Joint Appraisal Update report 2019

Country	Myanmar
Full JA or JA update[1]	☐full JA☑ **JA update**
Date and location of Joint Appraisal meeting	13 to 22 October 2019
Participants / affiliation[2]	See Annex 2
Reporting period	July 2018 – June 2019
Fiscal period[3]	July to June
Comprehensive Multi Year Plan (cMYP) duration	2017 – 2021
Gavi transition / co-financing group	Preparatory transition

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes ☑ No ☐
Does the vaccine renewal request include a switch request?	Yes ☐ No ☑ N/A ☐
HSS renewal request	Yes ☑ No ☐ N/A ☐
CCEOP renewal request	Yes ☐ No ☑ N/A ☐

2. GAVI GRANT PORTFOLIO

Existing vaccine support

Introduced / Campaign	Date	2018 Coverage (WUENIC) by dose	2019 Target		Approx. Value $ (31 Jul 2019)	Comment
			%	Children		
Penta	*2012*	*91% (DTP3)*	*91*	*869,648*	*32,633,984*	
IPV	*2015*	*82% (IPV1)*	*95*	*907,873*	*6,761,620*	
PCV	*2016*	*91% (PCV3)*	*91*	*869,648*	*36,916,229*	
JE	*2017*	*N/A*	*93*	*888,761*	*6,546,000*	
MR f/u camp	*2019*	*N/A*	*100*	*4,731,730*	*3,248,500*	*Campaign in Oct 2019*
Rota	*TBC*	*N/A*	*N/A*	*N/A*	*4,088,000*	*Not yet introduced*
HPV	*TBC*	*N/A*	*N/A*	*N/A*		*Not yet introduced*

Existing financial support

Grant	Channel	Period	First disb-ursement	Cumulative financing status @ June 2019				Compliance	
				Comm.	Appr.	Disb.	Util.	Fin.	Audit
HSS1	*TOTAL*			*32.7m*	*32.7m*				
	UNICEF	*2012-17*	*Aug 2011*			*7.9m*	*100%*		*N/A*
	WHO	*2012-17*	*May 2011*			*20.8m*	*100%*		*N/A*
	MRCS	*2012-17*	*Jun 2016*			*1m*			*Received*
HSS2	*TOTAL*			*61,264,953*	*56,222,290*				
	UNICEF	*2018-21*	*Nov 2018*			*14,694,139*	*8%*		*N/A*

[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.

	SD	*2018-21*	*Nov 2018*			*1,210,138*	*172%*		*N/A*
	WHO	*2018-21*	*Dec 2018*			*4,370,264*	*38%*		*N/A*
CCEOP1	*SD*	*2018-19*		*3,290,034*	*3,290,034*	*1,128,669*			*N/A*
MR f/uc OP	*TOTAL*			*2,602,452*	*2,602,452*	*2,602,452*			
	UNICEF	*2019-20*	*Jul 2019*			*1,447,627*	*Not due*	*Not due*	*N/A*
	WHO	*2019-20*	*Aug 2019*			*1,154,825*	*Not due*	*Not due*	*N/A*
ROTA VIG	*TOTAL*	*2019-20*							
	UNICEF	*2019-20*	*12 Nov 2019*	*376,883*	*376,883*	*376,883*	*Not due*	*Not due*	*N/A*
	WHO	*2019-20*	*12 Nov 2019*	*347,776*	*347,776*	*347,776*	*Not due*	*Not due*	*N/A*

Comments

The following grants were closed during the reporting period after completion of reporting requirements. WHO balances were successfully transferred to the WHO portion of the HSS2 programme.

No.	Grant	Duration of grant	Approved amount (US$)	Cash balance in-country (US$)	Undisbursed at Gavi (US$)
1	Injection Safety Support (INS)	2002-2006	2,083,978	0	0
2	ISS	2004-2016	7,707,080	0	0
3	Hepatitis B: Vaccine Introduction Grant	2002	100,000	0	0
4	Penta: Vaccine Introduction Grant	2012- 31 Dec 2016	1,209,000 (WHO)	0	0
5	Measles: Vaccine Introduction Grant	2012- 31 Dec 2016	755,500 (WHO) 453,500 (WHO)	0 0	0 0
6	Measles-Rubella Operational Cost	24 Oct 2014-23 Oct 2015 (UNICEF) 1 Oct 2014-31 Dec 2017 (WHO)	4,844,946 (UNICEF) 6,512,554 (WHO)	0 0	0 0
7	Inactivated Polio Vaccine: Vaccine Introduction Grant	9 Apr 2015- 9 Apr 2016 (UNICEF) 1 Jun 2015-31 Dec 2016 (WHO)	325,727 (UNICEF) 397,773 (WHO)	903.22 (UNICEF) 0 (WHO)	0
8	Japanese Encephalitis : Vaccine Introduction Grant	27 Mar 2017 - 27 Jun 2018 (UNICEF) 15 Apr 2017 - 30 Apr 2018 (WHO)	430,679.59 (UNICEF) 421,320.00 (WHO)	0 (UNICEF) 0 (WHO)	0.41 (UNICEF) 0 (WHO)
9	Japanese Encephalitis: Operational	27 Mar 2017 - 27 Jun 2018 (UNICEF)	4,801,827 (UNICEF)	198.30 (UNICEF)	0 (UNICEF)

