The Vaccine Alliance

Joint Appraisal (JA) Report Update 2019

Country	Mauritania
Full JA or JA update	☐ Full JA ☑ **JA update**
Date and location of Joint Appraisal meeting	
Participants / affiliation	Ministry of Health, WHO, UNICEF; Gavi, CDC, EpiLinks, see list of attendees in annex
Reporting period	2018 – 2019
Fiscal period	2018 – 2019
Comprehensive Multi Year Plan (cMYP) duration	2016 – 2020
Gavi transition / co-financing group	Co-financing

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	N/A ☐
HSS renewal request	Yes ☐	No ☐X	N/A ☐
CCEOP renewal request	Yes ☐	No ☐	N/A ☐X

2. GAVI GRANT PORTFOLIO

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

Introduced / Campaign	Date	2018 Coverage (WUENIC) by dose	2019 Target		Approx. Value $	Comment
			%	Children		

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

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

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

	Programme	Expected application year	Expected introduction year
Indicative interest to introduce new vaccines or request HSS support from Gavi	HPV vaccine	2018	2019
	2nd dose of MR vaccine	2019	2020

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

Intermediate results indicator	Objective	Actual
Insert		

Intermediate results indicator	Objective	Actual
Insert		
Comments		

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

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

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

The lack of rainfall during 2017 and 2018 has unquestionably impacted lifestyles and overall health, specifically in rural communities. Populations were displaced to seek pasturelands, water sources or alternative employment.

At the institutional level, a series of municipal, legislative and regional elections took place during September 2018. In addition, the country recently held presidential elections on 22 June 2019, resulting in the election of a new president after the first round. This led to mild protests, specifically in the cities of Nouakchott and Nouadhibou.

Since the last joint appraisal, the country has not been identified by Gavi as fragile, although repercussions from the socio-political context have resulted in Malian refugees (approximately 56,000) remaining in Bassiknou. However, certain partners (MSF) have withdrawn.

From an epidemiological perspective, the country experienced a measles epidemic at the end of 2018. In total, 226 cases were recorded, 74 of which tested positive in a laboratory. The measles outbreak began on 28 December 2018 and has not yet definitively ended. This epidemic has been essentially halted through combined efforts. Sporadic cases are still being observed. This situation is detailed below in point 5.2.

Mauritania has been certified as polio-free since 2007 but saw new imported cases of Wild Polio Virus (WPV) between October 2009 and April 2010. Due to combined efforts by all stakeholders, transmission was halted in April 2010. The last case was in 29 April 2010 in the Amourj moughataa (HodhEchargui wilaya) on the border with Mali, confirmed on 2 May 2010. No new cases have been recorded since this date. However, surveillance performance has been poor, because the country has not yet reached the non-polio AFP rate required by the certification criteria; the rate is 1.9/100,000 for children 15 years and younger. Some regions have not reported for more than two years. The polio committees have experienced disfunction and, as a consequence, only 8 out of 19 cases classified as AFP were reported in July 2018. The country risks losing its polio-free status if urgent measures—and specifically recommendations resulting from the surveillance review that took place in May 2018—are not implemented.

Following approval of the national strategy for accelerated growth and sustainable development (2016 - 2030 SCADD) and putting in place implementation and monitoring mechanisms, a sectoral coordinating committee for the health component was created and made operational. Regional councils are expected to be activated and play an important role in decentralising to implement SCADD at the regional level (RSCADD).

The 2030 National Health Policy and the 2017 - 2020 National Health Plan were developed using a MTEF and a monitoring and evaluation plan. An agreement was signed by the government and the primary TFPs and it defined, among other items, creation of pooled funding as one of the methods for managing external financing. Within this framework, a technical committee that includes representatives from the Ministry of Health (MOH), the Ministry of

Economy and Finance (MEF), Ministry of Social Affairs, Children and Families (MASEF), TFPs and other stakeholders, was recently created to implement the roadmap resulting from the pooled funding feasibility analysis that took place in the first half of the year with support from the EU.

Structural projects are in progress within the health sector. These include:

i) Performance-based funding (PBF) pilot in the two regions of Guidimakha and Hodh El Gharbi, with support from the World Bank. A report on first quarter 2019 progress has just been published. For example, it shows that the percentage of fully immunised children (FIC) in these two regions rose from 31% in January to 61% in March. It also shows that the two regions will receive an additional MRU 23,841,953, more than 50% of their budgets, due to the purchase of their performance.
ii) Universal Health Coverage with the support of Coopération Technique Belge (CTB),
iii) DHIS2 is currently being piloted with technical support from WHO with a view toward making it more widely available using support from several partners. The process of making it more widely available is in progress so that DHIS2 can be implemented starting at the end of 2019.

In addition to these projects, a joint project (Global Fund, Gavi, UNICEF) to deploy 500 community health workers (CHWs) was launched to make the community approach operational in areas that do not have health facilities. A total of 223 CHWs have been trained so far and 108 of them have been given kits and set up in their respective villages.

