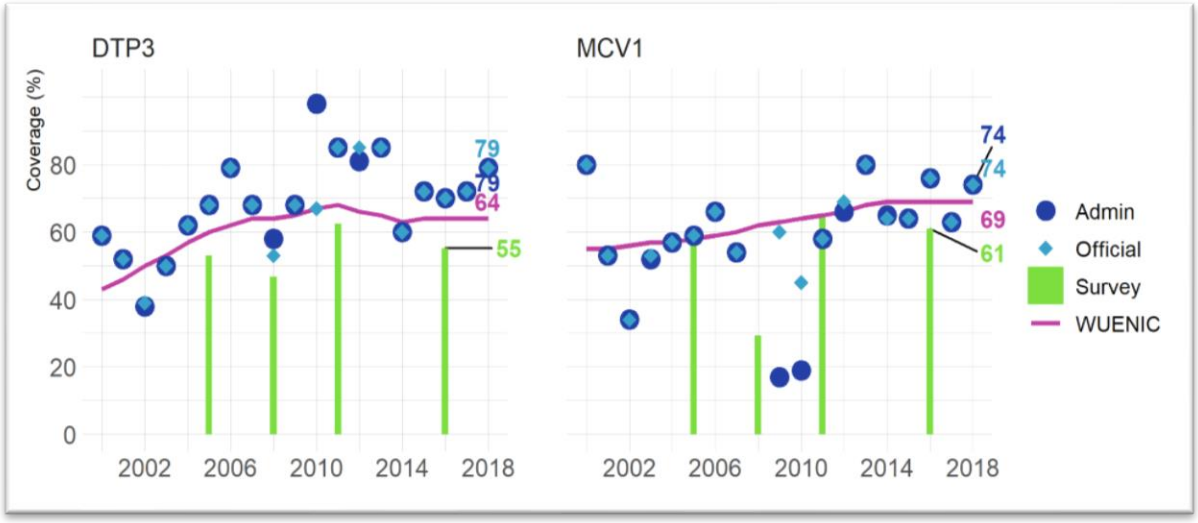
**Departmental coverage for children under 1 year of age in MR1 and MR2 in 2018**




Source: DHIS2-MoH-SISNU

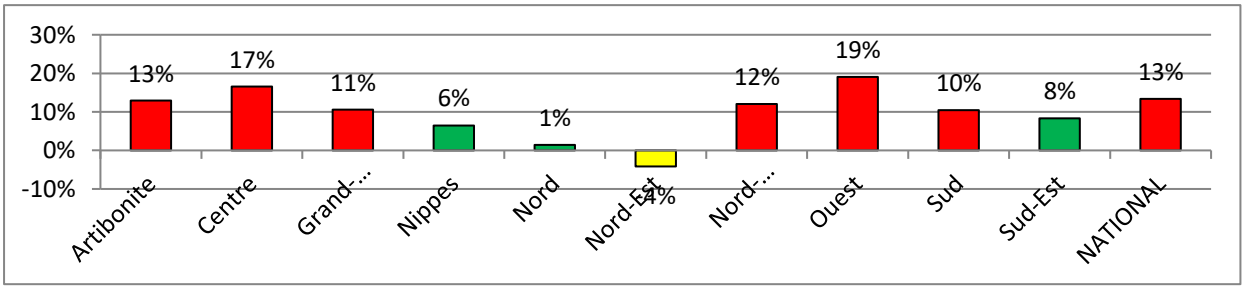
- **Conflicts in data by source**

Immunisation coverage for Pentavalent3 and MCV1 by data source

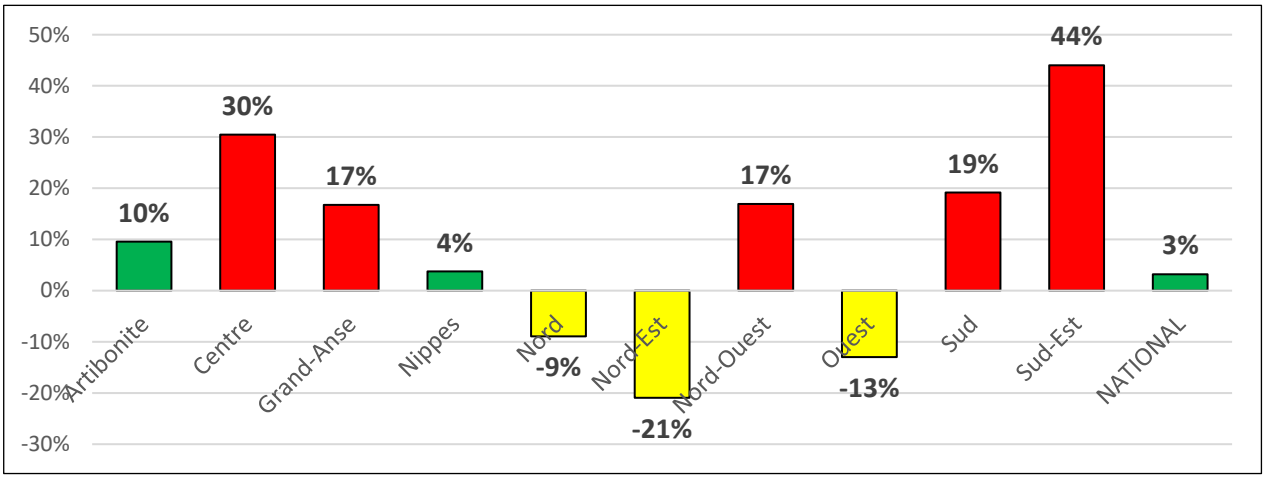



- **Dropout rate**

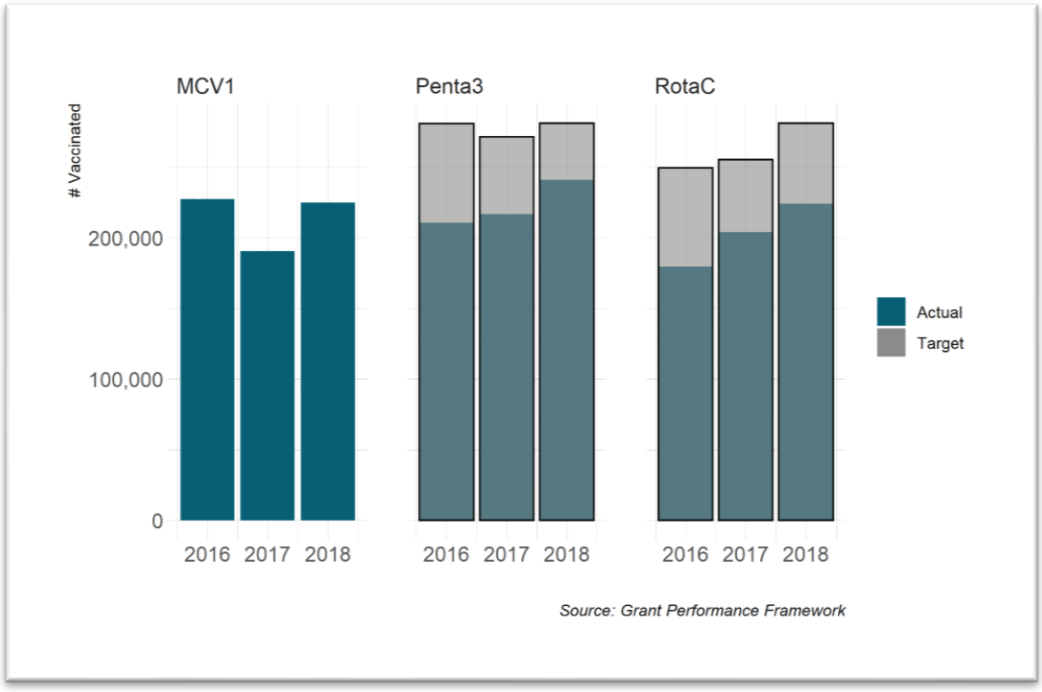
**Penta1 / Penta3 dropout rate for 2018**



**BCG/MR dropout rate for 2018**




- Conflict between Pentavalent and Rotavirus




High dropout rates are observed in majority of the departments, along with a conflict between the immunisation coverage rates given for the same age and the immunisation coverage differences given, depending on the sources (administrative, survey, and WUENIC data). This indicates a problem of immunisation service practices in the institutions, vaccine stock shortfalls and/or ignorance of the immunisation schedule and data quality. The Nord-Est department is aware of a recurrent problem of negative dropout rates for majority of its districts, and hence the need for an in-depth investigation in this department.

- **EPI performance from January to June 2019**

| Departement | Completude % | Couvertures par antigene | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | BCG | PENTA 1 | PENTA 3 | POLIO 3 | ROTA 1 | ROTA 2 | RR1 | RR2 | VPI | dT2+ | PNEUMO1 | PNEUMO3 |
| Artibonite | 90% | 63% | 80% | 69% | 69% | 74% | 66% | 49% | 28% | 74% | 42% | 52% | 25% |
| Centre | 96% | 99% | 107% | 90% | 106% | 110% | 82% | 65% | 22% | 89% | 56% | 84% | 35% |
| Grand-Anse | 99% | 74% | 96% | 91% | 95% | 99% | 95% | 61% | 26% | 94% | 48% | 101% | 56% |
| Nippes | 97% | 67% | 83% | 70% | 71% | 84% | 75% | 52% | 32% | 79% | 34% | 76% | 48% |
| Nord | 97% | 67% | 87% | 87% | 87% | 88% | 86% | 71% | 35% | 83% | 48% | 76% | 27% |
| Nord-Est | 96% | 76% | 106% | 106% | 107% | 107% | 106% | 88% | 34% | 98% | 80% | 100% | 53% |
| Nord-Ouest | 71% | 53% | 76% | 70% | 74% | 77% | 68% | 51% | 33% | 69% | 45% | 69% | 42% |
| Ouest | 66% | 55% | 70% | 60% | 71% | 66% | 57% | 54% | 28% | 65% | 37% | 61% | 33% |
| Sud | 73% | 51% | 59% | 50% | 50% | 59% | 57% | 25% | 15% | 55% | 26% | 54% | 25% |
| Sud-Est | 75% | 43% | 64% | 50% | 54% | 67% | 60% | 38% | 19% | 62% | 24% | 54% | 35% |
| **NATIONAL** | **79%** | 61% | 78% | 69% | 75% | 76% | 68% | 54% | 28% | 72% | 41% | 66% | 34% |

- **Geographic disparity: Rural/urban settings**

In urban areas, one out of every two children receive all the vaccines; in contrast, in rural areas only 37% of children receive all vaccines. Furthermore, the percentage of children not having received any vaccines is nearly 12% in rural areas compared to 6% in urban areas (EMMUS VI, 2016-17). In any event, this is a difference in absolute terms that does not reflect more in-depth disparities when the high number of children who are not immunised is considered.

Large population concentrations in the Ouest and Artibonite departments, with Penta3 immunisation coverage rates of 84% (Ouest) and 69% (Artibonite), mean that these two departments alone account for over 50% of the children not immunised with Penta3.

In effect, beyond the significant differences between immunisation coverage rates in urban areas in comparison with rural areas, the Port-au-Prince metropolitan area idem here persists as a zone concentrating a high number of unvaccinated children. This promotes and creates an environment propitious to the emergence of vaccine-preventable diseases, posing a high risk of epidemics, particularly in the slums. Numerous factors contribute to this situation: population mobility, the lack of basic infrastructures in certain areas, vaccine stock-outs, the bad experience of mothers in previous immunisation sessions and, above all, the lack of security.

**Immunisation coverage by antigen in urban and rural environments 2016-2017**

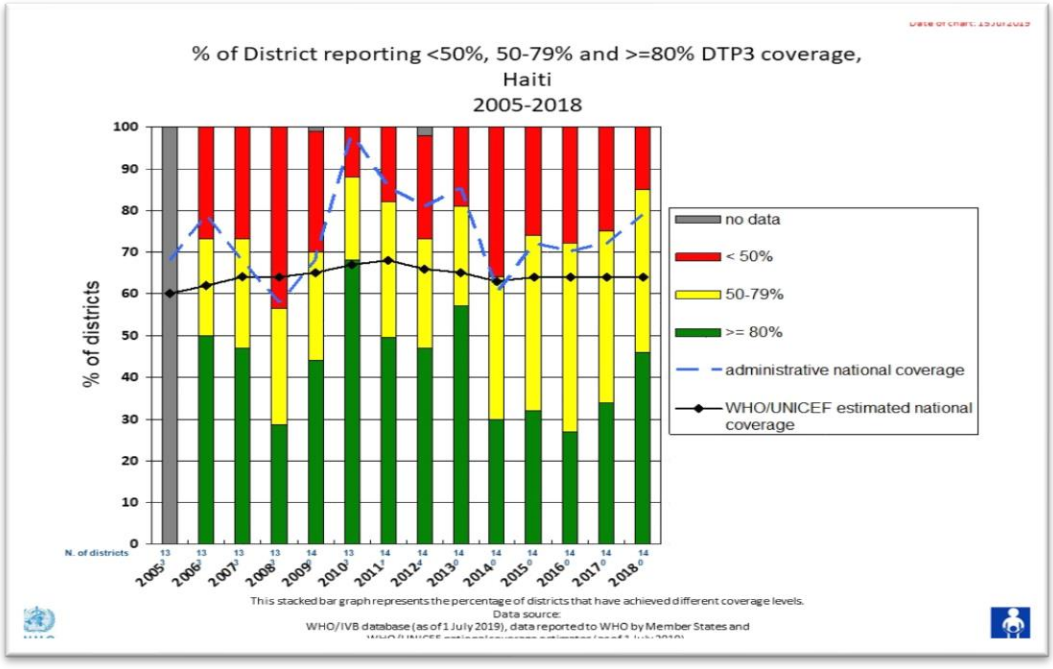
| | Immunisation coverage by antigen in urban and rural environments | | | | | |
|---|---|---|---|---|---|---|
| | **BCG** | **Penta3** | **Polio0** | **Polio3** | **MR** | **Rota2** |
| **Urban** | 88 | 65 | 51 | 79 | 68 | 65 |
| **Rural** | 81 | 50 | 31 | 66 | 58 | 54 |

- **Geographic disparity between departments**

**Immunisation coverage and number of unvaccinated children by department in 2018 (DHIS2, 2018)**

| Department | Targets | | Immunisation coverage | | | | Vaccines | | | | Not Vaccinated | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Children 0-11 months | Children 12-23 months | PENTA1 | PENTA3 | MR1 | MR2 | PENTA1 | PENTA3 | MR1 | MR2 | PENTA1 | PENTA3 | MR1 | MR2 |
| Artibonite | 48418 | 45166 | 79% | 69% | 64% | 32% | 38491 | 33512 | 30797 | 14518 | 9927 | 14906 | 17621 | 30648 |
| Centre | 20915 | 19510 | 113% | 94% | 74% | 24% | 23632 | 19717 | 15559 | 4750 | -2717 | 1198 | 5356 | 14760 |
| Grand'Anse | 13125 | 12244 | 89% | 80% | 67% | 27% | 11672 | 10437 | 8744 | 3323 | 1453 | 2688 | 4381 | 8921 |
| Nippes | 9600 | 8955 | 77% | 72% | 65% | 39% | 7347 | 6873 | 6287 | 3525 | 2253 | 2727 | 3313 | 5430 |
| Nord | 29910 | 27901 | 88% | 86% | 81% | 37% | 26219 | 25844 | 24264 | 10207 | 3691 | 4066 | 5646 | 17694 |
| Nord-Est | 11042 | 10300 | 108% | 112% | 105% | 36% | 11918 | 12414 | 11579 | 3726 | -876 | -1372 | -537 | 6574 |
| Nord-Ouest | 20427 | 19055 | 77% | 68% | 55% | 27% | 15808 | 13905 | 11177 | 5168 | 4619 | 6522 | 9250 | 13887 |
| Ouest | 112942 | 105356 | 103% | 84% | 87% | 49% | 116781 | 94518 | 97724 | 51550 | -3839 | 18424 | 15218 | 53806 |
| Sud | 21720 | 20262 | 71% | 64% | 53% | 35% | 15466 | 13851 | 11464 | 7152 | 6254 | 7869 | 10256 | 13110 |
| Sud-Est | 17730 | 16539 | 58% | 53% | 40% | 23% | 10288 | 9432 | 7006 | 3798 | 7442 | 8298 | 10724 | 12741 |
| **National** | **305829** | **285288** | **91%** | **79%** | **73%** | **38%** | **277622** | **240503** | **224601** | **107717** | **28207** | **65326** | **81228** | **177571** |

The graph below shows a positive tendency: the proportion of departmental health offices (DDSs) with coverage superior or equal to 80% has been increasing since 2016, according to administrative data.