	Support for Campaigns Grant	15 Apr 2017 - 14 Apr 2018 (WHO)	4,323,673 (WHO)	53,707 (WHO)	0 (WHO)
10	Pneumococcal Conjugate Vaccine : Vaccine Introduction Grant	15 Jan 2016 - 14 Jan 2017 (UNICEF) 1 Jan 2016 - 31 Dec 2016 (WHO)	607,638 (UNICEF) 603,362 (WHO)	2,230.31 (UNICEF) 159,496 (WHO)	0 (UNICEF) 0 (WHO)
11	Measles Rubella: Vaccine Introduction Grant	12 Dec 2014 - 31 Dec 2017 (WHO)	1,222,000 (WHO)	372,005 (WHO)	0 (WHO)

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	**Programme**	**Expected application year**	**Expected introduction year**
	HSS2 remaining funds for Years 4 & 5	2020 (PSR)	2021

Grant Performance Framework – latest reporting, for period 2019

Intermediate results indicator (tailored)	**Target (2019)**	**Actual (June 2019)**
IR-T 8: Proportion of RHCs in hard to reach areas (in 96 prioritized townships) equipped with at least one refrigerator for vaccine storage	40%	55%
IR-T 11: Proportion of caregivers knowing benefits of immunization (KAP Survey)	N/A	N/A
IR-T 17: Proportion of Townships achieved targeted indicators for VPD surveillance Completeness Timeliness	 90% 80%	 99% 96%
IR-T 59: Number of sessions supervised by state/region staff	300	136
IR-T 60: Number of hospitals providing immunization services in prioritized townships	98	98
IR-T 61: Proportion of townships using GIS based micro planning map for all immunization microplans	10%	2%
IR-T 62: Percentage of townships reporting discarded non-measles non-rubella rate 2/ 100,000 population	20%	39%
Comments		
IR-T 59: Number of sessions supervised by state/region staff: Current MOHS reporting system does not yet capture this information. UNICEF through TCA is developing mobile application tool for supervisors to be able to provide real time reporting (# visits, location, findings). This indicator is expected to be reported against in 2020. Currently, the data for this indicator is collected from central level meetings and trainings where the finding of the immunization sessions monitoring were discussed to guide into the sub-national review meeting, technical guidelines and capacity building programmes.		

PEF Targeted Country Assistance: Core and Expanded Partners at September 2019

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

[4] Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information 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.

TOTAL CORE	**2017**	**1.02mill**	**999K**	**951K**	**3.1/3.2**	**21/23**	*All amounts not inclusive of PSC*
	2018	**1.74mill**	**1.67mill**	**1.67mill**	**9/11**	**12/14**	
	2019	**1.79mill**	**1.39mill**	**516K**	**11.5/11.5**	**4/4**	
UNICEF	2017	621K	621K	619K	2/2	12/13	
	2018	1.08mill	1.08mill	1.08mill	8/10	4/5	
	2019	1.08mill	809K	325K	2.5/2.5	2/2	
WHO	2017	403K	378K	332K	1.1/1.1	7/8	
	2018	465K	392K	391K	1/1	4/4	
	2019	464K	348K	192K	9/9	--	
World Bank	2017	150K	150K	150K	--	2/2	
	2018	150K	150K	150K	--	1/2	
	2019	200K	200K	--	--	1/1	
CDC	2018	52K	52K	52K	--	3/3	
	2019	54K	40K	--	--	1/1	
TOTAL EXPAND	**2018**	**19K**	**17K**	**17K**	**--**	**1/1**	
	2019	**44K**	**46K**	**46K**	**--**	**1/1**	
MMGH	2018	19K	17K	17K	--	1/1	
	2019	44K	46K	46K	--	1/1	

3. RECENT CHANGES INCOUNTRY CONTEXTAND POTENTIAL RISKS FOR NEXT YEAR

The JA update does not include this section.

4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

The JA update does not include this section.

Please refer to the application for additional US$25m HSS funds (Coverage & Equity flexibilities) for a comprehensive analysis of the performance and challenges of the EPI programme. The application was positively reviewed in July 2019 by the IRC. These documents will be made available to the High Level Review Panel.