Finally, a new social registry project was launched by the Tadamoun agency to, on a national scale, identify, the 150,000 most disadvantaged households. More than 30,000 poor households are already covered by the cash transfer and the social promotion activities led through the Tekavoul programme in eight departments in four of the country's regions.

Related to administrative divisions, two new moughataas (districts) were created in 2018: Ghabou in Guidimakha – located in the eastern part of the country on the border with Mali (Sélibabi was divided into two moughataas) - and Benichab in the wilaya of Inchiri, resulting in a total of 57 moughataa within 15 regions. Note that the number of regions also increased when Nouakchott was divided into three separate regions.

4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

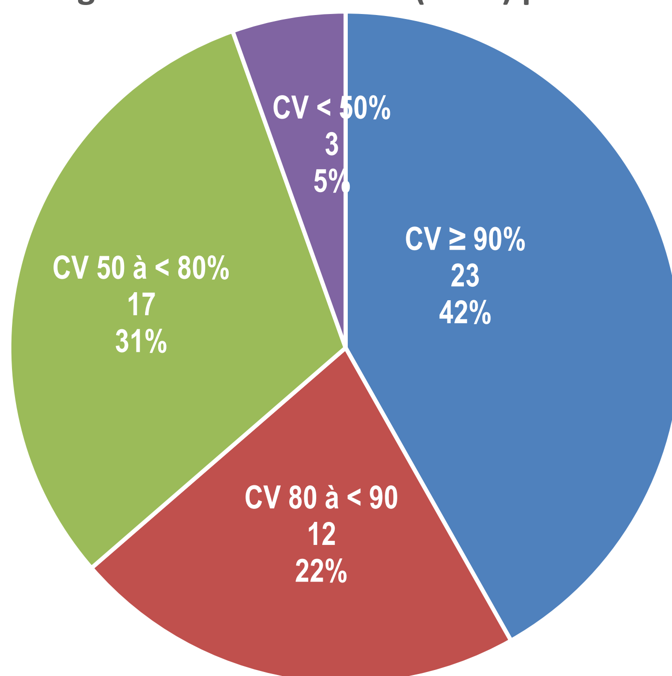
The JA update does not include this section.

Immunisation coverage (IC) and equity:

During the last decade, IC rose from 64% for Penta3 in 2009 to 89% in 2017. Despite this consistent progress, coverage did regress in 2018 as compared to 2017, dropping from 89% for Penta3 in 2017 to 85% in 2018. This coverage rate includes the Malian refugees in the moughataa of Basseknou in the eastern part of the country. This refugee situation is not under control; most have left the moughataa and their movements are not traceable. A large number are thought to have returned to Mali.

The Penta3 IC for the country's 55 moughataas existing in 2018 breaks down as follows: 35 (63.6%) have a Penta3 IC equal or greater than 80%; 23 have an IC greater than the national objective of 90%; 17 (30.9%) have a Penta3 IC between 50% and 80% ; and 3 (5.4%) recorded an IC lower than 50%. The demographic weight of the latter three is very low (the number of children under one year old in the three moughataas represents 0.7% of the national target population). As a result, this does not affect the national IC level but is important for equity in that this population, even if small in number, is most often found in areas that are difficult to access.

Moughataa Health Centre (MHC) performance in 2018



At the national level, there is a uniform and essentially acceptable IC for antigens administered simultaneously. This overall uniformity hides disparities within certain moughataas that can be significant.

There were 21,861 under-immunised children in 2018, as opposed to 15,435 in 2017.

The distribution of under-immunised children in 2018 by wilaya is shown in the table below.

Distribution of under-immunised children in 2018 by wilaya:

Wilaya	Distribution of under-immunised children in 2018 by wilaya	
	Number	Percent (%)
Adrar	268	1%
Assaba	532	2%
Brakna	791	4%
NDB	718	3%
Gorgol	2,149	10%
Guidimakha	2,192	10%
HEC	2,556	12%
HEG	1,246	6%
Inchiri	145	1%
NkttNorth	4,119	19%
NkttWest	1,525	-7%
NkttSouth	5,802	27%
Tagant	160	1%
Tiris Zemmour	257	1%
Trarza	2,452	11%
Total	**21,861**	**100%**

The majority (68%) of these under-immunised children can be found in four wilayas: Nktt South (27%), Nktt North (19%), HEC (12%) and Trarza (11%). Another 20% are found in Gorgol and Guidimakha, showing that six wilayas account for 88% of under-immunised children.

It should be noted that 56% of these under-immunised children are located in the following six moughataas: Arafat (11%), Toujounine (11%), Selibaby (9%), Dar Naim (9%), El Mina (8%) and Riyadh (8%).

The 2019 IC was 91% for Penta3 and 80% for the MR vaccine in the first quarter.