- **Gender and order of birth**

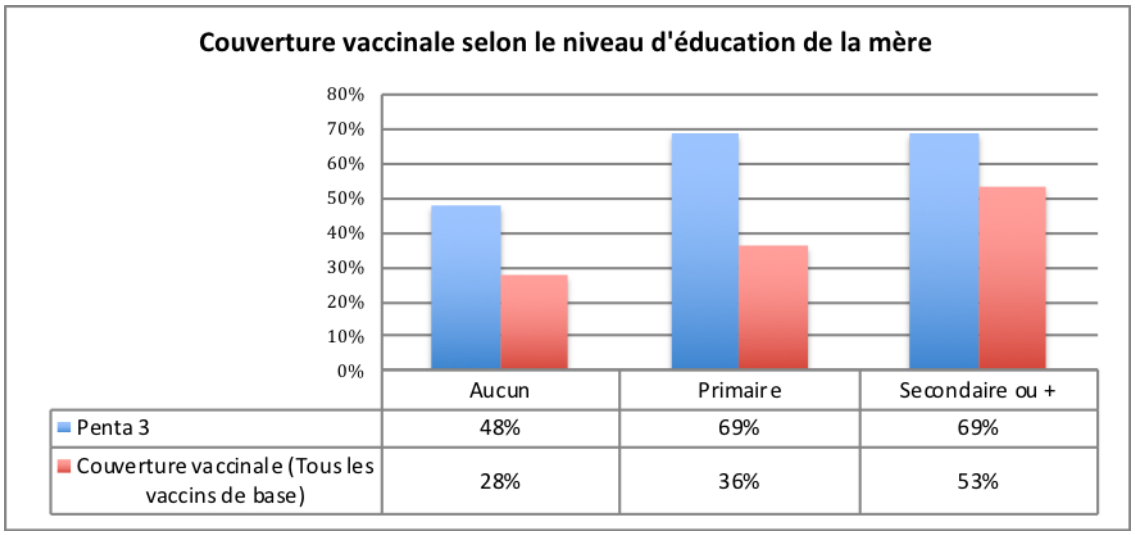
According to survey data (EMMUS 2016-2017), 44% of girls have received all the basic vaccines, compared 38% of boys. For Penta3, for example, 59% of the girls have been vaccinated compared to 52% of the boys.

The order of birth seems to affect parents' decisions to immunise their child, since a decrease of coverage is observed from 48% for the firstborn to 29% for the 6th or younger child for all the vaccines.

- **Mother's level of education**

The profile of unvaccinated children seems to be affected by their mothers' level of education. The proportion of fully immunised children increases with the mother's level of education, from 28% among those whose mothers have had no education to 36% among those whose mothers have had a primary education, and 53% where the mother has finished secondary school or higher (EMMUS VI).

**Immunisation coverage rates by mother's level of education (EMMUS VI-2016-2017)**

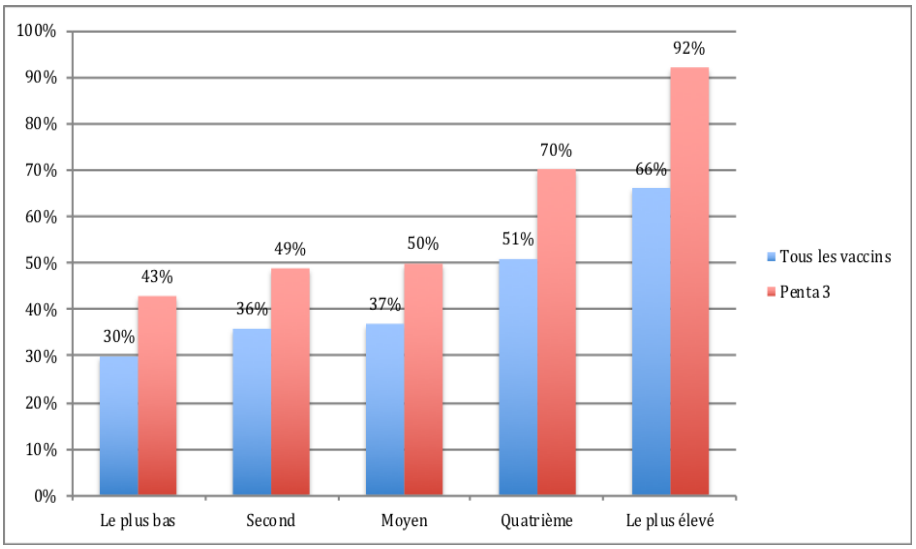



| | Aucun | Primaire | Secondaire ou + |
|---|---|---|---|
| Penta 3 | 48% | 69% | 69% |
| Couverture vaccinale (Tous les vaccins de base) | 28% | 36% | 53% |

- **Socio-economic level**

The survey data reveal that a child has a better chance of immunisation if they belongs to a family of high economic level. The higher the economic welfare quintile, the higher the coverage (EMMUS 2016-2017).

**Immunisation coverage rates by mother's quintile of economic welfare (EMMUS VI-2016-2017)**




## 2. Introduction of new vaccines

29 October 2018 marked the introduction of PCV-13 into routine immunisation.

**Immunisation coverage for the first 3 months of introduction**

| Department | PNEUMO1 | PNEUMO2 | PNEUMO3 |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Artibonite | 137% | 33% | 4% |
| Centre | 184% | 31% | 2% |
| Grande'Anse | 201% | 37% | 1% |
| Nippes | 160% | 47% | 4% |
| Nord | 187% | 32% | 3% |
| Nord-Est | 280% | 57% | 5% |
| Nord-Ouest | 157% | 51% | 14% |
| Ouest | 155% | 48% | 8% |
| Sud | 187% | 29% | 3% |
| Sud-Est | 89% | 30% | 7% |
| **NATIONAL** | 163% | 40% | 6% |

**The main lessons learned from the introduction of PCV-13 are:**

- ✓ PCV-13 introduction has confirmed that the population of Haiti is in favour of immunisation.
- ✓ Resource disbursement procedures for operational activities should be harmonised (financing for community meetings: only 53% of community training has been held, compared to 90% for institution-level training and 100% for department-level training).
- ✓ There is a need to investigate the reasons for the great difference in immunisation coverage between the first dose and the second and third doses.

### 3. SIAs against diphtheria

Since 2014, the country has been facing a diphtheria epidemic of alarming lethal impact. Confronted by the worsening situation – specifically, an increase of deaths due to diphtheria – the MoH has prepared and implemented a plan to respond to this epidemic, which includes i) quarantine of cases; ii) an improved approach to patient care; and iii) the strengthening of epidemiological surveillance, in particular via case investigations. In this context, it has organised an immunisation campaign targeting children aged 1-14 years in 43 districts of 9 departments in the country. These districts have been selected on the basis of epidemiological criteria (at least one confirmed case of diphtheria) and poor routine immunisation coverage.

This immunisation campaign has provided an opportunity to combine deworming for the children targeted in certain departments.

The outcomes for the first round of the campaign, conducted in two phases, are as follows:

- ✓ Geographic coverage and targets in 43 districts in 9 departments.
- ✓ **2,251,581** children immunised (889,097 children aged 1 to 6 years for DTP and 1,352,484 children aged 7 to 14 years for Td), for an expected target of **2,545,058** children.
- ✓ Immunisation coverage is summarized as follows:
  - Overall total DTP and Td (children aged 1 - 14 years): 88.47% (maximum Nord-Est = 151.10%; minimum Sud = 77.90%).
  - DTP (children aged 1 - 6 years): 80.25% (maximum Nord-Est = 148.73%; minimum Sud = 67.23%).
  - Td (children aged 7 - 14 years): 94.94% (maximum Nord-Est = 152.81%; minimum Sud = 86.28%).
- ✓ Two major AEFI cases were reported and investigated. Each had a favourable outcome.

**The results are summarized in the following table:**

| District | IMMUNISATION | | | | | | | | | DEWORMING | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Target population | | | Coverage | | | | | | Target (2-14 years) | Dewormed | Coverage |
| | 1-6 years | 7-14 years | Total 1-14 years | 1-6 years | | 7-14 years | | Total 1-14 years | Overall IC | | | |
| | | | | Immunised | IC | Immunised | IC | | | | | |
| **Artibonite** | 193966 | 246625 | 440591 | 168264 | **87%** | 240946 | **98%** | **409210** | **93%** | 408308 | 243056 | **60%** |
| **Centre** | 44068 | 56031 | 100099 | 43884 | **100%** | 64998 | **116%** | **108882** | **109%** | 92765 | 73568 | **79%** |
| **Nippes** | 5266 | 6696 | 11962 | 5921 | **112%** | 9175 | **137%** | **15096** | **126%** | 11086 | 1298 | **12%** |
| **Nord** | 90986 | 115687 | 206673 | 89445 | **98%** | 118313 | **102%** | **207758** | **101%** | 191529 | 116025 | **61%** |
| **Nord-Est** | 17198 | 21868 | 39066 | 25579 | **149%** | 33416 | **153%** | **58995** | **151%** | 36204 | 51733 | **143%** |
| **Nord-Ouest** | 33680 | 42824 | 76504 | 27709 | **82%** | 47644 | **111%** | **75353** | **98%** | 0 | 0 | **0%** |
| **Ouest** | 662819 | 842766 | 1505585 | 487459 | **74%** | 750215 | **89%** | **1237674** | **82%** | 576602 | 217948 | **38%** |
| **Sud** | 38661 | 49158 | 87819 | 25994 | **67%** | 42415 | **86%** | **68409** | **78%** | 81384 | 62521 | **77%** |
| **Sud-Est** | 33792 | 42967 | 76759 | 24842 | **74%** | 45362 | **106%** | **70204** | **91%** | 71134 | 49227 | **69%** |
| **National** | **1120437** | **1424621** | **2545058** | **899097** | **80.25%** | **1352484** | **94.94%** | **2251581** | **88.47%** | **1469012** | **815376** | **56%** |

4. **MR/Polio/Vit A SIAs**

To keep the country free of polio, measles and CRS, and given both the accumulated total of vulnerable children in a birth cohort and the intensification of measles cases in over 184 countries (WHO, 2019), the MoH has organised a national immunisation campaign with the support of its partners. Its specific objectives are:

- Administering 1 MR vaccine dose to at least 95% of children aged 9-59 months;
- Administering 1 polio vaccine dose to at least 95% of children aged 9-59 months;
- Administering 1 dose of 200,000 IU of Vitamin A to at least 95% of children aged 12-59 months;
- Administering 1 dose of 100,000 IU of Vitamin A to at least 95% of children aged 6-11 months.

The immunisation campaign was conducted from 15 to 19 July 2019.

**Provisional campaign results**

| DEPARTEMENT | POLIO | | | RR | | | VITAMINE A | | |
|---|---|---|---|---|---|---|---|---|---|
| | Cible | Vaccines | POLIO | Cible | Vaccines | RR | Cible | Supplementes | VIT A |
| AIRE METROPOLITAINE | 381363 | 225675 | **59.18** | 342377 | 222545 | **65.00** | 359085 | 200109 | **55.73** |
| ARTIBONITE | 238468 | 210770 | **88.39** | 214089 | 198650 | **92.79** | 224537 | 150890 | **67.20** |
| CENTRE | 103011 | 106761 | **103.64** | 92480 | 95713 | **103.50** | 96993 | 83750 | **86.35** |
| GRANDE ANSE | 64644 | 49160 | **76.05** | 58036 | 45682 | **78.71** | 60868 | 45012 | **73.95** |
| NIPPES | 47282 | 40107 | **84.83** | 42449 | 36784 | **86.65** | 44520 | 38087 | **85.55** |
| NORD | 147313 | 126736 | **86.03** | 132254 | 117896 | **89.14** | 138708 | 115872 | **83.54** |
| NORD-EST | 54383 | 53601 | **98.56** | 48824 | 47960 | **98.23** | 51206 | 48877 | **95.45** |
| NORD-OUEST | 100605 | 73671 | **73.23** | 90320 | 69796 | **77.28** | 94728 | 72839 | **76.89** |
| OUEST PERIPHERIQUE | 174898 | 102220 | **58.45** | 157018 | 116188 | **74.00** | 164681 | 87263 | **52.99** |
| SUD | 106978 | 66722 | **62.37** | 96042 | 59704 | **62.16** | 100729 | 57296 | **56.88** |
| SUD-EST | 87324 | 46894 | **53.70** | 78397 | 43125 | **55.01** | 82223 | 43645 | **53.08** |
| **NATIONAL** | **1506269** | **1102317** | **73.18** | **1352286** | **1054043** | **77.95** | **1418278** | **943640** | **66.53** |

The partial data gathered were considered unsatisfactory. The EPI organised a working meeting with departmental managers, managers from the central level and its main partners under the leadership of the high authorities of the MoH. Its purpose was to remedy the shortcomings detected and take the measures necessary to obtain the coverage target set (95%).

At the time of the meeting, only two DDSs (Centre and Nord-Est) were meeting the targets set, and three others (Nippes and Nord) were coming close (preceding table). The majority of the departments were beginning to catch up with their targets; however, because of certain operational difficulties, the partners were called upon to mobilise additional resources to support the health departments in implementing catch-up sessions. The main recommendation was to continue catch-up sessions in the 10 health departments, prioritising 51 districts in the 8 health DDSs which had not met the target. Additional technical and financial support was brought forward to cover approximately 300,000 children, with a view to meeting the target of 95% in IC.

Evaluation of the first campaign phase involving the DDSs made it possible to identify strengths, points to be strengthened, lessons learned and recommendations. The main recommendation was to continue catch-up activities up to 28 August 2019 to meet the targets initially set. New planning and budgeting have been conducted for these catch-up activities, which are in progress.

5. **VPD cases expected for 2018**

| Departments | Total pop. | # MR cases expected | Pop <15 years | # AFP cases expected | Pop <1 year | # CRS cases expected |
|---|---|---|---|---|---|---|
| **Port-au-Prince metro area** | 3,276,462 | 66 | 1,049,451 | 10 | 69,133 | 7 |
| **Artibonite** | 1,991,394 | 40 | 725,465 | 7 | 50,581 | 5 |
| **Centre** | 826,664 | 17 | 342,735 | 3 | 26,619 | 3 |
| **Grand'Anse** | 475,450 | 10 | 181,765 | 2 | 12,980 | 1 |
| **Nippes** | 305,878 | 6 | 112,747 | 1 | 8,136 | 1 |
| **Nord** | 1,139,076 | 23 | 421,800 | 4 | 29,502 | 3 |
| **Nord-Est** | 434,725 | 9 | 177,542 | 2 | 13,694 | 1 |
| **Nord-Ouest** | 844,389 | 17 | 335,053 | 3 | 24,487 | 2 |
| **Ouest** | 1,571,342 | 31 | 503,301 | 5 | 33,155 | 3 |
| **Sud** | 824,041 | 16 | 305,390 | 3 | 21,343 | 2 |
| **Sud-Est** | 852,715 | 17 | 332,132 | 3 | 23,450 | 2 |
| **National** | **12,542,135** | **251** | **4,487,379** | **45** | **313,080** | **31** |

**Suspected VPD cases investigated in 2018**

| Departments | MR | AFP | CRS | Diphtheria | Whooping Cough | NT |
|---|---|---|---|---|---|---|
| Port-au-Prince metro area | 50 | 4 | 5 | 32 | 9 | 2 |
| Artibonite | 44 | 0 | 4 | 80 | 0 | 1 |
| Centre | 8 | 2 | 1 | 30 | 3 | 0 |
| Grand'Anse | 8 | 0 | 0 | 2 | 2 | 0 |
| Nippes | 10 | 1 | 1 | 8 | 4 | 0 |
| Nord | 35 | 1 | 6 | 17 | 8 | 1 |
| Nord-Est | 3 | 0 | 1 | 13 | 1 | 1 |
| Nord-Ouest | 12 | 0 | 0 | 23 | 0 | 0 |
| Ouest | 58 | 2 | 6 | 108 | 7 | 0 |
| Sud | 5 | 0 | 0 | 13 | 2 | 0 |
| Sud-Est | 9 | 1 | 0 | 48 | 9 | 0 |
| **National** | **242** | **11** | **24** | **374** | **45** | **5** |

Measles/rubella surveillance indicators are poor, and no surveillance indicator target has been met. However, we can observe an improvement in comparison with 2017, when we recorded 0.8 suspected MR cases for every 1,000,000 inhabitants and 0.4 suspected cases of CRS for every 10,000 children under 1 year of age.