5. PERFORMANCE OF GAVI SUPPORT

5.1. Performance of Gavi HSS support

Objective 1	
Objective of the HSS grant (as per the HSS proposal or PSR)	**To Strengthen Demand for Immunisation Services**
Priority geographies/population groups or constraints to C&E addressed by the objective	Identified prioritised Townships (69/ 84 Townships, 44 Townships for urban immunisation strategy) Hard-to-reach including migrant populations, ethnic minorities, peri-urban Townships, internally displaced populations
% activities conducted / budget utilisation	9% utilized as of June 2019 and expected to utilize 30% by the end 2019 with more utilization expected once CSO PCA completed in Q4 2019.
Major activities implemented&	1. KAP study on immunization research-protocol drafted

Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	2. MMCWA signed MOU in last week of Aug. and Partnership Cooperation Agreement (PCA) in progress 3. Design Workshop on new Maternal and Child Handbook conducted and designing in progress 4. School entry check vaccination launched and activities in progress 5. Social Media interventions – contracting an IT institution in process 6. Mobile folk performance in prioritized townships – contracting in process 7. Myanmar (UNICEF, cEPI and HLPU) participated in Regional TOT on Interpersonal Communication on Immunization (IPC/I) and adaptation of global IPC/I package into Myanmar in progress
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**5	**Major activities planned during last quarter of 2019:** 1. Signing of MMCWA partnership 2. Coordination with EHOs on demand generation activities in non-government-controlled areas 3. Execution of KAP study 4. Advocacy meetings to improve immunization service delivery
Objective 2:	
Objective of the HSS grant (as per the HSS proposal or PSR)	**Cold chain expansion and EVM Improvement Plan**
Priority geographies/population groups or constraints to C&E addressed by the objective	Nationwide
% activities conducted / budget utilisation	21% utilized as of June 2019 and expected to utilize 90% by the end 2019 when pipeline supplies and purchase orders consumed the committed fund and construction projects kick start.
Major activities implemented& Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	1. Cold Chain repair and maintenance services in place 2. Cold Chain inventory in web-based app developed and update is initiated 3. vLMIS pilot project in 3 townships and 2 Regions completed 4. Cold Chain Key Person and vLMIS training complete (central) 5. CCEOP Year 1 distribution and installation is in good progress 6. Land identification and design of Central Cold Room, Magway and Monywa sub-depots
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**5	1. Roll-out of vLMIS in State, Regional and Township level 2. Acceleration of cold chain expansion to RHCs (alignment with CCEOP Year 2 and other sources) 3. Cold Chain Expansion (non CCEOP items) upon receipt of second tranche of Year 1 4. Acceleration Central Cold Room and Sub-depots construction 5. Waste management activities at health facilities (needle cutter procurement and distribution) Challenges 6. Delay in procurement of cold chain equipment suppliers (non-CCEOP items) awaiting second tranche budget **Activities planned to postpone to next year** • Assessment of EVM improvement plan in Q1 2020.
Objective 3:	
Objective of the HSS grant (as per the HSS proposal or PSR)	**To strengthen leadership management capacity and coordination**
Priority geographies/population groups or constraints to C&E addressed by the objective	Nationwide and more emphasis on prioritized townships and special administrative regions
% activities conducted / budget utilisation	25% utilized as of June 2019 and expected to utilize 60% by the end 2019 but improved utilization expected with execution of FMSOP.
Major activities implemented&	**Major activities implemented**

Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	1. Four national consultants recruited (under WHO and UNICEF TA) for providing technical assistance to cEPI on development of training guidelines such as SOP for new vaccines, AEFI, supervision, and to facilitate costed microplanning trainings at Sub-national level and to monitor SIAs. 2. Conducted Mid-level Management Trainings at central and all States/Regions. 3. Annual EPI evaluation meeting conducted 4. Developed annual EPI work plan at all levels for 2019 5. Conducted EPI managers meeting in Naypyitaw 6. Financial Management SOP finalized and Finance Assistants Recruited 7. Review of Implementation progress 8. Equipped mid- level managers with immunization knowledge to manage immunization activities at township level 9. National and sub-national level EPI focal persons are updated with international knowledge on immunization and new vaccine introduction 10. Developed way forwards and recommendations for 2019 to improve immunization coverage at all levels
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**[5]	**Major activities planned during last quarter of 2019** 1. Microplan trainings at all levels and development of annual workplan for 2020 2. IIP trainings at all levels 3. Initiate documentation for procurement of vehicles
Objective 4:	
Objective of the HSS grant (as per the HSS proposal or PSR)	**Improve Equitable Access to Service Delivery**
Priority geographies/population groups or constraints to C&E addressed by the objective	Nationwide and more emphasis on prioritized townships
% activities conducted / budget utilisation	4% utilized as of June 2019 and expected to utilize 60% by the end 2019 with the agreement of interim solutions financial management and flow for operation support on. hard to reach townships, AEFI surveillance activities, etc.
Major activities implemented& Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	1. Continue implementation of GIS project in Yangon 2. Implementation of catch up vaccination together with Polio Campaign (outbreak response)
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**	**Major activities planned during the last quarter of 2019** 1. AEFI surveillance, reporting, case investigation and causality assessment 2. Advocacy and trainings to private sectors through MMA 3. Hospital immunization
Objective 5:	
Objective of the HSS grant (as per the HSS proposal or PSR)	**To strengthen EPI data management, monitoring and evaluation systems**

[5]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.