Ranking of moughataa health centres according to first quarter 2019 performance

IC Level	Number of MHC	%
IC ≥ 90%	29	51%
IC 80 to < 90	11	19%
IC 50 to < 80%	13	23%
IC < 50%	4	7%
Total	**57**	**100%**

An in-depth assessment of data quality was conducted during 2018 with support from WHO. The DHIS2 introduced in 2017 will be used on a national scale this year; the NHIS and EPI are working in close collaboration to implement the DHIS2 to all health facilities nationwide. The TIP (Tailoring Immunisation programme) process was finalised, and feedback is expected soon.

Implementation of the RED approach in five pilot moughataas was continued in 2018 and extended to five additional moughataas with support from UNICEF, focusing in 2019 on improving data quality and specifically on immunisation coverage and equity to reach objectives.

Field visit observation:
The field visit – organised jointly by the Ministry of Health (EPI and DPCIS), WHO, Gavi and EpiLinks to assess the Ouad Naga and Magta-Lahjar moughataas – revealed significant deficiencies in certain areas of overall programme management and specifically in waste management and injection safety as well as inadequate worker skillsets.
These observations are summarised in the table below.

	Ouad Naga	Magta-Lahjar
Strengths	• Immunisation data up-to-date and proper use of DVDMT • All reports available • Management tools available • No vaccine or supply stockouts • Proper stock management at the MHC warehouse (register up-to-date) • Good quality PQ CCE and satisfactory • Regular monitoring of CCE temp and no alarms • IC monitoring diagram displayed • AAM organised • Drop-out rate within standard range	• Good IC overall • Management tools available • No vaccine or supply stockouts • Proper stock management at the MHC warehouse (register up-to-date) • PQ CCE in good condition and satisfactory • Existence of an operational temperature monitor in each refrigerator • Regular CCE temperature monitoring • AAM organised
Areas for improvement	• Persistently low IC (for all antigens) • No monitoring of vaccine usage in service provider facilities • Despite the existence of an IC monitoring diagram filled in with basic data, trends are not tracked	• No DVDMT_2019 • No IC monitoring diagram • High BCG-MR dropout rate • Existence of a nomadic population that is not well managed

	• HE sessions not held on a regular basis • No operational incinerator • Lack of data on target population • Personnel inadequately trained	• Measles epidemic (Dec. 2018 - Jan. 2019) • No monitoring of vaccine usage in service provider facilities • Poor waste management and no operational incinerator and • Personnel inadequately trained

5. PERFORMANCE OF GAVI SUPPORT

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

- ***Progress of the HSS grant implementation against objectives***, *budget and workplan, and significant deviations from plans (e.g. implementation delays, low expenditure rates, etc.),* ***using the below table***.

Objective 1	
Objective of the HSS grant (as per the HSS proposal or PSR)	O 1. By September 2022, increase the availability of skilled human resources in the ZCIs and central level coordinating entities.
Priority geographies / population groups or constraints to C&E addressed by the objective	23 moughataas Selected using the following criteria: - Low IC - Isolation - Poverty rates
% activities conducted / budget utilisation	1.2.1 Organising one training session on healthcare services and one service provider orientation workshop on primary health programme initiatives
Major activities implemented & review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	Implemented activities: Activities not implemented:
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes** in **technical assistance**)	
Objective 2:	
Objective of the HSS grant (as per the HSS proposal or PSR)	O 2. By September 2022, improve community participation and financial and technical transparency in ZCI health systems
Priority geographies / population groups or constraints to C&E addressed by the objective	ZCI
% activities conducted / budget utilisation	
Major activities implemented & review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	2.3.1 Organising nine regional participative development workshops for annual workplans included in ZCI budgets 2.4.1 Creating and printing procedures manual 2..4.6 Providing supplies for operations 2.4.3 Training for focal points in 23 moughataas on support document terminology and the PAF Manual Participant kits for various Gavi workshops
Major activities planned for upcoming period	Technical Assistance

(mention significant changes / budget reallocations and associated **changes** in **technical assistance**)	See TA table and contributions from other partners
Objective 3:	
Objective of the HSS grant (as per the HSS proposal or PSR)	O 3. By September 2022 strengthen basic health service coverage including immunisation, using the RED approach in ZCIs
Priority geographies / population groups or constraints to C&E addressed by the objective	Idem
% activities conducted / budget utilisation	
Major activities implemented & review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	3.1.3 Organising a 21-day training session for 150 CHWs in the ZCI
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes** in **technical assistance**	Install trained CHWs in their respective villages and provide them with medication kits as well as providing supervision from the moughataa teams. Key activities for making the investment in CHW training useful
Objective 4:	
Objective of the HSS grant (as per the HSS proposal or PSR)	O 4. By September 2022, increase the use of health services by stimulating demand.
Priority geographies / population groups or constraints to C&E addressed by the objective	**Idem**
% activities conducted / budget utilisation	
Major activities implemented & review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	4.1.1 Recruit a consultant to develop an NGO database for the ZCI and define the partnership framework
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes** in **technical assistance**)	
Objective 5:	
Objective of the HSS grant (as per the HSS proposal or PSR)	O 5. By September 2022, strengthen monitoring and evaluation and epidemiological surveillance capacity in the ZCIand at the national level
Priority geographies / population groups or constraints to C&E addressed by the objective	
% activities conducted / budget utilisation	
Major activities implemented & review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	5.9.1 Organising joint review of Gavi programme 5.8.4 Organising two training workshops on DHIS2 for NHIS and EPI focal points 5.8.5 Supplying collection and summary tools on a regular basis(reporting forms, registries and reports, etc.) 5.6.1 Organising two meetings of the technical committee for grant monitoring 5.7.2 Organising NSC-HS meetings to monitor implementation progress

	5.8.3 Implementing an integrated system for processing and sharing health information with DHIS2 in the ZCI
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes** in **technical assistance**)1	

Generally, the Gavi HSS2 grant has not been implemented effectively despite funds being available.