For 2018, the rate of suspected MR cases is 1.9 < 2/100,000 inhabitants; hence, there is a risk of late detection of imported measles cases by surveillance.

Efforts should be made to strengthen AFP and measles surveillance, particularly in a global context of polio eradication and the resurgence of measles cases.

## 4.2. Key drivers of sustainable coverage and equity

1. **Insufficient human resources in terms of quantity and quality**

Insufficient human resources in terms of quantity and quality are a major obstacle to the performance of the immunisation system at all levels. Added to this is a lack of incentive, accountability and diligence on the part of some of the personnel.

At the central level, an analysis made by Dalberg Global Development Advisors in April 2018 underscored the need to strengthen the UCNPV in management. An international consultant has been hired and based at the UCNPV to provide coaching for the UCNPV team. Evaluation based on the description of job posts as well as analysis of technical and managerial skills based on WHO standards in every unit of the EPI show that staff often do not respond to the profile required for their jobs. A list of requirements in continuous training has been drawn up following this evaluation, but difficulties persist in remedying the deviations observed in selective continuous training. Degree courses are to be envisioned to create and sustainably strengthen the EPI management team at the central and departmental level, while taking the administrative measures necessary to prevent the loss of these resources once trained.

At the departmental level, the EPI is managed by a nurse who sometimes attends to other health programmes and lacks managerial and technical capacities, as well as material means and logistics. Total lack of commitment and involvement in EPI management on the part of departmental managers aggravates the situation even further.

At the local level (health institutions), the EPI is coordinated by a nurse or nursing aide assisted by community health workers who are partly under the MoH and largely under the partners in specific programmes, with contracts determined by project duration, thereby hindering service continuity.

There is a shortage of institutional staff. The report on the analysis of equity in immunisation in Haiti has shown that only 57% of the staff necessary at this level are available. This finding is backed up by the report of the EPSS (2017-2018), which has underscored the poor availability of immunisation services.

2. **The supply chain, logistics and the cold chain**

Compared to the 2013 EVM assessment, that of 2018 reveals clear progress at the national level, average progress at the institutional level (with five criteria out of eight met) and, sadly, very slight progress at the departmental level (three criteria out of eight).

The national level ensures the quarterly delivery of vaccines and supplies to the departments, and supplies for the institutions from the departments should be dispatched monthly. But due to lack of logistics resources and of involvement by the DDSs in health programme integration, these deliveries are not made regularly, causing stockouts in the institutions, despite the fact that there are vaccines in the departmental storage facilities.

The low storage capacity of Artibonite and Ouest departments calls for more frequent supply dispatches.

The stock shortages observed at the national level are much more due to structural reasons than to problems of quantity or management. The process of triggering payment for vaccine cofinancing should consider the country's fiscal year, which runs from October to September. The credit line in francs adjusted by the end-of-year balance of payments should be used, while ensuring continued supplies to the country in line with its schedule of requests for delivery. The transition of vaccine management procedures from PROMESS to the MoH should likewise be progressive, with support to remedy the more rigid national public finance procedures regarding clearance, which thus increase delays at customs and contribute to stock shortfalls. On the urging of the PAHO, the MoH could utilise the services of a forwarding agent to do this, under an annual contract not requiring payment per service. This forwarding service contract could be budgeted into the Gavi grant action plans until the MoH takes over.

Due to limited storage capacity, new vaccine introductions and the immunisation campaigns in the country, it would be prudent for the MoH, with technical partner support, to favour a change in the packaging of certain monodose vaccines delivered to the country, in order to reduce volumes for storage.

Furthermore, in a tropical country like Haiti, vaccines delivered without VVMs require cold chain quality and vaccine evaluation, likewise with partner support.

At the peripheral level, vaccine storage facility management is entrusted to cold chain storekeepers and technicians who do not have the training required to implement good practices in supply chain standard operating procedures. This situation is further aggravated by i) poor use of stock management tools; ii) lack of coordination among EPI nurses, the storekeeper and the cold chain technician; iii) poor supervision; and iv) a total lack of data on vaccine distribution and consumption. The failure to include vaccine management data in the monthly reports of certain institutions poses a real problem.

3. **Service delivery and demand generation**

- The Healthcare Delivery Evaluation (MoH, 2018: 12), in its chapter on service availability, points out that the two least available services in the basic service package are immunisation (65%) and child growth monitoring (55%). Moreover, in those institutions offering the service, the lack of human resources and logistics means for supplies and outreach strategies is a barrier to availability of routine immunisation services on an everyday basis. In the majority of the institutions, such services are offered once a week, and in others once a month.

  Concerning immunisation activities, around 63% of health institutions offer the polio, pentavalent and rotavirus vaccines five days a week, and 21% offer them only one or two days per week. In short, according to the results of the Healthcare Delivery Evaluation (EPSSS, 2017/2018), the offer in childhood immunisation varies depending on the type of institution (dispensary or outpatient centre) and sector (private or public). Immunisation services are offered by 81% of dispensaries/community health centres but only 57% of the health centres with beds. Likewise, this percentage 92% for public sector institutions compared to 43% in the private, not-for-profit sector and 45% in the private for-profit sector (MoH, 2018: 13).

  EPSS-II has shown that vaccines taken individually are generally available at the institutions, except for BCG and measles, for which availability rates are below 80%. Furthermore, availability rate falls to 58% when it comes to finding all of the vaccines at one service provider. This may account in part for the conflict in coverage rates for antigens that should be administered at the same age.

- With regard to creating demand/community mobilisation: The Knowledge-Attitudes-Practices (KAP) survey conducted in 2012 and the analysis of high, continued and homogeneous immunisation coverage barriers in Haiti has helped identify certain challenges to creating demand for routine immunisation. It may be possible to

surmount these challenges by implementating effective communication strategies. Despite the existence of a communication plan prepared in 2014, implementation and follow-up of the activities were not carried out systematically due to a lack of funding available for this type of activity.

The quality of immunisation services (waiting times, hours of service, reception/counselling) likewise exert a negative impact on immunisation coverage.

High dropout rates indicate a weakness in communication and community mobilisation, along with a lack of information regarding the importance of the vaccines on the immunisation schedule.

4. **Leadership, management and coordination**

CMYP 2016-2020 represents the strategic document defining the MoH vision for immunisation, its priority thrusts and the coordination and financing mechanisms for achieving this vision. To date, this document does not include the costing section that would enable cost estimates and the drafting of an advocacy document for technical support and the mobilisation of financial resources.

As regards planning, apart from Gavi grants, the annual budgets allocated by partners to immunisation are not known in advance and thus do not permit optimum and consensual planning. Amounts are announced on a case-by-case basis in the course of the year of implementation, often with expiry dates too close, and for very specific budget items. In addition, these are not always paid in the amounts pledged, or they are not paid at all due to problems in administrative procedures, thereby hindering effective and efficient planning.

The lack of coordination between partners makes opportunities for integration, synergy and complementarity very hard to come by. Thus, the different initiatives undertaken by the partners do not take the interrelationships between different EPI programme components and/or their calendar into consideration in implementation. Initiatives to increase demand or strengthen the cold chain are set up without taking account of the system as a whole in terms of the service delivery to meet its needs (e.g. non-functional health facilities, vaccine shortages, etc.). This may prove a two-edged blade leading to a loss of confidence by the population in a health system that creates a demand to which it is not in a position to respond, not to mention lost financial investments.

The lack of expertise both at the Haiti level and at the foreign technical assistance level can be observed in the EPI coordinating bodies (ICC, TC/EPI and NITAG). The meetings of these bodies are attended by the same Haitian and international-partner personnel, a situation which their role in decisions, their expertise and/or advice/orientation.

The MoH organisational chart has it that the different EPI components are managed top-down by different directorates, leading to insufficient coordination/integration. Lack of DDS commitment in the EPI at departmental level makes the management and coordination of activities at departmental, district and institutional levels difficult.

The lack of technical capacities and human and financial resources, combined with the great number of activities, limits the expected outcomes of monitoring, supervision and evaluation.

In the light of the situation at the health institutions and of the hazard posed by immunisation waste, it is urgent to strengthen coordination with the DPM/MT, DPSSE and DOSS regarding supplies, injection safety and waste management with a well-defined operating framework.

5. **Information system / data management**

The EPI target populations are based on the projections of Haiti's Institute of Statistics and Information (IHSI).

SISNU, the health information system that includes immunisation, is managed by another central directorate. This has made the use of DHIS2 mandatory since 2018, without, however, integrating all institutions offering immunisation.

This creates problems of data completeness. Data quality problems are likewise observed (negative dropout rates, coverage higher than 100% in certain areas, etc.).

A DQS was conducted in 2014, albeit without developing an improvement plan for implementation. At the start of April 2019, a visit from PAHO/WDC took place to support preparation of the JRF, making the following recommendations to improve data quality:

- The EPI director will meet with the UEP to identify a strategy to include data from institutions not forming part of the system.
- PAHO has been requested to create a coverage monitoring and analysis guideline by levels.
- A series of data-analysis, data-use and data-quality training sessions is recommended, beginning with training at the national level. Partners from Statistics and EPI at national and departmental levels, as well as the UEP, should participate in them.
- The departments should be organised hierarchically to conduct supervision oriented towards data analysis, data use and data quality.
- Coverage analysis for the first three months of the year should be shared with the departments in April. After that, analyses should be conducted every month and the data committee reactivated.
- PAHO has been requested to make in-depth analysis of the data with which WUENIC estimates were established.
- The country has undertaken to send the files for JRF 2019 in a timely manner. And PAHO has committed to send the files in French by 2020.
- The country has requested PAHO for the information to made headway in planning the international evaluation and the data-quality assessment, which will be done simultaneously.

Some of these recommendations have been set in place while others remain to be implemented in the course of 2019 while waiting for the DQS projected this year.

EPI data-gathering tools have been modified for entering gender-segregated data. In addition to this aspect, training for service providers must be completed and supported by in-service supervision to strengthen skills in the complete and appropriate filling out of programme management tools.

There is a shortage of persons in charge of data management, and those available have scant qualifications at all the levels. At the departmental level, data management is the responsibility of one single person. At health institutions, the staff in charge of managing sometimes do not have the technical capabilities required for data processing. The tools and equipment placed at their disposal do not always allow for high-quality work.

Problems in data availability and the lack of data quality, due, among other things, to a lack of monitoring and guidance to orient the practice, hamper effective planning and decision-making. The outcome is that the emergence of strategies to improve immunisation coverage and equity is not fostered.

**It would be pertinent to include certain EPI performance monitoring indicators in the DHIS2, such as timeliness, vaccine consumption, wastage rates and AEFIs.**

## 4.3. Immunisation financing[5]

- Haiti finances the traditional vaccines and ensures the cofinancing of new vaccines. The disbursement of these funds is subject to a certain delay due to timing in triggering the co-financing process. Since the fiscal year in Haiti runs from October to September, to ensure that the budget is voted on by parliament, the processes of quantifying, estimating costs and preparing pro-forma documents must be conducted before January – which does not tie in with the processes advocated by the partners.
- HSS1 has suffered several financial management problems, including delays in requests and in the justification of funds. Lessons have been drawn and measures taken to prevent this situation in HSS2 (the involvement of the DAB in planning, briefing/training on procedures, and financial personnel recruitment by both the MoH and Gavi (PAHO) to support grant implementation under the best conditions).

[5] Additional information and guidance on immunisation financing is available on the Gavi website: https://www.gavi.org/support/process/apply/additional-guidance/#financing

# 5. PERFORMANCE OF GAVI SUPPORT

## 5.1. Performance of Gavi HSS support

- ***Progress of the HSS1 grant implementation***

| **Objective 1** | |
|---|---|
| **Objective of the HSS grant** (as per the HSS proposal or PSR) | **To improve capacities in planning and programme and immunisation service monitoring at the 3 system levels** |
| **Priority geographies / population groups or constraints to C&E addressed by the objective** | **Beneficiaries:**<br>• Administrative structures: UCNPV, DELR, 10 DDSs, UAS/BCS.<br>• Geographical structure: 10 departments, 140 districts and 732 health institutions offering immunisation.<br>• Prioritised population: 305,829 surviving infants and 362,169 pregnant women for 2018. |
| **% activities conducted / budget utilisation** | • Available budget: US$ 312,108.00 (i.e., 28% of the total budget of US$ 1,126,306.00) for the third tranche.<br>• Activities conducted:<br>✓ 100% of DDSs with supervision missions conducted at the departmental level.<br>✓ 100% of DDSs with departmental operating plans prepared and submitted to the UCNPV.<br>✓ Update of micro-planning conducted at DDS level. |
| **Major activities implemented & Review of implementation progress** including key successes & outcomes / activities not implemented or delayed / financial absorption | **1- EPI personnel supportive supervision conducted from the central level to the departments and from the departments to the institutions**<br>From central to the department level: by the end of 2018, 100% of DDSs received at least one supportive supervision visit. During the first half of 2018, a total of five supervision missions were conducted from the central level to the DDSs.<br><br>During the second half of 2018, a new supervision mission by UNCPV managers in all departments was conducted, also including the participation of PAHO/WHO and UNICEF. The implementation of the diphtheria campaign relied on the same team from the central level and the planning of integrated supervision missions campaign supervision.<br>These missions were directly executed (with per diem payments, vehicle rental and fuel purchases). Other immunisation programme supervision activities were conducted in the course of the campaign against diphtheria, along with a financial management monitoring mission in four departments.<br><br>From the departmental level to the institutions: nine integrated missions of five days each were projected and funds were allocated for per diem payments for the teams. All the departments except the DSSs have executed these missions with the allocated funds, the majority based on a departmental supervision plan.<br><br>Supportive supervision from the departmental level to the institutions was conducted with funds allocated from Letters of Agreements (LOA)s to pay per diems for managers and drivers, fuel and vehicle maintenance. To support supervision and programme management, four departments profited from five EPI technical assistants (DSO (2), DSA (1), DSSE (1), DSNO (1)) and two cold chain technicians (CCTs), one for the DSA and one for the DSNE.<br><br>To ensure means of transport during missions, funds were transferred for the maintenance, fuel and repair of vehicles, of which five among from the UCPEV. Given vehicle inadequacy or unavailability, vehicles were rented to support implementation of this activity.<br><br>In 2018, a national EPI consultant was hired to support UCNPV management. |