Priority geographies/population groups or constraints to C&E addressed by the objective	Nationwide
% activities conducted / budget utilisation	1% utilized as of June 2019 and expected to utilize 60% by the end 2019 when pipeline supplies and purchase orders consumed the committed fund (tablets for midwives) as well as with interim solutions on financial management and flow for activities such as head counting and CES, etc.
Major activities implemented& Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	**Major activities implemented** 1. DQIP implemented: see Sections 5.6. (TA Progress) and 6 (Update on Findings from Previous JA for details.) 2. Printing of MLM modules for all Mid-level managers 3. Revised and developed Due List, Registers and Monitoring Charts for all health facilities for one year. 4. Conducted Measles outbreak response immunization in 7 townships of Yangon region 5. Rapid response immunization (bOPV) for cVDPV outbreak in 12 townships 6. Recruited international consultant for nationwide EPI coverage survey 7. Printing of vLMIS and CCKP manuals to roll out paper based LMIS
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**	**Major activities planned during last quarter of 2019:** 1. Continue implementing DQIP 2. Nationwide EPI coverage survey 3. VPD surveillance trainings at all levels and to support for VPD surveillance 4. Printing of IIP training modules, AEFI modules, Microplan SOPs and VPD surveillance modules 5. Data management trainings at all levels 6. Printing of Data Management modules 7. Procurement of tablets 8. Integration of EPI logistics information (aggregated data of stock from service delivery and stores) into DHIS-2
Objective 6:	
Objective of the HSS grant (as per the HSS proposal or PSR)	**Programme Management**
Priority geographies/population groups or constraints to C&E addressed by the objective	Nationwide
% activities conducted / budget utilisation	13% utilized as of June 2019 and expected to utilize 80% by the end 2019
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	**Major activities implemented** 1. Progress on fulfilling Grant Management Requirements, including Grant Agreements, Financial Management Assurance Plans, Program Capacity Improvement Plan, budget finalization. 2. DFC assurance activities for all DFCs 3. Developed composition of technical working group (TWG), executive working group (Ex WG) for M-HSCC and ICC.
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**	1. Recruitment of Financial Assistants 2. Training of FM-SOP to newly recruited FAS as well as S/R and townships staffs

Achievements against agreed targets

Numbers of townships with annual immunization operational plan – all 330 townships were implementing immunization services during 2019 according to their annual workplan prepared with

support of the HSS2 grant. All health workers were trained in December 2018 at central and states/regional level using the revised microplan format. The revised annual workplan format identifies, all communities including mobile, migrants, hard to reach, and special communities according to newly introduced community characteristics used in implementing QGIS facilities. With a more reliable denominator and workplan we can improve identification of eligible children resulting in improved immunization coverage. In the revised workplan, townships have identified areas for crash immunization requiring special funding support.

Percentage of townships reporting discarded non-measles non-rubella rate 2/100,000 population – 39% (91 townships) in 2019 as compared to 20% in 2018

Number of sessions supervised by state/region staff- With the support of HSS2 funds, the immunization sessions are supervised by the central level as well as by the states/regional level 2-3 times a month. The fixed and outreached sessions were supervised especially to observe the quality of the microplans, interpersonal communication, vaccine handling and wastage, as well as to conduct post training follow up. Most of the findings are common across different states and regions such as limitation in recording and reporting, data quality challenges, and inadequate communication with mothers and caregivers on the immunization schedule, benefits and importance of complete does, etc. Those findings and shortcomings were addressed in the training packages as well as instruction letter or technical guide issued to sub-national level to take corrective actions. In addition, there are some specific trainings planned in 2020 such as IPC training and Data management trainings to improve the weakness encountered during supervisory visits. For the supplementary immunization for Measles outbreak in Yangon region and cVDPV outbreak in Kayin states, all level supervisors including state/regional level supervisors conducted supportive supervision and supported vaccinators on immunization technique, communication strategies and AEFI management, to improve immunization services.

Number of hospitals providing immunization services in prioritized townships – Hospital-based immunization has been provided at 98 hospitals for improving the availability of services and giving the opportunity to children to receive catch-up vaccinations. Due to delaying SOP finalization, intensification of hospital-based immunization will take place in coming months.

Proportion of Rural Health Centers in hard to reach areas (in 96 prioritized townships) equipped with at least one refrigerator for vaccine storage– the cold chain coverage at health facilities were less than 20% in the past which limits the number of vaccination days due to lack of cold chain equipment to store vaccines longer period at the facilities. With Gavi HSS2 and CCEOP, the cold chain equipment in prioritized townships rose to 55% (369 health facilities) and in the coming year, the coverage is expected to reach more than 60%. This will help improvement in the EPI microplanning, service delivery as well as vaccine wastage management.

How Gavi support is contributing to address the key drivers of low immunization outcomes?
The Republic of the Union of Myanmar has committed to improve immunization performance in the comprehensive multiyear plan 2017-2021 (cMYP) goals and ensure control/ elimination of vaccine preventable diseases (VPD). At present, cEPI program is providing 11 antigens based on the country's public health priorities. See following section for more detailed analysis and examples how Gavi support improves EPI performance.