There are several relevant factors, including:

1. Revision of the workplan budget to include priority DAF activities and the time taken to manage the Gavi grant at the national level until no-objection status was obtained for the plan in question.
2. The DAF activities were deemed to be a priority and their implementation was a prerequisite for other activities to be executed to conserve funds.
3. Implementing these activities has taken a significant amount of time, especially developing the administrative and financial procedures manual.
4. It was also necessary to wait for regional focal points to be trained on the manual in question.
5. The HSS1 audit that was conducted and the resulting recommendations played an important role in demonstrating the necessity of implementing measures to conserve funds.

Thus there was not a significant implementation that allowed for a relevant, detailed analysis.

- *Achievements vis-à-vis agreed targets*
- *Role of public-private partnerships*
- *Complementarity and synergies with support from other donors*
- *Participation of civil society organisations (CSOs)*
- *Use of performance- and results-based funding*

Also note that:

- *implementation of Gavi support for HSS2 will help address the key drivers of low IC*
- *the selection of activities remains relevant, realistic and properly prioritised*
- *the activities budget planned for HSS2 will not need to be reallocated*

5.2. Performance of vaccine support

1. **Vaccine management**

National stocks are well managed with appropriate use of the SMT, and there were no stockouts of Gavi-supported vaccines during the period being considered. However, storage management and monitoring at the regional and peripheral levels are not well controlled. Few regional managers use the SMT to manage vaccine stock or injection supplies and the tool is not used at the moughataa level. Some stock managers use manual tools designed for this purpose, but the majority do not use them properly.

Significant measures are needed to resolve this critical problem.

These measures must include training and permanent support as well as revision of the immunisation guide so that it addresses stock management procedures at various levels of the health system and other new issues that arise.

2. Introduction of new vaccines

Since the previous appraisal, the country has not introduced new vaccines nor has it organised SIAs. But it has plans to introduce the HPV vaccine in November 2019 and the second dose of the MR vaccine at the beginning of 2020. Preparatory activities for the introduction of the HPV vaccine are in progress.

Activities include a study about the vaccine's acceptability to the population and development of a communications plan for introducing this vaccine. The vaccine order is in progress and two deliveries are expected, on the 8th and 15th of July 2019, the first is the quantity co-financed by the government and the second is funded through Gavi support.

The various committees (steering, technical and social mobilisation) responsible for preparing this introduction have created an activity timeline to be developed with assistance from Path, the NGO.

The actual introduction is planned for the beginning of next November.

It should be noted that the funding expected from Gavi for operational costs has not yet been made available to the country.

3. Measles situation

Measles incidence has significantly decreased, with no epidemic outbreaks from 2012 to 2018, following improved IC and organisation of monitoring and response SIAs in 2011 as well as catch-up SIAs in 2014 and 2018, with IC at around 94%.
Measles outbreaks were reported at the end of 2018 in certain areas in the Brakna and Trarza wilayas.
In total, 226 cases were reported, 74 of which have been confirmed since 28 December 2018 in the Magta-Lahjar moughataa and the outbreak has expanded to affect the Aleg and Boutilimit moughataas.
During the investigative missions, analysis of the data collected showed that the first confirmed case dates to 6 December 2018 while the beginning of the outbreak dates to 25 November 2018. This case may likely have been infected around 7 November 2018 and was likely the beginning of the current outbreak.
This epidemic has raged in Mauritania since November 2018, and as of today, 226 cases have been reported in the aforementioned areas.
Circulation of the virus intensified at the end of December, with more than 100 cases reported between December 2018 and January 2019. The epidemic's trend shows most cases occurred during the third week of 2019 (54 cases), with some exceptions: in Magta-Lahjar most cases occurred during the 52nd week of 2018 (20 cases), in Boutilimit during the third week of 2019 (20 cases), and in Aleg during the third week of 2019 (23 cases).
This outbreak originated in a nomadic encampment located 25 km to the north of Magta-Lahjar (the index case is a 55-year old shepherd living in Evegoume). Two other outbreaks affected other nomadic areas during September / October 2018. One was located 70 km north of Mal au Brakna, and the other was located 40 km to the north of Boutilimitt in Trarza, but the surveillance system did not detect these epidemics.
Overall, the most affected age group is people over 15 years old (139 cases, 62.33%) in three moughataas . The age-specific rate of reported cases for children 12 months to 14 years is 26.45%, and for children under one year it is 11.21%.
Only 45 of the 226 reported cases (20%) had received a single vaccine dose for measles, in contrast to 178 (79.82%) who were not immunised. It is important to note that maintaining immunisation cards is very uncommon in the country in general and information is based on verbal confirmation.
It should be noted that as of today, cases continue to be reported in the districts of Magta-Lahjar (Brakna) Boutilimitt (Trarza), Housseiniya (Tagant), and Guerou and Ghayra (Assaba); however, it is difficult to follow the epidemic's evolution due to the lack of information being communicated regularly by the districts, and the weak capacity to investigate cases as well as the situation in the field.