| | |
|---|---|
| | **2- Preparation of the EPI Operational Plan-2018**<br>• A joint workshop with the assessment meeting was conducted. 100% of DDSs have conducted supervision missions at the departmental level conducted with DDSs.<br>• 100% of the departments have submitted their EPI AOPs to EPI management.<br><br>**3. Micro-planning**<br>In 2018, an upgrading workshop on integrated micro-planning for the managers of every institution was planned in each department.<br>In 2018, funds were placed at the disposal of the DDS for an upgrade session on institutional micro-planning, with the following objectives:<br>• Updating population data;<br>• Defining the strategies and activities to conduct; and<br>• Making the necessary adjustments to the limits of the service areas for each institution. |
| **Major activities planned for upcoming period** (mention significant changes / budget reallocations and associated **changes in technical assistance**)[6] | EPI personnel supportive supervision conducted from the central level to the departments and from the departments to the institutions: From the central to the departmental level: by the end of 2018, 100% of DDSs received at least one supportive supervision visit.<br><br>Continuing the supervision missions from the central level to the departments (one projected mission by Dec. 2019) and planning a second mission during the first half of 2020.<br><br>Continuing supervision missions from the departmental level to the institutions (at least one supervision visit before the end of December) and programming two missions for the first half of 2020.<br>The allocation of the first tranche of funds to the DDSs will facilitate conduct of these activities based on the departmental supervision plan.<br><br>Continuing implementation during the second half of EPI AOP 2019 for DDSs that have prepared the EPI AOP. 100% of the DDSs have submitted their operating plan to the UCNPEV.<br><br>The UCNPV also has an EPI AOP 2019 available. It has been integrated into the partner action plans and the implementation plan for HSS2.<br><br>In April 2019, 100% of the institutions began to implement integrated routine EPI campaign micro-plans in 10 DDSs, with the participation of EPI institutions based on a new validation process, the deployment of new tools, and a supervisor training process.<br><br>This activity was conducted in May-June 2019. For some DDSs, it will be necessary to reprogram the activity in order to fill in data missing in the third quarter of 2019, to complete and improve micro-plans for the routine programme. |
| **Objective 2:** | |
| **Objective of the HSS grant** (as per the HSS proposal or PSR) | **Strengthen the EPI information system** |
| **Priority geographies / population groups or constraints to C&E addressed by the objective** | Beneficiaries:<br>• Administrative structures: UCNPV, DELR, 10 DDSs, UAS/BCS<br>• Geographical structure: 10 departments, 140 districts and 732 health institutions offering immunisation<br>• Prioritised population: 305,829 surviving infants and 362,169 pregnant women for 2018 |
| **% activities conducted / budget utilisation** | Available budget: US$ 120,424.00 (i.e., 11% of the total budget of US$ 1,126,306.00 for the third tranche).<br>**Activities conducted:** |

| | |
|---|---|
| | • 100% of monitoring activities have been conducted at the departmental level.<br>• Two national assessment meetings were held in the course of 2018. |
| **Major activities implemented & Review of implementation progress** including key successes & outcomes / activities not implemented or delayed / financial absorption | **1- Quarterly monitoring of EPI indicators**<br>• In 2018, 10 out of 10 departments conducted 2 out of the 2 scheduled EPI monitoring sessions at the institutions level (immunisation and epidemiological surveillance).<br>• EPI national assessment meeting: two assessment meetings were held in 2018.<br>• Deployment of new SYSPEV tools and the training of 9 out of 10 departments on managing the tools.<br>• In 2018, a reliable internet connection was maintained at the UCNPV to facilitate data traffic. Purchase of telephone cards to improve communication and data transmission.<br>• Likewise, information technology material and other supplies were made available for the programme.<br><br>***2- Revision of HIS tool training and supervision***<br>• Training missions for health service providers have been conducted in 9 out of 10 DDSs. Except for the DSO, the activity is to be reprogrammed.<br>• Reproduction of EPI data management tools.<br>• Data management monitoring missions have been conducted specifically in priority DDSs. |
| **Major activities planned for upcoming period** (mention significant changes / budget reallocations and associated **changes in technical assistance**)[6] | **With HSS 2 funds:**<br>• Continuing monitoring activities: one monitoring session in all departments with all the health institutions is planned by December 2019, and a second mission is to be scheduled during the first half of 2020 with HSS2 funds.<br>• Support to the central level and partnership to support the conduct of these missions.<br>• Conducting the HIS training of service providers from the Ouest health directorate and other DDSs; reviewing the need to repeat in other DDSs.<br>• Renewing the EPI directorate internet connection for 2020.<br>• Organising assessment meetings at the national level in the second half of 2019 integrated with the formulation of EPI AOP 2020.<br>• Providing continuity to service provider training on SYSPEV data gathering tools.<br>• Conduct of DQS. |
| **Objective 3:** | |
| **Objective of the HSS grant** (as per the HSS proposal or PSR) | **Strengthen immunisation service access and organisation** |
| **Priority geographies / population groups or constraints to C&E addressed by the objective** | **Beneficiaries:**<br>• Administrative structures: UCNPV, DELR, 10 DDSs, UAS/BCS<br>• Geographic structures: 10 departments, 140 districts and 732 health institutions offering immunisation<br>• Prioritised population: 305,829 surviving infants and 362,169 pregnant women for 2018 |
| **% activities conducted / budget utilisation** | **Available budget:** US$ 673,693.00 (i.e., 62% of the total budget of US$ 1,126,306.00 for the third tranche).<br>**Activities conducted:**<br>• 633 out of 733 health institutions have conducted immunisation activities based on the outreach strategy.<br>• 100% of the supply missions from the central level to the departments. |
| **Major activities implemented & Review of implementation progress** including key successes & outcomes / activities not implemented or delayed / financial absorption | In 2018, funds to implement acceleration activities in 30 districts were transferred to the respective departments: Artibonite (6) Ouest (4) Grand'Anse (1) Nippes (4) Nord (4) Nord-Est (3) Nord-Ouest (2) Sud-Est (3) Ouest (3). During the EPI term, 633 EPI institutions conducted activities in the outreach strategy: 83 (11%) UNICEF RED funds; 239 (31%) HSS1-PAHO-Gavi funds, for 85 institutions, 3 deployments |

| | |
|---|---|
| | and 154 (Ouest department 1 deployment). 311 institutions conducted outreach strategy activities with other partners.<br><br>To support vaccine and input supply from the central level to peripheral warehouses, six missions were conducted in 2018 (CCT and driver per diem payments). Likewise, the departments were provided financial support for the monthly deliveries to institutions (per diems, fuel, vehicle maintenance and other means of transport).<br><br>In 2018, the MoH appointed 1,450 Community Health Workers (CHWs) to provide essential care, with immunisation among the services; in this context, with a view to continuing to strengthen the health model (in particular, to improve immunisation access and increase coverage at the community level), the project funded the operational costs of family health teams (FHTs): 66 CHWs, 65 general nursing aides (GNAs) to supervise the CHWs, and 21 community nurses to coordinate and plan activities. It also funded: networking institutions, identifying children in the community, data management, immunisation upgrades and training, health committee meetings, and data management supervision in the Ouest department districts involved. For the Artibonite district: operational costs for 40 CHWs, 9 GNAs, (Ennery 5 and Gonaïves 4) and 2 community nurses. The district of Aquin in the Sud department was not able to benefit from this support due to delay in submitting its report on the preceding LOAs.<br>Likewise, in 2018, an EPI training course was held for 652 CHWs, 21 GNAs and 17 community nurses in the Ouest department, and 14 CHWs, 9 GNAs and 2 CNs in Artibonite. |
| **Major activities planned for upcoming period** (mention significant changes / budget reallocations and associated **changes in technical assistance**)[6] | The following are planned for the second half of 2019 using HSS2 funds:<br>• Conduct of quarterly missions to supply peripheral warehouses.<br>• Support for deliveries at the level of the institutions.<br>• Purchase of 3 vehicles and maintenance plan.<br>• Conduct of VSSM training. |

## 5.2. Performance of vaccine support

***PCV-13 introduction***

The introduction of PCV-13 into routine immunisation by the MoH came into effect on 29 October 2018. A total budget of US$ 271,500 was planned for this introduction to fund activities such as: participant training, pre- and post-introduction supervision, logistics and cold chain, information system support, replication of tools, and communication and social mobilisation activities **(see report in the annex).**

***Campaigns***

A total of 3.9 million dollars was mobilised for the ongoing MR/polio/VitA campaign, US$ 1,217,072.81 of which came from Gavi. The funds sent to the health departments amount to seventy-three million one hundred and twenty-two thousand five hundred and ninety-two gourdes (73,122,592 HTG).

## Performance of Gavi CCEOP support

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

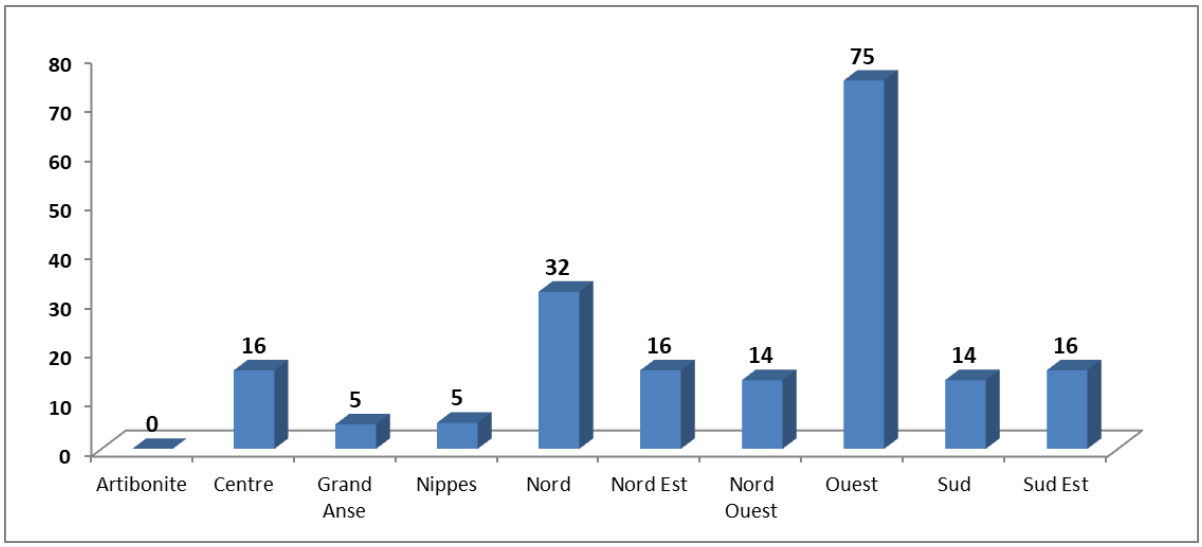
In order to strengthen storage capacity and the reliability of the cold chain at all levels, the National Immunisation Programme Coordinating Unit, with the support of its partners, in particular Gavi, has undertaken to gradually replace all the gas refrigerators with new-generation solar refrigerators over a period of four years, from 2017 to 2020.

**Activities completed**

- Mission to assess the installation sites of solar refrigerators.
- Preparation of an equipment deployment plan by departments.
- Mission to launch installation activities in the departments.
- Meeting with Departmental Managers.
- Installation of equipment proper (the MoH CCTs provide support to LFH technicians in installation).
- Ongoing mission to validate installation works by the MoH team (already done in Grand Sud and the centre).

**Achievements**

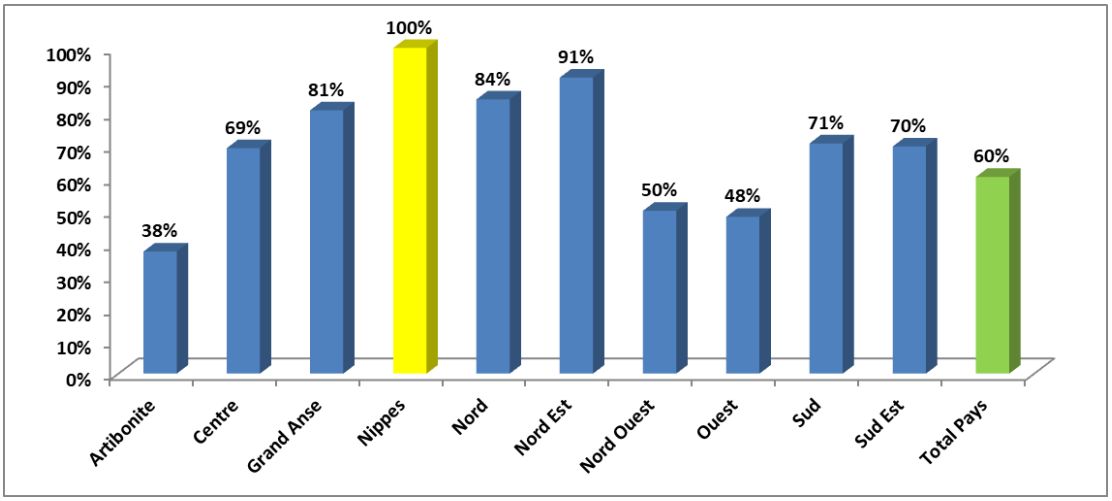
Installation of 193 Phase 2 solar refrigerators was carried out in the various departments for the March-August 2019 period. The Centre department has 16 solar refrigerators installed, Grand'Anse 5, Sud 14, Nippes 5, Sud-Est 16, Ouest 75, Nord-Ouest 14, Nord 32, and Nord-Est 16.




The graph above shows the number of refrigerators installed per department for Phase 2 of installation.

By way of contrast, the country total amounts to 440 Dometic biomedical refrigerators installed; i.e., solar equipment coverage of 60%.

The graph below shows levels achieved after solar equipment installation for Phase 1 and Phase 2 in terms of the proportion of refrigerators installed relative to the number of operational EPI institutions per department. All the institutions in the Nippes department received equipment from the CCEOP; i.e., 100%, followed by Nord-Est 91%, Nord 84% and Grand'Anse 81%, in terms of facilities having solar refrigerators available.




**REFRIGERATOR DEPLOYMENT PLAN MONITORING AT THE INSTITUTIONS LEVEL**

The table below shows, on the one hand, the progress of solar refrigerator installation for the 2018-2020 period, and on the other the coverage in solar refrigerators to be installed in relation to the number of operational EPI institutions in the country.

If initial planning is considered, by the end of 2020, we will have attained 100% coverage for the institutions scheduled.

| Département | Nombre Institution avec PEV | Installation 2017 | | Installation 2018 | | Installation 2019 | | Installation 2020 | |
|---|---|---|---|---|---|---|---|---|---|
| | | Nombre de réfr solaire installé 2017 | Proportion Phase1 2017 | Nombre de réfr solaire installé 2018 | Proportion Phase2 2018 | Nombre de réfr solaire installé 2019 | Proportion Phase3 2019 | Nombre de réfr solaire installé 2020 | Proportion Phase4 202 |
| Artibonite | 96 | 36 | 38% | 0 | 38% | 39 | 78% | 21 | 100% |
| Centre | 39 | 11 | 28% | 16 | 69% | 12 | 100% | 0 | 100% |
| Grand Anse | 47 | 33 | 70% | 5 | 81% | 1 | 83% | 8 | 100% |
| Nippes | 33 | 28 | 85% | 5 | 100% | 0 | 101% | 0 | 101% |
| Nord | 57 | 16 | 28% | 32 | 84% | 5 | 93% | 4 | 100% |
| Nord Est | 33 | 14 | 42% | 16 | 91% | 3 | 100% | 0 | 100% |
| Nord Ouest | 80 | 26 | 33% | 14 | 50% | 20 | 75% | 20 | 100% |
| Ouest | 243 | 42 | 17% | 75 | 48% | 45 | 67% | 80 | 100% |
| Sud | 58 | 27 | 47% | 14 | 71% | 17 | 100% | 0 | 100% |
| Sud Est | 43 | 14 | 33% | 16 | 70% | 12 | 98% | 1 | 100% |
| **Total Pays** | **729** | **247** | **34%** | **193** | **60%** | **154** | 82% | **134** | **100%** |

**Difficulties encountered**

- Delay in making equipment available.
- Delay in launch of installation in the departments.
- The climate of insecurity in the department of Artibonite has impeded installation of the 37 refrigerators programmed.
- Although the assessment of installation sites has taken place, there have always been problems of deviations to be resolved.