Gavi supports towards improving Equity and Coverage:
Gavi supports the HSS2 grant with 61.8 million USD for the three-year period 2018-2021 in Myanmar. The programmes aims to strengthen demand for immunization services, implement cold chain expansion and improvement plan, strengthen leadership management capacity and coordination, improve equitable access to service delivery, and strengthen EPI data management, monitoring and evaluation system.

The official estimate for Penta 3 coverage in the complied national administrative coverage report of Myanmar was 89% in 2016 and 90% in 2017. Penta 3 coverage was almost sustained in 2018 which showed 91% (JRF 2018). Number of townships with < 80% Penta 3 coverage is 42 in 2018 as compared to 40 (2016) and 39 (2018)

During the 2018 Joint Appraisal, equity analysis and prioritization of townships was done. cEPI, with support of WHO and UNICEF, have identified strategies to improve immunization coverage of these low

performing/prioritized townships and reaching the unreached children. These identified strategies and activities defined the activities and workplan of the GAVI HSS2 grant (incl. the additional US$25 million budget).

Providing trainings to mid-level managers as well as health service providers were conducted across the country. This improved managerial and supervisory skills of mid-level managers like TMOs and EPI focal persons, training material such as microplan modules, immunization and practice modules, AEFI and VPD surveillance modules were developed according to the latest immunization schedule in Myanmar.

EPI focal persons from all States/Regions were supported to attend ASEAN EPI managers meeting and Asian Vaccine Conference at Naypyitaw and Yangon. In addition, all vaccinators and supervisors were trained to develop their annual workplans using respective data. Furthermore, data assistants were provided with daily allowances as incentive to compile, analyze and report quality in a timely manner. Moreover, all vaccinators were provided with AEFI training, VPD surveillance training, microplan training and IIP training to develop their technical and planning skills to overcome the persistent challenges of coverage and equity of immunization services.

To improve data quality and to monitor the programme implementation, annual EPI evaluation/ reviews at all levels were conducted with the guidance of NITAG which helped cEPI and States/Region teams.

Nationwide EPI coverage survey will be conducted during first quarter of 2020 with the primary objectives of to ascertain vaccination coverage of each antigen of each State/Region.

With the support of HSS2, grant supportive supervision and monitoring is being carried out using the updated national supervisory checklist.

Based on analysis 2016-2018, 291,347 children remained unvaccinated with Penta 3 - highest in Rakhine, Shan North followed by Kayin, Bago and Yangon regions. Geographically hard to reach areas, urban slums, mobile population and conflict settings were identified as the main influential factors.

Administrative measles coverage for MCV1 was 93%, and for MCV2 was 87%. The number of children not receiving Measles Rubella (MR1) reduced from 89,719 to 65,911. There are remaining pockets of underserved areas with unvaccinated children which have ongoing sporadic outbreaks. 1,389 cases of confirmed measles seen in the Yangon region which has a high density of population. Measles SIA was implemented in seven selected townships of Yangon region targeting 9 months to 15 years old with >85% coverage. To improve immunization coverage and close the immunity gaps, the nationwide Measles Rubella follow-up campaign along with oral polio vaccination was organized in October – November 2019 targeting 4.7 million children from 9 to 65 months of age. School entry check and catch-up vaccinations are planned in 2020.

To address the key drivers of low immunization outcomes, GAVI support is contributing towards:

Improvement of Service Delivery:
Service delivery is improved by using “Reaching Every Community” (REC) and Reaching The Unreached strategy. To ensure to include all hard to reach children, systematic, costed, micro-plans were developed to cover all communities and Ethnic Health Organizations (EHO) in ethnic and geographically hard to reach areas. A geospatial information system (GIS) based EPI microplanning project was piloted in 5 townships of 2018 in Yangon and the nationwide rollout will be done in a phased approach linked with implementation research to ensure the effective implementation and large impact for the planning and monitoring of immunization service delivery.

The initiation of the Urban Immunization strategy and expansion of fixed post continued under HSS2 implementation. Services will be linked for improved community empowerment. Community volunteers, who know the local context and language will be recruited, trained and assigned to tasks.

Strengthening of Staff Capacity:

Training for staff at all levels through cascade of trainings was conducted on all aspects of immunization using creative ideas including comprehensive messages and video animation in local language. These ensured that health workers and caregivers have adequate information about benefits of vaccination.

Active VPDs surveillance and AEFI monitoring system:
With the support of WHO, AEFI surveillance was strengthened by AEFI field investigation simulation and advanced causality assessment training workshop conducted in June 2018.The National Certification Committee for Polio Eradication (NCCPE) continues to independently provide oversight for the polio eradication activities in Myanmar. Environmental surveillance (ES) has been initiated to detect circulating polioviruses (PV) and support acute flaccid paralysis (AFP) surveillance. Currently three sites are regularly conducting ES (Yangon, Sittwe and Maungdaw). There will be expansion of surveillance sites in 2020.