Laboratory results are available for the period from 2018 week 51 as well as 2019 weeks 1-3. These results mainly come from the moughataas of Aleg, Boutilimit and Magta-Lahjar.
Seventy-four of the 226 cases reported in the three moughataas were confirmed in the laboratory.
Most of the measles cases recorded during the ongoing outbreak are in the moughataas of Magta-Lahjar, Boutilimit and Aleg. Some suspected cases were recorded sporadically in the moughataas of Moudjria (Tagant) and Guerou (Assaba), Nouakchott, and Adel Bagrou (HodhChargui).
The measures taken to combat this epidemic can be summarised as follows:

1. Organising investigative field missions that bring together the relevant departments from the Ministry and WHO
2. Organising SIAs to address the first outbreak in Magta-Lahjar

3. Immunisation in areas surrounding the area where the cases were reported
4. Developing a response plan to include strengthening epidemiological surveillance as well as organising SIAs in the three moughataas of Boutilimitt, Aleg and Magta-Lahjar

4. Mobilised resources

The resources mobilised during this current appraisal are shown in the table below.

Year	ACTIVITIES	Funding Source					
		Government	WHO	UNICEF	Gavi	Total (MRU)	Total (US$)
S2 2018	Staff training on EPI management in Guidimakha		286,500			**286,500**	**7,851**
	Training EPI regional focal points (RFP)		445,800			**445,800**	**12,217**
	Training workshop on dropouts		157,250			**157,250**	**4,309**
	Data quality assessment mission		1,064,100			**1,064,100**	**29,161**
	CCEOP (platform)	20,900,000				**20,900,000**	**572,760**
S1 2019	ICP training on EPI management		313,992			**313,992**	**8,605**
	MCM and RFP training in Trarza and Brakna wilayas on DHIS2		356,750			**356,750**	**9,777**
	Qualitative study on immunisation in Mauritania		466,000			**466,000**	**12,771**
	Supervision of coach trainers on ICP in RED moughataas			56,000		**56,000**	**1,535**
	Coach supervision on ICP in RED moughataas July 2019			358,080		**358,080**	**9,813**
	Resupply and distribution of vaccines and EPI management tools			134,200		**134,200**	**3,678**
	Support for equity analysis microplan			2,700,380		**2,700,380**	**74,003**
	Nouakchott IC improvement pan			2,252,762		**2,252,762**	**61,736**
	Technical Assistance			430,582		**430,582**	**11,800**
	NOB staff technical assistance			1,154,457.484		**1,154,457**	**31,638**
	Vaccine procurement	30,000,000			119358000	**149,358,000**	**4,093,121**
	SIA response to measles in Magta-Lahjar MHC	432,640				**432,640**	**11,856**
	Government's operating budget	2,607,400				**2,607,400**	**71,455**
Total in MRU		**53,940,040**	**3,090,392**	**7,086,461**	**119358000**	**183,474,893**	**5,028,087**
Total in US$		**1,478,214**	**84,691**	**194,203**	**3270978**	**5,028,087**	
Rate		**29.40%**	**1.68%**	**3.86%**	**65.05%**	**100%**	

5.3. Performance of Gavi CCEOP support

The request for support for the cold chain equipment optimisation platform (CCEOP) submitted by Mauritania to the Gavi Secretariat in September 2017 was approved with a decision letter dated 20 April 2018.
It was agreed that the programme would be implemented and all equipment purchased in 2019 for a total of US$ 1,190,767.46, co-financed equally by Gavi and the country Purchases made:
- Refrigerators equipped with coolant tubes (ILR) without freezers: 205 units
- Freezers: 41 units
- Solar refrigerators (SDD) without freezers: 151 units
- Temperature control devices (30-day logging devices): 512 units
- Freeze-free vaccine carriers: 1024 units
- Freeze-free coolers: 350 units
- Spare parts: 81 standard kits

This process includes three large phases and supporting measures:

1. Phase I: **Request and approval of the CCEOP**
    - WHO desk review (Completed)
    - IRC Review (Completed)
    - Gavi approval (Completed)
    - Gavi delivers a decision letter to the country (Completed)
    - Gavi submits an authorised timeframe to the UNICEF's Supply Division (UNICEF SD) (Completed)
2. Phase II: **Purchase planning**
    - The Ministry of Health submits an operational deployment plan to UNICEF SD (Completed)
    - The UNICEF SD orders a service package and develops a costed operational plan (Technical assessment of local Vestfrost representative (vendor) carried out). WHO PQS technical assessment quarantined eight CCE models from this provider, three of which are in the order. This is because they have very low temperatures that can lead to freezing, so the procurement process is blocked until this ban is lifted. Action to be taken: either wait for he WHO PQS results while pursuing the procurement process with Vestfrost, or research another provider and start the process over again (call for tenders).
    - If the process is restarted, UNICEF will propose alternative providers for the categories of products required in Mauritania. This will require technical confirmation from EPI and a call for tenders to choose the manufacturer. This would take around eight to nine weeks, before sharing a costed operational plan from the manufacturer. After that, government and Gavi approval, the transfer of funds and placing orders will add an additional six weeks to the process. Deployment will last until 2020
    - Gavi approves the costed operational plan (Not completed)
    - The Ministry of Health endorses the costed operational plan (Not completed)
    - UNICEF SD sends a cost estimate to the Ministry of Health (Not completed)
    - The Ministry of Health accepts the cost estimate and transfers its contribution to the joint investment to UNICEF SD (Not completed); the contribution is disbursed in advance for the entire project except 8.5% in SD fees
    - Gavi transfers its joint contribution to UNICEF SD (Not completed)
    - Put project management team in place (two meetings already held)
3. Phase III: **UNICEF internal process**
    - UNICEF SD submits order (Not completed)
    - UNICEF SD hires a local provider for monitoring and evaluation (M&E) (Not completed)
    - UNICEF SD / country office monitors delivery and installation (Not completed)
    - The country office certifies invoices and sends them for payment (Completed)

UNICEF's support to EPI is to assist with the CCEOP process by making country and regional office staff available to collaborate with SD staff to complete the mission
A consultant will be recruited to design a surveillance and preventive maintenance for solar refrigerators at the community level.

5.4. Financial management performance

- HSS2 financial management in 2019 experienced what was effectively a brake.
- Due to concern about conserving funds and after DAF approved priority activities, which took some time, and specifically after the HSS2 audit operations for which DAF developed the procedures manual.
- ZCI focal points had to first be trained on the administrative and financial procedures manual before effectively relaunching the programme; activities will rapidly be implemented in the coming weeks now that all the safeguards are in place as required for proper performance of financial and programme management.
- Despite the financial management problems, certain activities were implemented for a total amount of MRU 10,275,848 (US$ 293,295)—an annual implementation rate of close to 43%, keeping in mind that it is still the first year of implementation. The annual action plan (Year 1) is US$ 689,705.

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

N/A

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

With Gavi support, through TCA, UNICEF has provided two forms of technical assistance: (i) UNICEF staff

- An international expert was hired as P4 Health Manager and will be in place as of 1August: her duties will include strengthening the integrated and comprehensive national planning process and monitoring the health sector development plan, while taking into account contributions from Gavi, the Global Fund, and other funding (EU, World Bank, AFD). Coordinating forums for policy dialogue and sectoral coordination such as the technical ICC committee, HSCC and HSS; developing and monitoring the operational framework for HSS / Gavi grants. Implementing operational monitoring, documentation and sharing experiences related to strengthening EPI performance and basic health services at the decentralised level (regional planning, coordination and monitoring approach, community approach, communication related to immunisation, immunisation equity, etc.). And coordinating UNICEF's technical input in immunisation areas and strengthening health systems, with specific attention given to equity and areas with low coverage.

Three national staff members:

- An NOB expert national manager specialising in immunisation since XX 2019, whose duties are:
    - 1) supporting the national EPI team, the DRAS and the health districts to develop annual workplans founded on factual data and focused on eliminating bottlenecks and strengthening performance;
    - 2) helping the central EPI districts and RED districts organise quarterly monitoring sessions on availability and immunisation service coverage (data collection, identifying children who have not been immunised, analysing bottlenecks, implementing / monitoring corrective action, writing quarterly reports);
    - 3) ensuring that improvements to effective vaccine management (EVM) take place; supporting implementation of the CCEOP project;