**Impact of CCEOP equipment on immunisation**

- Availability of vaccines in the institutions.
- Reduction in the number of days of stockout due to cold chain interruption.
- 60% reduction in the cost of supplying institutions with propane gas.
- Palpable reduction in operation and maintenance costs, account taken of the reliability of this equipment.
- Monitoring of CCEOP equipment performance through temperature remote control, thanks to continuous monitoring recorders incorporated into the devices.

**Vaccine availability by district**

The table below shows vaccine availability by districts in certain departments for the January to May period of 2019.

**Centre department**

| Département | Commune | Cible Mensuelle | BCG | | | | | DTC-Hep-HIB | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | janv-19 | févr-19 | mars-19 | avr-19 | mai-19 | janv-19 | févr-19 | mars-19 | avr-19 | mai-19 |
| Centre | Belladeres | 638 | 406% | 307% | 235% | 205% | 189% | 225% | 169% | 142% | 118% | 105% |
| Centre | Boucan-Carre | 413 | 628% | 512% | 406% | 400% | 405% | 528% | 468% | 406% | 381% | 371% |
| Centre | Cerca-Cavajal | 171 | 278% | 139% | 175% | 224% | 272% | 116% | 58% | 80% | 118% | 151% |
| Centre | Cerca-La-Source | 417 | 686% | 667% | 643% | 762% | 820% | 431% | 399% | 378% | 457% | 481% |
| Centre | Hinche | 890 | 410% | 315% | 358% | 368% | 341% | 272% | 202% | 199% | 198% | 191% |
| Centre | Lascahobas | 338 | 642% | 516% | 423% | 415% | 369% | 424% | 340% | 262% | 224% | 201% |
| Centre | Maissade | 434 | 1060% | 969% | 743% | 696% | 647% | 509% | 446% | 333% | 339% | 314% |
| Centre | Mirebalais | 720 | 426% | 347% | 345% | 367% | 359% | 376% | 382% | 322% | 319% | 289% |
| Centre | Saut-d'Eau | 288 | 0% | 257% | 325% | 322% | 311% | 0% | 212% | 270% | 265% | 228% |
| Centre | Savanette | 267 | 0% | 40% | 53% | 50% | 155% | 0% | 28% | 23% | 25% | 75% |
| Centre | Thomassique | 466 | 341% | 233% | 193% | 196% | 193% | 192% | 121% | 97% | 102% | 103% |
| Centre | Thomonde | 456 | 308% | 218% | 236% | 209% | 224% | 222% | 153% | 170% | 153% | 160% |

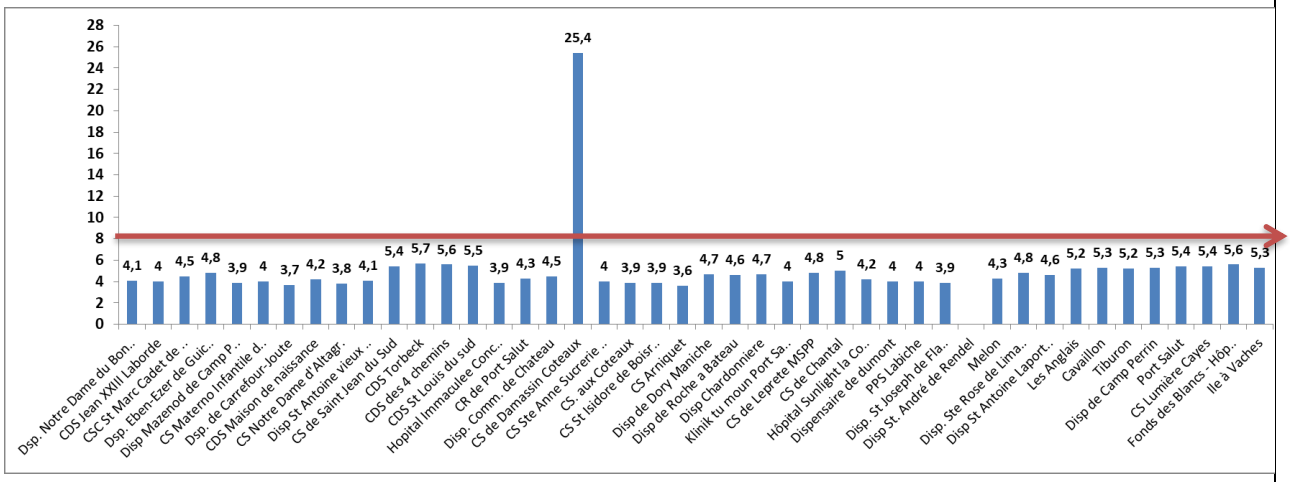
**Nord department**

| Département | Commune | BCG | | | | | DTC-Hep-HIB | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | janv-19 | févr-19 | mars-19 | avr-19 | mai-19 | janv-19 | févr-19 | mars-19 | avr-19 | mai-19 |
| Nord | Acul-du-Nord | 296% | 305% | 325% | 317% | 320% | 155% | 153% | 154% | 156% | 147% |
| Nord | Bahon | 0% | 232% | 370% | 517% | 488% | 176% | 190% | 180% | 203% | 240% |
| Nord | Bas-Limbe | 120% | 343% | 401% | 412% | 392% | 81% | 87% | 74% | 66% | 91% |
| Nord | Borgne | 944% | 888% | 890% | 826% | 744% | 215% | 216% | 229% | 254% | 203% |
| Nord | Cap-Haitien | 132% | 234% | 219% | 258% | 253% | 99% | 138% | 138% | 154% | 138% |
| Nord | Dondon | 643% | 539% | 429% | 482% | 506% | 196% | 155% | 164% | 177% | 395% |
| Nord | Grande-Riviere | 0% | 0% | 98% | 178% | 205% | 0% | 0% | 38% | 66% | 99% |
| Nord | La victoire | 545% | 477% | 431% | 392% | 436% | 109% | 110% | 112% | 112% | 197% |
| Nord | Limbe | 0% | 67% | 62% | 82% | 75% | 25% | 54% | 47% | 60% | 51% |
| Nord | Limonade | 163% | 150% | 150% | 176% | 193% | 93% | 70% | 83% | 89% | 116% |
| Nord | Milot | 292% | 331% | 363% | 440% | 456% | 92% | 85% | 112% | 120% | 128% |
| Nord | Pignon | 1535% | 2999% | 3355% | 4134% | 4485% | 254% | 372% | 372% | 420% | 358% |
| Nord | Pilate | 66% | 86% | 124% | 161% | 168% | 95% | 63% | 86% | 98% | 139% |
| Nord | Plaine-du-Nord | 96% | 185% | 218% | 231% | 304% | 131% | 119% | 127% | 123% | 176% |
| Nord | Plaisance du nord | 48% | 102% | 102% | 104% | | 112% | 102% | 106% | 100% | |
| Nord | Port-Margot | 364% | 281% | 236% | 239% | 242% | 230% | 206% | 183% | 173% | 175% |
| Nord | Quartier-Morin | 368% | 361% | 398% | 451% | 472% | 107% | 134% | 144% | 143% | 165% |
| Nord | Ranquitte | 123% | 139% | 283% | 342% | 367% | 48% | 53% | 55% | 55% | 69% |
| Nord | Saint-Raphael | 20% | 17% | 19% | 20% | 16% | 117% | 117% | 117% | 117% | 103% |

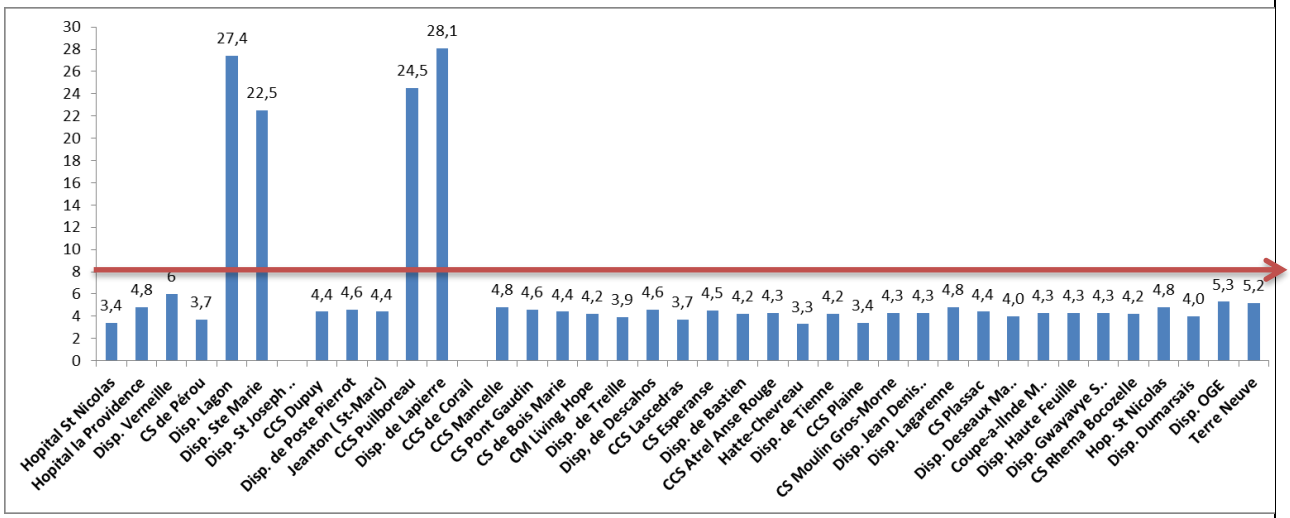
**CCEOP equipment remote temperature monitoring**

The tables above show the CCEOP equipment is operating properly. The equipment maintains vaccine conservation temperatures between +2°C and 8°C, barring breakdown or the theft of a part, which is often the case.

**Sud department**




**Artibonite department**



**Upcoming stages for Phase 3 and Phase 4 installations (2019-2020)**

- Preparation of the installation calendar for phases 3 and 4.
- Confirmation/validation of sites selected with the departments and Logistics for Health.
- Installation mission.

## 5.3. Financial management performance

**Absorption**

In 2013, Haiti sent a request for HSS support to the Gavi Secretariat. It was approved in the form of a financial grant of US$ 3,299,875, staggered over three years. The implementation of activities began in 2014 and covered three strategic thrusts:

i. Improve the capacity for planning and monitoring the immunisation programme and services at the three levels of the system.

ii. Strengthen the information system.

iii. Strengthen immunisation service access and organisation.

Over the three years of HSS1 implementation, the disbursements were as follows:

**Transfer of Gavi HSS1 funds**

| Date | Amount (US$) |
|---|---|
| February 2014 | 1,137,842.00 |
| October 2015 | 1,035,827.00 |
| February 2017 | 1,126,206.00 |
| **Total** | **3,299,875.00** |

Implementation of the Gavi/HSS grant began with the first tranche (US$ 1,137,842), disbursed in February 2014, but activities started late (at the end of 2014). In 2015, acceleration of the activities resulted in optimal grant implementation. The second tranche of the grant (US$ 1,035,827) was made available in October 2015, supplementing the balance from 2014 (US$ 988,935.45). Thus, a total of US$ 2,024,762 was mobilised to implement the activities for 2015, with a balance of US$ 848,394.35 as of 31 December 2015. In 2016, the balance left over from 2015 enabled a 78% implementation of activities, leaving a balance of US$ 203,044.59. A third and last tranche of this grant was transferred in February 2017 for an amount of US$ 1,126,206, with an implementation rate of 92% and a balance of US$ 91,004.82.

**Budget Distribution Third Tranche HSS1 - 2017**

| Objectifs | Budget 3emme tranche 2017 | % |
|---|---|---|
| Améliorer la capacité de planification, de suivi du Programme et des Services de Vaccination aux 3 niveaux du système | 312.109 | 28 |
| Renforcer le système d'Information du PEV | 120.424 | 11 |
| Renforcer l'accès et l'organisation des services de Vaccination | 693.673 | 62 |
| **TOTAL 3eme tranche** | **1.126.206** | **100** |

The funds from the third tranche allocated to the conduct of the activities provided for in the action plan were transferred via 13 LOAs signed between the DDSs and the MoH at the central level. There were delays in the submission of reports and vouchers for the funds transferred to the beneficiaries. This situation had an impact on the implementation of the activities planned, which began only in June 2017. The Sud department was not able to benefit from Gavi support due to delay in the submission of its reports.

In December 2017, the last date of the grant, a balance of US$ 914,462.82 of non-executed funds remained. The MoH sent the Gavi Secretariat a grant extension request. Extension was granted twice in 2018: the first up to June and the second up to December 2018, always under the premise of accomplishing the three objectives established in the grant agreement. With the extension of the grant duration, the 2017 LOAs with the DDSs were amended in March 2018, extending their period of implementation. A plan to implement the balance was established with the UCNPV for the first half of 2018, with the funds transferred to the DDSs, and the direct implementation of activities from the central level.

As of June 2018, the balance was US$ 528,581,11. With the extension granted by Gavi to the MoH, 12 new LOAs were established with the DDSs for EPI improvement activities and for providing continuity to the activities of the first half of the year: supervision, monitoring, supply, and the outreach strategy at DDS level. Funds were transferred as the DDSs submitted their reports. To strengthen the expansion of the community healthcare model, LOAs were signed with the Ouest and Artibonite departments to fund the operational costs of community FHT meetings, networking, and EPI upgrading for FHTs.

This extension likewise enabled activities to be implemented directly, based on requests made by the UCNPV: missions by central level managers to supervise and support monitoring (per diems, vehicle rental, fuel purchases), support for central level supply missions to the 10 DDSs (CCT per diems), financing for EPI assessment meetings, AOP preparation, meetings to prepare and endorse the country proposal for the Gavi HSS2 grant, support for the coordination meeting of EPI subcommittees (logistics, HIS, etc.), support for task force meetings, support for the holding of two national EPI assessment meetings, the carrying out of the Joint Appraisal (June 2018), support for communication (renewal of internet connection for 2019, purchase of phone cards and office supplies, wifi connection and computer material for the central level and the DSGA, and support for DSO supervision missions (vehicle rental, per diems and supplies).

The third tranche received in 2017 posted an implementation rate of 92% as of 30 December 2018, leaving a final balance of US$ 104,713.14 that had not been implemented. At the start of 2019, a request was submitted to Gavi by the MoH and PAHO to obtain approval to use these funds in immunisation strengthening activities. With the approval of the MoH, these funds were reallocated to the MR campaign of 2019, but were not used, due to administrative procedures. PAHO was unable to [process the] Budget Change Request with the funds from the routine, and these will therefore be returned to Gavi. From December 2018 up to 30 June 2019, obligations have been liquidated, bringing the final balance to US$ 91,004.82.

The financial execution rate is 97% for the entire HSS1 grant.

**Compliance**

Financial management for Gavi funds is directly exercised via the financial mechanisms existing in PAHO/WHO and UNICEF, which define procedures for the different health directorates to take into account when using and justifying disbursed amounts. The new administrative provisions implemented by the Ministry of Finance, added to the delay in the justification of the funds received, have slowed down the implementation of activities. However, efforts are being made, with involvement by the MoH Directorate of Administration and Budget (DAB), to monitor budget execution by entities responsible for the operational implementation of activities,.

In the course of the new HSS2 country grant, a proposal to improve financial management monitoring has been made by the partners as well as the MoH: it was endorsed in the new tripartite agreement signed for 2019-2020. During the last few months, preparatory meetings have been held between partners' ADM teams, the DAB and the UCNPV to share information on administrative and financial procedures and to work on the proposal to prepare a financial management monitoring plan at the DDS level. Other provisions on financial management are in the process of being implemented.

**State of progress regarding actions**

**The Gavi-HSS grant continues to support three strategic thrusts in 2018.** The activities in relation to the targets agreed in the country engagement framework are:

***Improving capability for planning and monitoring the immunisation programme and services at the three levels of the system***

- *EPI Operational Plan*: In 2018, the UNCPV as well as the 10 DDSs prepared and developed the 2018 operational plan; for 2019, this activity was conducted at the central and departmental level. Each DDS prepared and endorsed its AOP.