Data quality improvement:
The EPI information system will be linked with DHIS 2 (HMIS) as part of the data quality improvement plan (DQIP) to reduce overlaps and to improve data consistency. An electronic information system will be introduced to update and process data.

Effective management of cold chain capacity and vaccine supply
Improvement of Cold Chain Capacity:
The EVM Improvement Plan is being implemented and it was accelerated with the receipt of Gavi HSS2 funds in 2018. The cold chain sickness days reduced with the use of an outsourced cold chain firm and the time for the installation of equipment has been shortened. The tools for vaccine logistics management were designed and cold chain key persons were trained. To monitor and assess the capacity of vaccine supply chain performance the EVMA will be conducted in Q1 of 2020.

There will be the introduction and scaling up of electronic Logistic Management Information System (eLMIS) with HSS2 support.

Fostering demand generation, advocacy, social mobilization and building community trust:
Since the importance of the participation and support from Ethnic Health Organizations and local leaders from self-administrative areas are critical, advocacy meetings with different stakeholders including government ministries, media, international and local non-government organizations, religious leaders, state/regional governments, and community leaders will be conducted to assure community acceptance.

It is planned to develop advocacy packages with key information on vaccine, routine immunization program especially in Rakhine State, Kachin State, Kayin State and Naga self-administrative regions in partnership with International NGOs such as Health Poverty Action (HPA).

Diversity of ethnic groups has been taken into consideration for effective communication and information on vaccines which will also be translated with HSS support into local ethnic languages. Health workers will have regular linkages with community leaders, local authorities and community volunteers to raise awareness on the benefit of vaccination. This activity will also support reaching communities from geographically or socially hard-to-reach areas.

5.2. Performance of vaccine support

cVDPV outbreak response: There were 6 cases of type 1 cVDPV reported from Kayin state (Hpapun township), and immediate outbreak response was mounted. Hpapun is a priority township among the selected 96 townships and controlled by local Ethnic Health Organisations (EHOs). Myanmar government in partnership with local EHOs and with support from WHO and UNICEF, carried out 4 rounds of bOPV vaccination as per details below:

Vaccine-related issues

Presently, the vaccine stock management is through a paper-based system. Indents are made monthly or bi-monthly. The vaccine estimates and wastage monitoring are conducted on an annual basis. However due to the paper system, the wastage information and stock consumption in vaccine stores and health facilities at lower level is limited.

	Month	***Areas***	***Target***	***Vaccines***	***Vaccine cost by***
Round 0	July (7-9)	12 townships	300,000 (U5)	bOPV	Government
Round 1	July(21-23)	12 townships	300,000 (U5)	bOPV	Government
Large scale Round 1	August	(12 + 86) tsp	1.2million (polio)	bOPV	GPEI (bOPV)
Large scale Round 2	Oct	96 tsp	1.2million (polio)	bOPV	GPEI (bOPV)

The vaccines, especially IPV and PCV, were closely monitored to ensure effective utilization within target population and Gavi approved wastage rate.

The vLMIS training is currently rolled out aiming to be completed by December 2019. The harmonized and standardized immunization supply chain information management system including performance indicators and dashboard for monitoring of supply chain performance will be available from 2020 for programme monitoring and improved supply chain management.

NVS introductions and switches:

Myanmar successfully introduced Japanese Encephalitis (JE) Vaccine into routine immunization starting from 1st January 2018 after the implementation of Nationwide Japanese Encephalitis Immunization Campaign in the last quarter 2017. There has been reduction in the occurrence of JE as well as Acute Encephalitis Syndrome (AES) cases after the campaign. There were 383 laboratory confirmed JE cases in 2017 and 126 cases in 2018. Overall national JE coverage is 89% (JRF 2019).

Since 2016, Pneumococcal Conjugate Vaccine (PCV) vaccine was also introduced into routine immunization and PCV 10 was used till December 2018. Subsequently, as recommended by NITAG, the country switched from PCV 10 to 13 with the availability of WHO prequalified PCV13 in 4 dose presentation. Coverage for 2018 was 91% (JRF 2019).

Lesson learnt from the introduction/ switch, key implementation challenges covered the following areas.

Planning and the process of introduction

Political commitment was the key to ensure interest and support at the national, regional and local level with multi-stakeholder engagements which are valuable during the planning stage.

There was close coordination between MOHS, different departments and other stakeholders, e.g. education, mass media, local authorities, CSOs, WHO, UNICEF, PATH, etc.

Coverage and equity

Missed children in “hard-to-reach” areas; conflict and/or ethnic areas; and children in special populations all are eligible for vaccination. Thus, MoHS needs to ensure special microplans prepared for those regions e.g. Wa, Naga as well as for urban slum dwellers in Yangon.