  - 4) ensuring implementation and documentation of the Reach Every Community (REC) approach in 10 districts and specifically in the regions of Guidimakha, Hodh ECharghi and Assaba and in the area around the city of Nouakchott.
- A C4D NOB communications specialist for six months whose mission is to:
  - 1) support the update / development and implementation of specific communication plans (routine EPI, HPV vaccine introduction, polio-prevention SIAs, crisis communication plan for outbreaks and AEFIs) including strategies targeting special populations and those living in areas that are difficult to access;
  - 2) support qualitative immunisation data collection and analysis, propose activities to promote immunisation and participate in implementing and monitoring activities;
  - 3) support integrating the promotion of immunisation into all communication strategies and community development plans; contribute to social and community mobilisation through building stakeholder capacity at the national level, community facilities and orientation of communication channels to increase demand for the use of immunisation services;
- Support development of culturally adapted tools and materials for promoting immunisation; contribute to developing strategic partnerships with influencers, community and religious leaders, and CSOs to involve them in planning, implementing and monitoring initiatives to encourage immunisation.
- A logistics officer for three months who contributes to:
  - 1) Ensuring that procurement and distribution of cold chain equipment within the framework of the CCEOP project is monitored;
  - 2) Supporting EPI in developing a vaccine supply plan and ensuring careful monitoring;
  - 3) Developing approaches for preventive maintenance for solar cold chain equipment.
- In addition to this support, a National NOC hired using the UNICEF's own funds also contributed to EPI assistance and sectoral coordination. The National NOC ensured the interim tenure of the P4 Health Manager and in this way supported and supervised the specialist in operational immunisation planning for the TCA plan, the recruitment process for the international consultant and conducted workshops on central EPI capacity building and the RED district teams for immunisation equity. He contributed to finalising microplans resulting from the workshops and providing financial support for certain activities in these microplans. He also initiated a database of indicators specific to the 10 RED districts. In addition, the NOC coordinated recruitment of an international consultant by supporting implementation of ICP in RED districts as well as providing guidance to the consultant about identifying and monitoring ICP indicators to ensure that they are assessed at the end of the year. Finally, the NOC worked extensively on reimbursable expenses from HSS1, specifically on the installation of incinerators which remains to be completed. He participated in HSSII monitoring committee meetings and helped implement the CHW training activities included in HSSII. He also represented UNICEF in other coordination frameworks such as the ICC, NSC-HS, the H6 group and the GFF process, and the technical committee for the INAYA project, ensuring that the various projects were compatible with Gavi support.

All this technical support assisted EPI in implementing its workplan, including its immunisation campaigns and communication component, and also led to the delivery of three out of six TCA planned milestones. The milestones related to the RED experiment and ICP strengthening were extended because they require significant time and resources. UNICEF's assistance provided support to the Ministry of Health at the national level for sectoral coordination and policy and strategy development.

6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
1. **DHIS2 applied nationwide**	Ongoing
2. **Introduction of new vaccines (HPV)**	**Ongoing: survey and communication plan implemented** **Expected for November 2019 and the vaccine is already onsite**
3. **Maintenance for cold chain equipment, waste disposal and continued preparation of the CCEOP project including the collection and destruction of old devices used within the system.**	Delay; ongoing discussion
4. **Improved coverage and equity in urban and rural areas**	Mostly achieved
5. **Project MasterCard** 6. **Improved institutional coordination within the HSS2 implementation framework**	Being prepared Delay

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

Key finding / Action 1	**DHIS2 applied nationwide**
Current response	Regulatory requirements developed: revision of data collection tools, consensus on the battery (162 indicators) agreed for all of the Ministry of Health's priority programmes to avoid parallel systems.
Agreed country actions	These tools are currently being tested at the regional level in Brakna (funded by the EU AI-PASS project) and will subsequently be scaled up
Expected outputs / results	Training 15 DRAS, 57 head physicians, 15 regional focal points on the regulatory requirements of 57 focal points in moughataas and 733 service providers (ICP) Training 15 DRAS, 57 head physicians, 15 regional focal points on the database. Computer equipment for the 10 remaining moughataas with support from WHO. Computer equipment for all the DRAS and focal points with support from the Global Fund and PASS.
Associated timeline	**20 months starting in August 2018**
Required resources / support and TA	Funding of national scale-up through provider training (head physicians, focal points, etc.) Two national consultants (Statistician and Software Developer) for 18 months Computer equipment for the 10 remaining moughataas with support from WHO
Key finding / Action 2	**Introduction of new vaccines (HPV)**
Current response	Request has been accepted; submission of vaccines was announced for early 2019 and preparations are in progress
Agreed country actions	Communications campaign identifying key messages using factual data in advance
Expected outputs / results	Vaccine introduced into the country's immunisation schedule and attaining coverage objectives for both girls who attend school and those who do not