- *EPI Supervision*: In 2018, a new central level supervision grid for the departments was prepared along with a supervision plan. Supportive supervision missions by the central level for departmental management underwent a certain improvement, since all departments were visited at least twice (for EPI supervision and integrated EPI/PCV-13 introduction supervision) by supervision teams, by EPI directorate managers, and sometimes by the DERL, the DAB, the PAHO/WHO team and UNICEF. 100% of the departments supervised the institutions, but this activity remains to be improved. Certain DDSs have experienced delays in disbursement and lack of available means of transport. This activity was financially supported through the payment of per diems, fuel and vehicle maintenance, and the recruitment of six technical assistants for six to nine months, in charge of ensuring the monitoring of EPI activity implementation (two for the DSO, one for the EPI directorate, and one each for the Nord-Ouest, Sud-Est and Artibonite departments).

  As for immunisation coverage at the national level, the rates show a slight increase in all the antigens except MR1 between 2016 and 2018.

- In 2018, Pentavalent3 immunisation coverage at national level 3 [sic] was 79% nationally. Penta3 coverage rates were even higher, at 80%, in 62 districts (44%); between 50% and 79% in 56 districts (40%); and under 50% in 22 districts. Only 50% of the departments obtained Penta3 coverage higher than 80%, with a decrease in the number of children not vaccinated with Penta3 (from 89,858 in 2016 to 65,326). This number nonetheless remains high, consequently raising the number of children vulnerable to different vaccine-preventable diseases. Among the target population of 305,829 children under 1 year of age, 21% (65,326) did not receive Penta3 and 10% did not receive Penta1.
- As regards the dropout rate between Penta1 and Penta3 coverage, it was 13% for 2018. In three departments, this figure was less than 10%.
- For the inactivated poliovirus vaccine (IPV), immunisation coverage at the national level was 78% in 2018, with a significant improvement compared to the rates of 66% in 2017 and 45.4% in 2016. Two DDSs had IC rates higher than 95%, two others between 80% and 95%, and still six others between 20% and 79%.
- For MR1 against measles at the national level, IC was 73%. This means that 81,228 individuals (27% of the target population) did not receive the vaccine in 140 districts, 41 of which (29%) have a coverage higher than 80%, 54 between 50% and 79%, and 45 less than 50%. As regards rotavirus, national coverage for Rota2 was 73% and that for Rota1 78%.
- In 2018, with the support of HSS1, 239 of the institutions conducted 3 outreach strategy sessions and 154 institutions in the Ouest department conducted 1 session.
- Considering that girls represent 52% of the target population of children from 0-11 months, it can be observed that, in 2018, 82% of girls aged 0-11 months were immunised with Pentavalent 3 compared to 75% of boys. Among the immunised children in 2018, 54% are girls.
- According to the latest EMMUS (VI), 65% of children were immunised with Pentavalent 3 in urban areas, compared to 50% in rural areas.
- The Pneumococcal vaccine was introduced into the Haiti EPI on 29 October 2018. At the end of December 2018, 2,982 children had benefited from a third Pneumococcal vaccine dose, yielding a coverage of 12% (JRF 2018) for the period under consideration.

***Strengthening the information system***

Two EPI assessment meetings were held in 2018. 100% of the departments conducted at least two EPI performance indicator monitoring sessions, with support from central level managers and the PAHO/WHO-UNICEF partners.

- Overall completeness in the data entered by SISNU still remains poor in relation to the desired level of 95%, although there was improvement in comparison with 2017.
- The DDSs in the Ouest, Nord-Ouest, Sud and Sud-Est departments lagged behind the most. One of the explanations could be the transition to the exclusive use of the DHIS2 platform for data management.
- In 2018, after revising EPI tools, training was given on the use of the new tools in 9 out of the 10 departments. The service providers in the Ouest department still have to be trained.
- Thanks to Gavi funds, an internet connection was installed at the EPI directorate to facilitate data traffic between the various levels. Office supplies, wifi connection equipment and computer material were also purchased for the central level and the DSGA.
- The departments were supplied with vaccines and inputs from the central level and received a tool to support vaccine and input deliveries to the institutions.

***Strengthening immunisation service access and organisation***

This activity involves the support component for expanding the healthcare model in the Ouest and Artibonite departments, with the specific objectives of promoting increased immunisation coverage in the target districts, improved access to basic primary care services for the populations of these districts, and improved organisation in their community healthcare. More specifically, it includes:

- The operational costs of the FHTs: in the Ouest department, 66 CHWs, 65 GNAs to supervise the CHWs and 21 community nurses to coordinate and plan activities in 10 districts of that department (Carrefour, Delmas, Tabarre, Cité Soleil, Pétion Ville, Port-au-Prince, Kenscoff, Pointe à Raquette/la Gonâve, Croix des Bouquets), and 2 districts in Artibonite (Ennery and Gonaïves).

| Distribution des Equipes de santé familiale par communes Direction Sanitaire de l'Ouest - 2018 | | | | |
|---|---|---|---|---|
| COMMUNE | No des INSTITUTION | IC | AIP | ASCP |
| Carrefour | 14 | 4 | 11 | 335 |
| Delmas/Tabarre | 7 | 2 | 6 | 80 |
| Cite Soleil | 6 | 2 | 7 | 108 |
| Croix des Bouquets | 6 | 1 | 6 | 100 |
| Pétion ville | 8 | 2 | | 115 |
| Kenscoff/Fermathe | 2 | 1 | 2 | 26 |
| La Gonâve | 4 | 1 | 2 | 24 |
| Port au Prince | 23 | 4 | 15 | 335 |
| **TOTAL** | **70** | **17** | **49** | **1123** |

Source – DSO community health programme

- Seventeen three-week training workshops on the EPI were held for 652 CHWs, the nursing aides and the nurses.
- The community meetings that had been planned were held in 100% (8) of the DSO target districts and at the DSA.
- Likewise, an EPI training course was held in 2018 for 652 CHWs, 21 GNAs and 17 community nurses in the Ouest department, and 14 CHWs, 9 GNAs and 2 CNs in Artibonite.
- An evaluation on the results of the EPI and maternal health managers of the Ouest department is in progress. It has confirmed increased coverage for their respective programmes. The socio-political turmoil and insecurity occurring since July in the Port-au-Prince metropolitan area, which is located in the Ouest department, has been a hindrance to the creation of all the immunisation posts and to the carrying out of the home visits planned.

***Other activities funded via direct execution, based on requests made by the UCNPV***

- The holding of meetings to prepare and endorse the country proposal for the Gavi HSS2 grant.
- Support for the coordination meetings of EPI subcommittees (logistics, HIS, etc.); support for task force meetings.
- Support for the holding of two national EPI assessment meetings.
- Support for the carrying out of the 2018 Joint Appraisal (June 2018).
- Purchase of office supplies, wifi connexion and computer material for the central level and the DSGA.
- Per diem for national management and vehicle rental fees for missions of supervision, monitoring, HIS training and the monitoring of HSS1 financial management in DDSs; per diem for central level CCTs on supply missions to the 10 DDSs.

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

NA

## 5.5. Technical assistance (TA)

Technical and financial EPI support is provided by the following three major partners:

- Gavi
- PAHO/WHO
- UNICEF

**1. PAHO/WHO and UNICEF contributions for 2018 and prospects of support for 2019 are given in the table below:**

| Partner | 2018 | 2019 |
|---|---|---|
| PAHO/WHO | ▪ Routine EPI: US$ 137,559.28<br>▪ Diphtheria campaign: US$ 1,846,973.22 | |

| Partner | 2018 | 2019 |
|---|---|---|
| UNICEF | ▪ Routine EPI: 2,448,342.04<br>▪ Diphtheria campaign: US$ 481,027.25 | US$ 3,150,000 |

The initiative consisting of consolidating the different EPI activities and their funding sources into a single document (EPI operational plan) has made it possible to show the complementary relations existing between the partners supporting the EPI as well as to better analyse gaps. However, it would be preferable to finish this document sooner in the year underway and find a formula for alignment with the MoH programme calendar.

The fields of technical and financial support from the programme partners are clearly identified. The MoH exercises coordination through EPI technical committee meetings and ICC meetings. Hence, UNICEF aid is specifically oriented towards the strengthening of cold chain capacity, communication to benefit the EPI, and support in service delivery and community aspects.

As regards UNICEF, a budgeted work plan is signed between the UNICEF Representative and the Director General of the Ministry, clearly setting forth the funds available and the funds in the process of being mobilised, through financial donors by area.

**2. Regarding TFP technical support via Gavi technical assistance funds, the table below summarizes progress in terms of phase reports for TCA in 2018 and 2019:**

| **Partners** | **Final TCA phase reports 2018 (June 2019)** | **Progress** |
|---|---|---|
| PAHO/WHO | • Introduction of PCV-13 in all the health institutions of the country.<br>• PCV planning, monitoring and carrying out the post-introduction evaluation.<br>• MR campaign plan updated, micro-planning tools prepared, training tools prepared, micro-planning session in progress, training conducted or in progress, supervision plan prepared, communication and social mobilisation plan for the campaign prepared or in progress, campaign supervision plan prepared, HIS tools adapted in relation to the campaign, campaign monitoring tools and activities prepared, campaign implemented, campaign evaluated.<br>• Quarterly bulletins prepared and distributed.<br>• EPI directorate operational plan for 2018 prepared and evaluated, 2 supervision missions in each department, and CHWs trained in every department.<br>• Implementation plan for the new HSS proposal.<br>• Joint Appraisal finalised.<br>• HIS-EPI supervision and monitoring visits conducted. | • Completed<br>• Not done<br>• Partial<br>• Not done<br>• Completed<br>• Completed<br>• Completed<br>• Completed<br>• Not done |
| UNICEF | • Training of health workers, trainers and influential key figures in the communication improvement plan and the production of a quarterly report on communication plan implementation.<br>• Implementation of the RED approach.<br>• Installation of at least 161 new refrigerators in the selected locations. | • Not done<br>• Partial (justif. prob., work overload tech. and admin. team coordination)<br>• Completed |
| WB | • Outputs from a data-based exercise analysing the factors affecting the productivity of health facilities in terms of production of immunisation services | Partial<br>Change of protocol to use HI, PBF and Service Provision Assessment (SPA) data |

| | | |
|---|---|---|
| CDC | • **OCV** Vaccination campaign conducted. Evaluation activities initiated. Depending on the evaluation, data analysis will be completed and preliminary results will be disseminated in a report. If impact is assessed, laboratory testing of stool samples will be ongoing, to better understand the disease burden following the immunisation campaign. Post-campaign workshop held to share and document lessons learned from large-scale campaign. Final report of campaign implementation completed. This may be shared **with other countries** which have plans to implement large-scale campaigns in the future.<br>• **Measles campaign**: completed readiness assessment from all districts in at least one province and independent monitoring forms/analysis from at least 10 immunisation sites.<br>• consistent reporting of **meningitis** cases and testing of CSF (and pleural fluids from paediatric pneumonia patients, where available) obtained from participating sentinel hospitals; generation of quarterly meningitis surveillance reports for MOH and key partners<br>• Evaluated impact of training offered in selected districts through review of surveillance and laboratory data; compared this data with the 6 months prior to training; identified changes or new findings in the epidemiology of **pertussis/ diphtheria**; refresher training given as needed based on post-test training quiz offered.<br>• **Rota vaccine** effectiveness sample size completed. Data in the process of being analysed | • No, Campaign has not taken place<br>No, consultant unable to come due to travel restrictions for Haiti<br>• Ongoing<br>• Ongoing<br>• Ongoing |

| **Partners** | **Mid-term TCA phase reports 2019 (June 2019)** | **Progress** |
|---|---|---|
| PAHO/WHO | • The UCNPV has an operational plan for 2019, an operative AEFI committee, an operative NITAG and a draft law on immunisation submitted to voting in the lower chamber;<br>• Report on the MR/polio/Vitamin A campaign prepared and distributed;<br>• A plan to monitor EPI performance indicators completed; a work plan for management monitoring and data quality via SISNU/DHIS2 prepared; at least 1 quarterly bulletin for 2019 produced and distributed;<br>• The implementation plan for the first year of HSS2 prepared and endorsed with MoH (UCNPV, DABS), implementation of operational plan 2019 (supervision, micro-planning, monitoring, supplies, training, etc.) at DDS level and central level in progress, departmental accountants, administrators and managers trained;<br>• EPI terms of reference and international assessment tools available. | • Partial PO 2019 done, Training of NITAG members<br>• Not yet, catch-up activities continue in the field<br>• Not done<br>• Partial<br>• Not done |
| UNICEF | • The 38 districts selected in the Sud and Ouest (for RED) implementing the RED approach;<br>• The social mobilisation plan implemented at the national level with emphasis on activities to strengthen community relations (mothers' clubs, meetings with leaders, community meetings, etc.) in the 38 districts selected for RED implementation;<br>• Joint supportive supervision and capacity-building visits conducted in at least 20 districts of the Sud and Ouest departments;<br>• The cold chain national logistics working group has met at least twice and examined the situation of stocks and the updating of operational deployment plan for the CCEOP project. | • Not done<br>• Not done<br>• Not done<br>• Completed |
| WB | • The ToR for diagnosis prepared: analysis of public finance management in the health sector to identify bottlenecks and problems linked to planning, budgeting, implementation and reporting functions at the departmental level (DDSs) and at the central level (DAB and MEF). This analysis will incorporate an in-depth appraisal of these problems in fund management related to immunisation. | • Not done |

| | | |
|---|---|---|
| CDC | • Meningitis surveillance continues in 3 sites; improved turnaround of PCR testing of meningitis specimens by LNSP; Collect vaccine histories for >70% of children age-eligible for PCV-13;<br>• Diphtheria: case-based national diphtheria surveillance continues; discrepancies between peripheral and national level diphtheria data assessed and resolved; plan for attaching unique identifiers to all suspected cases developed and introduced; Pertussis: surveillance continues at 3 sentinel sites; specimens successfully collected, transported and tested at national reference lab for >60%. | • Ongoing<br>• Ongoing |

The funding of Gavi technical assistance admittedly brings one more possibility for the MoH to strengthen its immunisation programme sustainably, with the goal of increasing immunisation coverage and equity. It suitably meets national needs and priorities with regard to immunisation, as expressed during the EPI Joint Appraisal and the preparation of the PSR.

However, its coordination remains a big challenge, due to mechanisms that do not stress a formal agreement or accountability from national authorities. It suffers from a problem of transparency and control in the framework of its implementation and reporting.

The lack of coordination among the different partners implementing TCAs is a hindrance to achieving the expected outcomes. Indeed, since synergy is not sought, partners are much more concerned by the implementation of their action plans on their own terms. Examples in 2019 are i) the KAP survey provided for in HSS2/PAHO, which should be conducted before the strategic communication plan for the routine immunisation provided for in HSS2/UNICEF, and ii) the analysis of public finance management in the health sector, with in-depth appraisal of the problems in the management of funds linked to immunisation, as scheduled in the WB-TCA, and to the training of public sector accountants programmed in HSS2/PAHO.

For each partner, planning remains very sketchy concerning connections between the phase reports and budget hypotheses. Thus, for certain prioritised activities strategic to the EPI, only the budget items related to human resources are funded, whereas nothing is provided for the outputs expected from the activity. By way of example, in the TCA 2019, the cMYP evaluation and the strengthening of the information system, etc. provide for funding for human resources, whereas the activities to achieve their deliverables are not (assessment and validation workshop, printing/production, etc.).

Financial monitoring is not conducted with the UCNPV in a transparent way that allows for consensual reprogramming in time to meet emergent priorities.

The report milestones representing expected outcomes appear, upon examination, to be the same for several activities being funded, giving the impression of a duplication of tasks and responsibilities for the different human resources hired. Assigning these tasks to a limited number of staff might have benefited other activities in relation with the milestones and ensured that the expected outcomes were better achieved.

Faced with the budget allocation ceilings of the country, partners in need of more human resources prioritise hiring, to the detriment of the few activities financed. Within the context of these activities, quite substantial amounts are allocated to the budget item “Other”, with the result that Haiti cannot access them due to lack of information on what is included in that budget.