Data

Data inconsistency in target population, denominator problems was encountered. MOHS was aware of urban setting and challenges and has already been responding to the specific needs with special strategy, e.g. Urban Immunization strategy was initiated. High coverage may be harder to achieve in urban areas due to greater mobility in the population.

Collecting data from the private sector remains a challenge. There is a plan to collect private sector immunization data through collaboration with paediatric specialist hospitals and hospitals with vaccination services. The HMIS unit has created private hospitals list in DHIS-2 and taking this opportunity there is a plan to collaborate with private hospital association to share immunization services report to national EPI programme through DHIS-2 platform. Ongoing discussions are promising to pass milestones on this area in 2020 onwards.

Vaccines and Cold chain management

Procurement and distribution plans were prepared considering the time required for vaccine shipment into the country and further distribution to sub-depots, townships and service delivery level. Adherence to the multi-dose vial policy was to reduce vaccine wastage for PCV switch.

Human Resources

Good immunization practices in line with national guidelines were acknowledged but inadequate training in certain subject areas was found. Conducting training (cascade) to all health workers at least two months before delivery was effective.

Capacity building on CCKP, adverse event following Immunization management, VPD outbreak investigation and treatment must be essential and carried out before the introduction.

Recognized involvement of private health sector health staff in training

Financial Management

Delayed disbursement of implementation funds affected key activities. MOHS needs to ensure timely disbursement of funds to all states and regions considering requirements for fund flows management, proper allocation and utilization of funds. The certain strategic activities supported by WHO and UNICEF for Year 1 is delayed (e.g. IIP, VPD surveillance, data collection for CES, operational cost for outreach services, etc) due the ongoing finalization of financial management SOP. However, in collaboration and agreement with MOHS, Gavi, UNCEF, and WHO senior management, the interim solutions for fund flow and management using the cheque transfer approach (current model for projects) was deployed to implement critical activities such as outbreak response immunizations, SIAs, advocacy meetings, vLMIS and CCKP training, etc including Crash/Hard to reach activities, FM management training, GIS activities planned in Q4 2019.

Monitoring and supervision

Supervision plans at state, region and township were introduced with feedback mechanism and encouraged indirect supervision by telephone and follow- up taken based on identified issues during visit.

Key implementation challenges were the limited use of supervision checklists, narrative supervision reports and official tracking system of the supervision findings, monitoring & supervision on an ad hoc basis and written feedback not consistently given after every visit. The supervisory checklists were revised for each level of health facilities including immunization sessions monitoring and trained to State and Regional EPI team leaders in during MLM training. UNICEF is developing the mobile base app to use the checklist so that the user friendly and papers system with real time data to support improved data utilization and feedbacks.

Waste management and injection safety

Waste management system was not highly industrialized; incinerators were available at some hospitals.

Effective waste management requires standard guidelines, National SOP, upgraded facilities and regular and refresher trainings.

Adverse events Following immunisation (AEFI)

The National AEFI Committee is in place. AEFI training, monitoring and response procedures were consistent with global and regional guidance.

The capacity building for AEFI reporting, improved data quality using standard recording and reporting formats were highly prioritized in the national immunization programme.

Advocacy, communication and acceptance

Myanmar has developed a communication plan of action for comprehensive demand generation for all vaccines to be implemented with HSS2 support.

Community sensitization and mobilization activities that were conducted at least one month prior to vaccination were most effective.

IEC materials have to be distributed to grass root levels in advance of vaccination. Messages require delivery through application of multi-channels especially social media and broadcasting to reach parents before and during the introductions.

Main source of information were Health Workers, TV, Radio, Facebook and newspapers.

Surveillance: Strengthened surveillance for Acute Encephalitis Syndrome and VPDs is essential.

Lesson learnt for future introductions

- Continue to strengthen routine immunization mainly in hard to reach, urban, migrant communities
- Robust micro plans for urban areas for routine immunization
- Link communities and villages leaders with the network of volunteers
- AEFI guideline/SOPs including refresher trainings for staff
- Strengthen AEFI, VPDs surveillance including monthly zero reporting system
- Encourage use of standardized forms & electronic data management (e.g. DHIS2) at all levels and use this data for review meetings
- Expansion of cold chain equipment to RHCs especially in low coverage areas
- Ensure implementation of standard waste management practices
- Effective financial management

5.3. Performance of Gavi CCEOP support

Implementation status:

320 Solar Direct Drive (SDD) combined refrigerator & freezer (37.5L) arrived in country in Q2 of 2019. Of 320 SDD, 235 equipment have been distributed to designated facilities while 85 others are undergoing distribution. 152 SDD have been installed and are functional in Q3 2019. The transport and installation of remaining SDD will be completed by Q1 2020.

207 Iced-lined Refrigerator (60L) and (145 L) arrived to country Q3 2019. The late arrival to country is because of the WHO announcement on potential risk of freezing in some Vestfrost Grade A models (On 20 May) which was further updated on 24 June (please refer to WHO announcement for model specifications). As a result, 8 items were suspended including CCEOP items. Therefore, the distribution and installation were withheld until the WHO investigation has concluded with PQS restatement on 24th October 2019. Together with corrective actions, the distribution and installation work will be continued until Q1 2020. 100 pieces of Berlinger Fridge-tag 2E arrived in county and are already distributed. 158 1kVA AVR arrived in Q2 2019.