Associated timeline	November 2019
Required resources / support and TA	TA to support introduction of the HPV vaccine including data collection, development and implementation of a communications plan Technical support from UNICEF
Key finding / Action 3	**Maintenance for cold chain equipment, waste disposal and continued preparation of the CCEOP project including the collection and destruction of old devices used within the system.**
Current response	Equipment is not currently maintained and the system for collecting and disposing of waste is not adequate. CCEOP project launched and will continue in 2019 with the collection and proposed disposal of old refrigerators
Agreed country actions	Developing an implementation plan for the national biomedical waste management strategy that the government has funded. Developing a strategy and national maintenance plan for biomedical equipment, including cold chain equipment. Support for operational incineration units acquired for biomedical waste; training for personnel; transport and installation of equipment. Support for implementation of the CCEOP project, identifying, collecting and disposing of old devices .
Expected outputs / results	Strategy developed, incinerators are operational and appropriate, CCEOP implementation plan developed and monitored, old devices collected and a solution has been found to dispose of them
Associated timeline	2019 - 2020
Required resources / support and TA	One long-duration TA for maintenance and one TA in the form of consulting to develop an action plan resulting from the strategy; training workshops to disseminate the national strategy for biomedical waste management; monitoring and support activities. Waste collection, storage and transportation of equipment using the model already used by the World Bank in the Inaya project. Funding transport of incinerators and conducting work that is prerequisite to their installation. Support for six months of the incinerator pilot program to plan the budget for government resources. Technical support from UNICEF
Key finding / Action 4	**Improved coverage and equity in urban and rural areas**
Current response	Identifying needs, TIP strategy, implementing planning and programming based on equity in 10 districts, 2 of which are in Nouakchott. 77% of unimmunised children(16,752 out of 21,861) are in 5 moughataas in Nouakchott (El Mina 5,937, Teyarett, 3,907, Riyadh 2,719, Ksar 2,388 and Toujounine 1,801)
Agreed country actions	TIP strategy, implementing planning and programming based on equity in 10 districts, 2 of which are in Nouakchott. Support for planning and coordinating in Assaba to develop a model for the regional health system. Research Action project and mapping are available. Implementing mobile immunisation TIP strategies; the free care strategy. Implementing IC improvement project in Nouakchott Securing financing for EPI tools in the government's budget Extend HSS support to districts with a significant number of children who have not been immunised to increase IC and equity

Expected outputs / results	TIP strategy and counting targets will be tested in the 2 regions of Nouakchott; microplanning based on equity in 10 districts, 2 of which are in Nouakchott and 5 of which are in Assaba with a regional approach; mapping locating children and assessing needs as related to new infrastructure for health areas for the moughataas in Nouakchott, implementing a system to monitor the availability of immunisation services in real time The number of children who have not been immunised has been reduced by at least 50% at the national level due to support for the districts where the highest concentration of children is found Improvements to coverage and equity
Associated timeline	TIP and counting targets: March 2019 - March 2020 in Nouakchott Microplanning based on equity: September 2018 - February 2019 – 2018 [sic] Mapping and health areas and support for immunisation activities in the districts with a significant number of children who have not been immunised: March 2019 - March 2020 A system to monitor the availability of services in real time is put in place: December 2018 – July 2019 A system to monitor the availability of services in real time is put in place: December 2019 – July 2020
Required resources / support and TA	One TA for mapping and planning health areas Resources required to install the required infrastructure in the health areas identified Support for community-based organisations for counting and monitoring targets in 10 moughataas Support for implementing microplans based on equity for six moughataas that do not benefit from HSS2, Technical support from UNICEF
Key finding / Action 5	**Project MasterCard (Wellness Pass)**
Current response	MasterCard collaboration, WHO, Gifted Mom and Mauritanian government Ongoing (Technological solution workshop) Workshop with VillageRech Geneva
Agreed country actions	Pilot program approach in three wilayas in Nouakchott Two training workshops for immunisation managers in Nouakchott on computerised information and the DHIS2 tool.
Expected outputs / results	Unique ID for each child using a “unique identify” card; recording and monitoring immunisation with the assistance of a MasterCard card and information on tablets; SMS reminder system; coverage of child’s first bank account.
Associated timeline	2019
Required resources / support and TA	Purchase of equipment (information on tablets/terminals, immunisation card), Analysis of required technologies, one TA to train on the use and maintenance of the equipment (technical support)
Key finding / Action 6	**Improved institutional coordination within the HSS2 implementation framework**
Current response	The agreement was signed and structural projects supported by other partners (WB, EU, GF) are in progress. Additional coordination efforts

	are required to ensure better integration and complementarity with HSS2. The national institutional framework for decentralisation was strengthened by creating regional councils whose operations will have a direct impact on the health system at the regional and district levels. In addition, for the efforts focusing on moving toward universal health coverage, a process has already been initiated to with all partners to review implementing basket health funding.
Agreed country actions	Need support for institutional coordination of various sectoral reforms and initiatives and financing of health system strengthening
Expected outputs / results	Integrating HSS2 into national financing mechanism and health system coordination Complementarity of various health system initiatives Better positioning of DRASs in the programmes and development of field experiences to contribute to policy dialog as related to reforms
Associated timeline	2019 to 2020
Required resources / support and TA	TA provided to DPCIS for programming, partner coordination Financial support for DPCIS TA from UNICEF

Summary of technical assistance	• ICC / EPI TA • TA for DPCIS coordination • Support for EPI epidemiological assistance • Update data about measles epidemic • TA to improve financial management performance • Strengthening worker skillsets • Seek out immunised children • TA improving GEF and data management

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

The report on Gavi's annual joint appraisal was presented to the ICC meeting on Friday, 12 July 2019 at 11 a.m.

This meeting which was attended by all stakeholders with valid status, and quorum was met.

During this meeting, the ICC reviewed in-depth the various sections of the report and endorsed it on the condition that the recommendations issued during this meeting and during the field visit that preceded the joint appraisal workshop are taken into account.

The main focus is to plan the technical assistance required for programme implementation.

- See ICC minutes of 12 July 2019 attached.

9. ANNEX: Compliance with Gavi reporting requirements

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

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.