Moreover, the EPI is not involved in endorsing the framework of technical assistance in terms of profile, expertise, experience, skills transfer, implementation, supervision and monitoring/evaluation. In sum, all human resources financed within the framework of such technical assistance are identified as “mixed personnel for skills transfer”, whereas in reality these human resources fill gaps while at the same time depending on the international partners. This situation poses a number of challenges:

- Such personnel, often hired, do not have acknowledged strategic expertise; instead, they have limited operational experience, which prevents the EPI from benefiting from the expertise of the different partners in accordance with their assigned tasks and comparative advantages.
- These personnel who “fill gaps” in substitution of EPI staff are attached to the various international partners. They therefore follow the latter’s management procedures in monitoring and in administrative and financial matters, etc., thus posing a problem of appropriation and continuity. This likewise raises a problem of

alignment with national strategies, standards and procedures, therefore causing confusion at the departmental and local levels and weakening the system instead of strengthening it through differing approaches and messages.

- These personnel are often the same ones for the various needs expressed and for the various grants awarded over the course of several years, and, in the end, in the various EPI evaluations, the same gaps are always pointed out.

**Main actions recommended and/or amendments/changes to make to improve technical assistance for the rest of the year**

1. Conduct transparent integrated annual planning exercises for better, more complementary synergy.
2. Conduct quarterly monitoring/evaluation meetings on the integrated annual action plan.
3. Sign agreements with the top authorities in health for the TCA.
4. Hire personnel with solid skills and experience for authentic transfer of knowledge and involve the Government in the hiring of these personnel and in the definition of their terms of reference.
5. Make these personnel available to the Government in accordance with time distribution for them that is well-defined between the partners and the MoH.
6. Prioritise technical assistance based in the MoH as was agreed on during the Gavi high-level mission in August 2017.

## 6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Since the HSS2 funds were made available by Gavi only in May 2019 and did not reach the country UNICEF office until July and the PAHO country office in August, and because TCA funds likewise took time to reach partner country offices because of their internal procedures, only some hierarchically strategic actions identified in the previous Joint Appraisal have been possible to implement using other funds. These are described by objective below.

1. **Objective 1: Promote equitable access to immunisation services and increase immunisation coverage to at least 80% in the 38 districts with a high number of unvaccinated children in the Ouest and Sud departments**

   **1.1 Implement promising strategies with regard to immunisation service delivery**

   **1.1.1. Continue implementation of the activities of the urban immunisation model in the district of Cité Soleil (Port-au-Prince metro area):**

   These activities began with the preparation of a work plan, the updating of the model, the study on MIOs and, likewise, coordination and planning meetings with the UCNPV, DSO, BCS Delmas, JSI PAHO and UNICEF.

   **1.2. Strengthen routine immunisation**

   **1.2.1. Conduct micro-planning in the 10 departments of the country (767 institutions)**

   Micro-planning was initiated during the MR campaign, integrated with routine immunisation.

2. **Objective 2: Improve the supply chain and the cold chain at national level** through Effective Vaccine Management

   **2.1.8. Provide the institutions with vaccines and consumables**

   Quarterly supply deliveries to the departments were made, as well as monthly supply deliveries to the institutions over the last 6 months.

3. **Strengthen national immunisation programme management and coordination to make it more effective and efficient in order to better serve the target population and improve immunisation coverage and equity**

   **3.1. Strengthen organisation and managerial capacities of the UCNPV, NIP coordinators,** departmental directorates and BCSs

   **3.1.1. Evaluate training needs**

   The evaluation was based on job descriptions and analysed in accordance with WHO standards on technical and managerial knowledge, by EPI service and by health system level.

**3.1.2. Develop a training plan**

A list of continuous training needs and degree course needs was developed.

**3.2. Improve coordination among the partners**

**3.2.1. Develop the AOP in 2019 and the annual NIP assessment meetings**

An integrated UCNPV AOP for 2019 has been developed.

**3.2.2. Hold monitoring meetings with the partners: 1 ICC meeting every 6 months, 12 TC-NIP meetings, 2 NITAG meetings**

1 ICC meeting has taken place as well as 3 meetings of the logistics subcommittee and 3 TC meetings. The NITAG was formed by Ministry circular. The criteria for selecting its chair and its mode of operation have been prepared, an orientation meeting has taken place, and training for the members has been conducted.

**3.3 Improve financial management at UCNPN and DDS levels**

**3.3.1. Organise training workshops to strengthen the role and operation of public sector accountants, administrators and departmental managers**

Coordination meetings with the DAB and training sessions on UNICEF procedures have been held. Preparation is being carried out for: an implementation timetable of Gavi requirements, an action plan for financial teams, reference documents by the DAB addressing public accountants and partners (activity codes), and the draft of a manual on standards and procedures.

Other recommendations are shown below, along with their progress status, the constraints involved for those that were not possible to achieve, and new recommendations to better address needs.

| Prioritised actions from previous Joint Appraisal | Current status |
|---|---|
| **Unforeseen situations that may affect plan implementation:** Risk of natural catastrophes **HIGH**<br><br>Prepare a contingency plan. | • Not done. |
| **Obstacles that may delay implementation or interrupt the conduct of activities:** Weakness at the level of financial management **HIGH**<br>• Strengthen collaboration with administration and budget directorate, hold monitoring meetings with the departmental administrators, organise joint supervision missions with the DAB and the financial partners.<br>• Prepare the planning framework for the implementation and budget monitoring with the partners, the DAB and the UCNPV. | • 4 discussion/coordination meetings with UCNPV, DAB and the partners to respond to the Gavi requirements for Gavi grant implementation.<br>• 4 DAB personnel meetings/briefings on the procedures of the international partners, PAHO and UNICEF.<br>• Sharing of all Gavi grant documents and the involvement of the DAB in planning the HSS2 AOP, with a specific plan for the financial teams in monitoring and evaluation.<br>• Preparation of a timetable on state of progress in Gavi requirements for the DAB.<br>• MoH recruitment of personnel in addition to the DAB and the assignment of a focal point to each DDS for financial monitoring.<br>• Creation of an Internal Audit Unit in the DAB. |
| **Dependency with regard to financial, human and material resources and third-party players:** Strong dependency on the programme in relation to external funds **HIGH** | |

| | |
|---|---|
| • Preparing the proposed bill on immunisation.<br>• Conduct advocacy targeting the President, the Government and Parliament to facilitate adoption and voting of the act.<br>• Insufficient human resources.<br>• Staff rotations.<br>• Produce an advocacy document on training and personnel retention.<br>• Continue the process of appointing CHWs and other staff at different levels of the system. | • Projected in TCA 2019 (PAHO).<br>• The OMRH is working with the DRH on staff performance evaluation and revision of the salary grid. The MoH/DRH is working on a national HR strategy in collaboration with WHO and other partners. Beyond the lack of human resources, there is a real problem to address, in terms of strengthening the technical and managerial capacities of existing HRs at all levels of the health system.<br>• Mapping of the CHWs is in progress to identify gaps. In any event, these CHWs require real support to strengthen their skills, particularly since their role is not limited to serving as relays between the community and the health system, and they are sometimes called upon to perform certain tasks and interventions in the different health programmes, including immunisation. |
| **Risk of stock-outs:** Delay in co-financing **HIGH**<br>• Weakness in the stock management system at central, departmental and institutional level.<br>• Regular monitoring over the management and use of vaccines and immunisation inputs at the different system levels.<br>• Analysis of management tools.<br>• Strengthen department capabilities to use the management tools.<br>• Strengthen collaboration with pharmacy management.<br>• Hire a senior national advisor for the cold chain and logistics service. | • Review other structural reasons for stock-outs beyond the national management system, such as taking the country's fiscal year and the procedures of the PAHO revolving fund (country account) for co-financing and regular supply into consideration. Also, to prevent delays, ensure timely customs clearance through a forwarding agent whose fees are included in the cooperation plans.<br>• At the departmental level, apart from the management tools, review needs in human resources and the suitability of profiles to the position.<br>• Strengthen capacities in good stock management practices and make the necessary logistics available.<br>• Strengthen and actively participate in the process of integrating the national supply system and distributing inputs (SNADI). |
| **Socio-political risk** - Socio-political problems **LOW**<br>Monitor the socio-political situation to be able to activate the contingency plan on time | Monitor and adapt schedules |
| **Additional significant IRC / HLRP recommendations (if applicable)** | **Current status** |
| 1. Sign the ToRs for the ICC and the TC/EPI and improve their operations | **Transition phase while waiting for the establishment of the sectoral boards proposed by the Ministry of Planning and Foreign Cooperation**<br>• The ICC held 3 meetings in 2018. For 2019, it has held a first meeting. Two other meetings are planned for the second half of the year, but the decision-making and advisory capacity of this authority remains highly restricted by the fact that the members are the same in all the other technical operation meetings.<br>• 6 meetings by the subcommittees and technical committee have been held: 3 have essentially dealt with logistics and the cold chain with the company responsible for solar energy implementation, 2 TC meetings were for coordinating the MR/Polio/Vit A campaign and 1 TC meeting was held for campaign evaluation and the decision to conduct it, given |

| | |
|---|---|
| | the low rates of immunisation coverage. Other meetings are planned for the second half of 2019. |
| 2. Improve the coordination of interventions in the EPI framework (reorganisation, strengthening the D-EPI) | • An organisational diagnosis has been prepared and an organisational chart sent to executive management and the DRH. A list of human resource needs has been sent.<br>• An LMC evaluation has been done.<br>• Human resource performance has been evaluated based on job descriptions and the analysis of the needed technical and managerial skills by unit and by health system level, according to WHO standards.<br>• A list of needs in continuous training has been prepared following this evaluation.<br>• Advocacy targeting the top authorities has also been prepared in order to avail of the appropriate profiles. |
| 3. Develop the 2016-2020 cMYP | • This plan is due at the end of next year, and its evaluation still remains to be done. The funds have not yet been mobilised for mobilisation, because the plan has not been budgeted, even though this is one of the PAHO TCA 2019 markers. |
| 4. Implement components from the RED strategy in all communities (outreach and mobile strategies, communication/social mobilisation for routine EPI) | |
| 5. Continue improving cold chain management at the facility level | |
| 6. Conduct a financial viability study of the EPI | • To be done |

## 7. ACTION PLAN SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

| **Key finding / Action 1** | **Promote equitable access to immunisation services and increase immunisation coverage to at least 80% in the 38 districts with a high number of unvaccinated children in the Ouest and Sud departments** |
|---|---|
| Current response | **1.1 Implement promising strategies with regard to immunisation service delivery**<br>▪ 1.1.1 Continue implementation of the activities of the urban immunisation model in the district of Cité Soleil (Port-au-Prince metro area):<br><br>**1.2. Strengthen routine immunisation**<br>▪ 1.2.1 Conduct micro-planning in the 10 departments of the country (767 institutions).<br>▪ 1.2.2. Conduct resource management planning and management in 38 target districts (RED).<br>▪ 1.2.3. Implement the outreach strategies (Ouest: 19 target districts; Sud: 19 target districts) (RED).<br>▪ 1.2.4. Supervise local management of the RED approach in 292 institutions of 38 districts (RED).<br>▪ 1.2.5. Strengthen relations with the communities (RED).<br>▪ 1.2.6. Monitor the performance indicators of routine immunisation in the 10 departments of the country (767 institutions).<br>▪ 1.2.7. Update the EPI service providers in EPI standards and procedures.<br>▪ 1.2.8. Conduct integrated supervision from the central level to the departments.<br>▪ 1.2.9. Conduct integrated supervision of departments (including UAS/UCS/BCS) over the institutions.<br>▪ 1.2.10. Finance the operational costs of the FHTs (116 CHWs, 29 GNAs, 16 nurses) in 7 districts (Ouest, Greater Port-au-Prince, Sud, Artibonite).<br>▪ 1.2.11. Organise monthly monitoring meetings for the activities conducted by the FHTs at the district level. |

| | |
|---|---|
| | ▪<br><br>**1.3. Strengthen communication activities and generate demand**<br>▪ 1.3.1. Train the service providers in interpersonal communication.<br>▪ 1.3.2. Conduct the KAP survey.<br>▪ 1.3.3. Review the communication strategy.<br>▪ 1.3.4. Develop and implement communication plans at all levels. |
| Agreed country actions | ▪ Strengthen institutional and human capabilities in ES and coordination.<br>▪ Implement community-based surveillance.<br>▪ Strengthen border surveillance.<br>▪ Allocate resources for ES and epidemic response.<br>▪ Adapt communications to socio-anthropological aspects.<br>▪ Strengthen communication for routine immunisation, to better raise awareness about the immunisation schedule and combat dropout.<br>▪ Allocate resources for the implementation of the routine EPI communication and social mobilisation plan.<br>▪ Investigate the negative dropout rates.<br>▪ Investigate the factors involved in IC differences between the first, second and third doses of PCV-13 during the 2018 introduction and draw the lessons learned.<br>▪ Investigate the reasons for the very low MR2 coverage.<br>▪ Investigate the reasons for the deviations between the antigens given at the same age.<br>▪ Investigate the success factors of DDSs with good performance.<br>▪ Ensure a high-quality daily offer of immunisation services.<br>▪ Direct outreach strategies towards meeting places (churches, markets, etc.).<br>▪ Update the manual of EPI standards and procedures, print it, develop training modules and train service providers.<br>▪ Increase support for paying for the FHTs.<br>▪ Set up the central and departmental databases for micro-planning.<br>▪ Ensure the replication of tools (guides, supervision sheets, etc.)**.** |
| Expected outputs / results | See work plan |
| Associated timeline | See work plan |
| Required resources / support and TA | **(*Partner)* (PEF TCA)**<br>▪ **Strengthen Epidemiological AEFI monitoring**<br>➢ Allocate resources for ES and epidemic response.<br>▪ **Strengthen communication and social mobilisation for routine EPI**<br>➢ Adapt communications to socio-anthropological aspects.<br>➢ Strengthen communication for routine immunisation to better raise awareness about the immunisation schedule and combat dropout.<br>▪ **Improve the supply and quality of immunisation services**<br>➢ Investigate the negative dropout rates.<br>➢ Investigate the factors involved in IC differences between the first, second and third doses of PCV-13 during the 2018 introduction and draw the lessons learned.<br>➢ Investigate the reasons for the very low MR2 coverage.<br>➢ Investigate the reasons for the deviations between the antigens given at the same age.<br>➢ Update the manual of EPI standards and procedures, print it, develop training modules and train service providers.<br>➢ Set up the central and departmental databases for micro-planning.<br>➢ Ensure the replication of tools (guides, supervision sheets, etc.). |
| **Key finding / Action 2** | **Improve the supply chain and the cold chain at the national level through Effective Vaccine Management** |
| Current response | ▪ 2.1.1 Renovate the space that is supposed to house the cold room in the Sud department.<br>▪ 2.1.2 Install a solar cold room in the Sud department.<br>▪ 2.1.3 Purchase 5 vehicles (3 in 2019 and 2 in 2020) to supply vaccines to the institutions. |

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| | ▪ 2.1.4 Maintain and repair new vehicles.<br>▪ 2.1.5 Maintain and repair existing vehicles.<br>▪ 2.1.6 Train providers (pharmacists, storekeepers, assistants, managers) in EPI logistics tools (VSSM).<br>▪ 2.1.7 Supervise users of logistics tools.<br>▪ 2.1.8 Provide the institutions with vaccines and supplies. |
| Agreed country actions | ▪ Review the process of triggering vaccine co-financing with UCNPV – Gavi – RF/PAHO – DAB – UEP.<br>▪ Require PCV vaccines from suppliers (CC management problem).<br>▪ Ensure monitoring of the RF/PAHO mission in April 2019 (estimates, purchases, customs clearance procedures to MoH, etc.).<br>▪ Outsource the clearance of vaccines and consumables through customs (forwarding agent) to limit clearance delays and the risk of stockouts.<br>▪ Involve the DDSs in programme integration and human and material resource pooling (statisticians, accountants, vehicles, etc.).<br>▪ Involve pharmacists in vaccine management at the DDS level through collaboration with the DPM/MT.<br>▪ Review CCT profiles and ensure their training.<br>▪ Conduct a joint study/supervision on the correlation between vaccine availability/ use and immunisation coverage at DDS level.<br>▪ Assess vaccine storage capacity at the national level and study the possibility of changes in packaging.<br>▪ Conduct a study on temperature monitoring to define distribution circuits.<br>▪ Make stock management tools available and train warehouse keepers on good practices in stock management.<br>▪ Ensure remote temperature monitoring in cold chain equipment.<br>▪ Review PMT ToRs with regard to the CCEOP, strengthen coordination, and document the stages of the process.<br>▪ Ensure training in preventive and corrective maintenance.<br>▪ Create a maintenance unit with spare parts at the UCNPV level.<br>▪ Strengthen vaccine management integration at SNADI.<br>▪ Mobilise funds for the EVM improvement plan and coordinate its implementation with PAHO/PROMESS, UNICEF and the MoH.<br>▪ Ensure fuel and reimburse drivers for supplies (since these were not taken into account in HSS2 budgeting).<br>▪ LogiVac/Health Logistics training. |
| Expected outputs / results | See work plan |
| Associated timeline | See work plan |
| Required resources / support and TA | **(*Partner)* (PEF TCA)**<br>▪ **Strengthen the supply chain, logistics and the cold chain**<br>➢ Require PCV vaccines from suppliers (CC management problem).<br>➢ Ensure monitoring of the RF/PAHO mission in April 2019 (estimates, purchases, customs clearance procedures to MoH, etc.).<br>➢ Outsource the clearance of vaccines and consumables through customs (forwarding agent) to limit clearance delays and the risk of stock-outs.<br>➢ Conduct a joint study/supervision on the correlation between vaccine availability/use and immunisation coverage at DDS level.<br>➢ Ensure remote temperature monitoring in cold chain equipment. |
| **Key finding / Action 3** | **Strengthen national immunisation programme management and coordination to make it more effective and efficient, in order to better serve the target population and improve immunisation coverage and equity** |
| Current response | **3.1 Strengthen the organisation and managerial capacities of the UCNPV, NIP coordinators, departmental directorates and BCSs**<br>▪ 3.1.1. Evaluate training needs.<br>▪ 3.1.2. Develop a training plan.<br>▪ 3.1.3. Organise training workshops.<br>**3.2 Improve coordination among the partners**<br>▪ 3.2.1. Develop the AOP in 2019 and the annual NIP assessment meetings. |

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| | ▪ 3.2.2. Hold monitoring meetings with the partners: 1 ICC meeting every 6 months, 12 TC-NIP meetings, 2 NITAG meetings.<br>**3.3 Improve financial management at UCNPN and DDS levels**<br>▪ 3.3.1. Organise training workshops to strengthen the role and operation of public sector accountants, administrators and departmental managers.<br>**3.4 Strengthen management at the local level (UAS/UCS)**<br>▪ 3.4.1. Organise training workshops at the district level.<br>▪ 3.4.2. Equipment purchase and distribution.<br>▪ 3.4.3. Organise community meetings at the district level, to promote ownership of the community health component by the administrative units. At the same time, ensure community participation and the acknowledgement of the BCS/UAS as an extension of MoH central services.<br>**3.5. Improve data availability**<br>▪ 3.5.1. Train providers (aides, nurses, agents, etc.) in SYSPEV.<br>▪ 3.5.2. Organise supervision visits in the DDSs and health institutions.<br>▪ 3.5.6. Replicate and distribute the data collection tools.<br>**3.6. Improve data quality**<br>▪ 3.6.1. Conduct the DQS in 2019.<br>▪ 3.6.2. Prepare and establish a data management improvement plan based on the outcomes and recommendations of the DQS.<br>▪ 3.6.3. Implement the improvement plan.<br>**3.7. Improve epidemiological surveillance**<br>▪ 3.7.1. Strengthen active search, proper investigation, and monitoring of VPD cases.<br>▪ 3.7.2. Acquire sample collection kits and laboratory reagents and ensure means of transport for confirmation. |
| **Agreed country actions** | ▪ Prepare a management plan for emergencies and resilience allowing for immunisation service continuity in case of socio-political turmoil and natural catastrophes.<br>▪ Conduct a financial viability study of the EPI.<br>▪ Specify the target populations for immunisation.<br>▪ Integrate all the institutions providing immunisation in the SISNU.<br>▪ Hire/redeploy sufficient and qualified staff.<br>▪ Ensure continuous and degree training to create a core capable of managing the EPI at all levels of the health system, and make the necessary provisions to retain personnel after training.<br>▪ Organise exchange visits with French-speaking countries to share experiences.<br>▪ Evaluate cMYP 2016–2020 and prepare that of 2021–2025.<br>▪ Conduct joint planning involving all the players in the EPI (DELR, UEP, DAB, DPM/MT, DPSSE, DDSs and FTPs) and ensure programme monitoring and regular financing (PO 2020).<br>▪ Review partner TECHNICAL support (accompaniment).<br>▪ Involve the DDS in EPI management and coordination.<br>▪ Allocate funds for monitoring financial management and the implementation of Gavi requirements for grant management.<br>▪ Reallocate the TA not implemented for 2018.<br>▪ Finance the gaps of PO 2019 UCNPV.<br>▪ Ensure follow-up on the PAHO/WDC mission of April 2019 regarding data quality.<br>▪ Ensure the financing of DQS 2019 and the preparation and implementation of its improvement plan.<br>▪ Ensure TECHNICAL support for the data managers at the DDS level in data analysis (training and monitoring).<br>▪ Prepare the framework tools for data analysis at DDS level (monitoring guide).<br>▪ Integrate EPI performance indicators into the SISNU for improved monitoring (timeliness, vaccine wastage rate, vaccine consumption, AEFIs).<br>▪ Reproduce the programme management tools and make them available. |
| Expected outputs / results | See work plan |
| Associated timeline | See work plan |

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| Required resources / support and TA | **(*Partner)* (PEF TCA)**<br>▪ **Improve EPI planning, management and coordination**<br>➢ **Prepare a management plan for emergencies and resilience allowing for immunisation service continuity in case of socio-political turmoil and natural catastrophes.**<br>➢ **Specify the target populations for immunisation.**<br>➢ **Integrate all the institutions providing immunisation in the SISNU.**<br>➢ **Ensure continuous and degree training to create a core capable of managing the EPI at all levels of the health system and make the necessary provisions to retain personnel after training.**<br>➢ **Evaluate cMYP 2016 – 2020 and prepare that of 2021 – 2025.**<br>➢ **Allocate funds for monitoring financial management and the implementation of Gavi requirements for grant management.**<br>➢ **Plan for implementation of TA activities not implemented for 2018/2019 cycle.**<br>▪ **Strengthen the EPI information system and data management**<br>➢ **Ensure follow-up on the PAHO/WDC mission of April 2019 regarding data quality.**<br>➢ **Ensure the financing of DQS 2019 and the preparation and implementation of its improvement plan.**<br>➢ **Ensure TECHNICAL support for the data managers at the DDS level in data analysis (training and monitoring).**<br>➢ **Prepare the framework tools for data analysis at DDS level (monitoring guide).**<br>➢ **Replicate the programme management tools and make them available.** |

## Points of action and key recommendations of the Joint Appraisal

| | **Points of action** |
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| EPI programme planning, management and coordination. | ▪ Prepare a management plan for emergencies and resilience allowing for immunisation service continuity in case of socio-political turmoil and natural catastrophes.<br>▪ Conduct a financial viability study of the EPI.<br>▪ Specify the target populations for immunisation.<br>▪ Integrate all the institutions providing immunisation in the SISNU (DHIS2).<br>▪ Hire/redeploy sufficient and qualified staff.<br>▪ Ensure continuous and degree training to create a core capable of managing the EPI at all levels of the health system and make the necessary provisions to retain personnel after training.<br>▪ Organise exchange visits with French-speaking countries to share experiences.<br>▪ Evaluate cMYP 2016–2020 and prepare that of 2021–2025.<br>▪ Conduct joint planning involving all the players in the EPI (DELR, UEP, DAB, DPM/MT, DPSSE, DDSs and FTPs) and ensure programme monitoring and regular financing (PO 2020).<br>▪ Review partner TECHNICAL support (accompaniment).<br>▪ Involve the DDS in EPI management and coordination.<br>▪ Allocate funds for monitoring financial management and the implementation of Gavi requirements for grant management.<br>▪ Finance the gaps of PO 2019 UCNPV. |
| | Key recommendations |

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| | ▪ Prepare a management plan for emergencies and resilience allowing for immunisation service continuity in case of socio-political turmoil and natural catastrophes.<br>▪ Specify the target populations for immunisation.<br>▪ Integrate all the institutions providing immunisation in the SISNU.<br>▪ Ensure continuous and degree training to create a core capable of managing the EPI at all levels of the health system and make the necessary provisions to retain personnel after training.<br>▪ Evaluate cMYP 2016–2020 and prepare that of 2021–2025.<br>▪ Allocate funds for monitoring financial management and the implementation of Gavi requirements for grant management.<br>▪ Plan for implementation of TA activities not implemented for 2018/2019 cycle. |
| Epidemiological surveillance of VPDs. | **Points of action** |
| | ▪ Strengthen institutional and human capabilities in ES and coordination.<br>▪ Implement community-based surveillance.<br>▪ Strengthen border surveillance.<br>▪ Allocate resources for ES and epidemic response. |
| | **Key recommendations** |
| | ▪ Allocate resources for ES and epidemic response. |
| Demand generation | **Points of action** |
| | ▪ Adapt communications to socio-anthropological aspects.<br>▪ Strengthen communication for routine immunisation to better raise awareness about the immunisation schedule and combat dropout.<br>▪ Allocate resources for the implementation of the routine EPI communication and social mobilisation plan. |
| | **Key recommendations** |
| | ▪ Adapt communications to socio-anthropological aspects.<br>▪ Strengthen communication for routine immunisation to better raise awareness about the immunisation schedule and combat dropout. |
| Offer in immunisation services | **Points of action** |
| | ▪ Investigate the negative dropout rates.<br>▪ Investigate the factors involved in IC differences between the first, second and third doses of PCV-13 during the 2018 introduction and draw the lessons learned.<br>▪ Investigate the reasons for the very low MR2 coverage.<br>▪ Investigate the reasons for the deviations between the antigens given at the same age.<br>▪ Investigate the success factors of DDSs with good performance.<br>▪ Ensure a high-quality daily offer of immunisation services.<br>▪ Direct outreach strategies towards meeting places (churches, markets, etc.).<br>▪ Update the manual of EPI standards and procedures, print it, develop training modules and train service providers.<br>▪ Increase support to pay for the FHTs.<br>▪ Set up the central and departmental databases for micro-planning.<br>▪ Ensure the replication of tools (guides, supervision sheets, etc.). |
| | **Key recommendations** |
| | ▪ Investigate the negative dropout rates.<br>▪ Investigate the factors involved in IC differences between the first, second and third doses of PCV-13 during the 2018 introduction and draw the lessons learned.<br>▪ Investigate the reasons for the very low MR2 coverage.<br>▪ Investigate the reasons for the deviations between the antigens given at the same age.<br>▪ Update the manual of EPI standards and procedures, print it, develop training modules and train service providers. |

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| | ▪ Set up the central and departmental databases for micro-planning.<br>▪ Ensure the replication of tools (guides, supervision sheets, etc.). |
| Supply, logistics and cold chain. | **Points of action** |
| | ▪ Review the process of triggering vaccine co-financing with UCNPV – Gavi – RF/PAHO – DAB – UEP.<br>▪ Require PCV vaccines from suppliers (cold chain management problem).<br>▪ Ensure monitoring of the RF/PAHO mission in April 2019 (estimates, purchases, customs clearance procedures to MoH, etc.).<br>▪ Outsource the clearance of vaccines and consumables through customs (forwarding agent) to limit clearance delays and the risk of stockouts.<br>▪ Involve the DDSs, to achieve programme integration and human and material resource pooling (statisticians, accountants, vehicles, etc.).<br>▪ Involve pharmacists in vaccine management at the DDS level, through collaboration with the DPM/MT.<br>▪ Review CCT profiles and ensure their training.<br>▪ Conduct a joint study/supervision on the correlation between vaccine availability/ use and immunisation coverage at the DDS level.<br>▪ Assess vaccine storage capacity at the national level and study the possibility of changes in packaging.<br>▪ Conduct a study on temperature monitoring to define distribution circuits.<br>▪ Make stock management tools available and train warehouse keepers in good practices in stock management.<br>▪ Ensure remote temperature monitoring in cold chain equipment.<br>▪ Review PMT ToRs with regard to the CCEOP, strengthen coordination and document the stages of the process.<br>▪ Ensure training in preventive and corrective maintenance.<br>▪ Create a maintenance unit with spare parts at the UCNPV level.<br>▪ Strengthen vaccine management integration at SNADI.<br>▪ Mobilise funds for the EVM improvement plan and coordinate its implementation with PAHO/PROMESS, UNICEF and the MoH. |
| | **Key recommendations** |
| | ▪ Require PCV vaccines from suppliers (cold chain management problem).<br>▪ Ensure monitoring of the RF/PAHO mission in April 2019 (estimates, purchases, customs clearance procedures to MoH, etc.).<br>▪ Outsource the clearance of vaccines and supplies through customs (forwarding agent) to limit clearance delays and the risk of stockouts.<br>▪ Conduct a joint study/supervision on the correlation between vaccine availability/ use and immunisation coverage at the DDS level.<br>▪ Ensure remote temperature monitoring in cold chain equipment. |
| Information system and data management | **Points of action** |
| | ▪ Ensure follow-up on the PAHO/WDC mission of April 2019 regarding data quality.<br>▪ Ensure the financing of DQS 2019 and the preparation and implementation of its improvement plan.<br>▪ Ensure TECHNICAL support for the data managers at the DDS level in data analysis (training and monitoring).<br>▪ Prepare the framework tools for data analysis at the DDS level (monitoring guide).<br>▪ Integrate EPI performance indicators into the SISNU for improved monitoring (timeliness, vaccine wastage rate, vaccine consumption, AEFIs).<br>▪ Replicate the programme management tools and make them available. |
| | **Key recommendations** |
| | ▪ Ensure follow-up on the PAHO/WDC mission of April 2019 regarding data quality.<br>▪ Ensure the financing of DQS 2019 and the preparation and implementation of its improvement plan.<br>▪ Ensure TECHNICAL support for the data managers at the DDS level in data analysis (training and monitoring).<br>▪ Prepare the framework tools for data analysis at DDS level (monitoring guide).<br>▪ Replicate the programme management tools and make them available. |

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

- The Haiti ICC meets Gavi requirements. It was officially created by Ministry circular, is chaired by the Minister of Health, and includes among its members – in addition to the central MoH directorates concerned – the Ministry of Finance, the Ministry of Social Affairs and Labour, the Ministry of Women's Status and Rights, civil society, the private sector, and bilateral and multilateral partners. It meets quarterly, except when the socio-political situation of the country does not allow. The EPI coordination structure is under transition in view of the new recommendations from the Ministry of Planning and Cooperation.
- The Joint Appraisal took place as follows:
  - Evaluation framework sent by Gavi.
  - Preparatory meetings between the MoH and its technical and financial partners.
  - Establishment of a committee to draft the report.
  - Distribution of preliminary version and integration of remarks.
  - Meeting to endorse the preliminary report.
  - Dispatch to Gavi.
  - Integration of Gavi remarks and collective endorsement of the final report during the JA meeting that took place from 27 to 29 August 2019 in Port-au-Prince, Haiti.
  - Endorsement of the report by the ICC, which met on 30 August 2019 **(see minutes and list of participants in Annex).**

## 9. APPENDIX: Compliance with Gavi reporting requirements

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

*In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.*

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