Challenges: Conflict affected areas of Shan North, and Rakhine, where the transport to the facilities is delayed.

5.4. Financial management performance

A total of US$24,707,140 was allocated to UNICEF & WHO as first year tranche of HSS2 grant to Myanmar of which UNICEF received 19,751,668 and WHO received 4,955,472. Total utilization till end of September 2019 was US$15,589,635 (63%).

To strengthen the financial management system, financial management SOPs were prepared, which were endorsed in October 2019. The government has hired 52 financial assistants, and they were trained on the new financial management SOP to strengthen funds flow from national to state/regions and townships levels. The new SOP will be implemented from Q1 of 2020 for financial disbursement & liquidation of funds form national to sub national levels.

The next formal progress reporting on the GMRs is envisaged in the context of a monitoring review by the Gavi PCA team scheduled for March 2020.

Audit recommendations are followed-up separately and most of them have been addressed through the development of the Financial Management SOPs, other GMR actions.

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

Not applicable.

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

Ministry of Health & Sports, Myanmar with support of WHO, UNICEF, Gavi and other developmental partners will continue its effort to improve immunization coverage in Myanmar. Following an extensive exercise in 2019, the country identified 96 prioritized townships for reaching inaccessible, and hard to reach population.

In addition, the joint appraisal mission (2019) also identified key interventions for 2020 such as special catch up/ crash activities in inaccessible areas, introduction of new vaccines (Rota and HPV), capacity building of immunization staff at all levels, expansion of cold chain up to Rural Health Center (RHC) levels, strengthening of immunization supply chain, demand generation, supervision, monitoring and use of data for appropriate actions. This will be implemented through the different range of activities covered under Gavi HSS-2, TCA, CCEOP and NVS grants.

While developing proposals for each of these funding opportunities complementarity between the different Gavi instruments was ensured. For example, TCA funded staff will provide technical assistance in development of training modules, prototyping of communication tools, assessment of cold chain requirements while the implementation of these such as printing & roll out of training modules, communication materials and conducting of trainings and expansion of cold chain will be done though investments of HSS-2, NVS, and CCEOP.

With the Gavi investment and support of partners, significant improvement has been observed recently with steady increase in immunization coverage over the recent years.

I. Programme Implementation/ Coverage & Equity

The EPI team of WCO and UNICEF has continued technical support to improve immunization coverage, achieve UHC and accomplish strategic deliverables included in the TCA proposal as follows.

1. Consultancy support for HPV introduction in Myanmar and technical support for HPV introduction in Country. - WCO had supported consultancy support for stakeholder coordination meeting on Human Papilloma Virus vaccine introduction. Two consultants from CDC and WCO technical team facilitate the meeting and supported the strategic framework on HPV vaccine introduction (type of vaccine, modalities, age group for HPV vaccine). This was included in the HPV proposal which was reviewed in July 2018 and recommended for approval.
2. Capacity Building on immunization and VPD surveillance to BHS at all level conducted.

- Workshop on surveillance system evaluation and recommendation to improve VPD surveillance had completed in September 2018 and follow up activities for VPD surveillance training for SDCU team Leader and EPI focal from S/D level was completed in March 2019 as a recommendation of a previous workshop on surveillance system evaluation in 2018. NPO/NTO and Executive Assistant for Data from EPI unit, from WHO have facilitated these surveillance and data management workshops at central level.
- WCO and UNICEF technical team provided technical support for EPI review meetings at all levels and annual work plan development for all townships.
- Capacity building for mid-level managers and public health staffs at grassroot level. Annual work plans by quarterly basis have been developed and mid-level management training at central and case cade training at S/R level have been implemented in August and September. All technical staffs and national consultant were mainly involved as facilitator for these MLM training at all levels.
- Microplanning training for Training of Trainer (TOT) at S/R were completed by technical support of the EPI team (both technical and finance staffs) in October and November 2018.
- Assisted microplanning and crash/catch-up immunization in underserved population, national consultant and technical staffs from WCO and UNICEF facilitated microplanning trainings that had been implemented at all States/Regions in the last quarter of 2018 and thorough catch up immunization microplans have been developed and submitted to cEPI and implemented at Shan States, Kachin State, Rakhine State and Magway Regions.

- With the technical assistance of WCO and UNICEF EPI team, the revised microplanning guidelines (Myanmar version) have been drafted and will be disseminated to all BHS at S/R and township level. UNICEF supported the GIS based EPI microplanning project which was piloted in 5 townships of Yangon and the pilot has created a new model of defining and collecting eligible population or community for immunization programme. The revised version of microplan focused on that definition of the EPI communities to ensure every community are identified and reached through improved microplanning by the vaccinator midwives.

Follow up of the recommendations of Joint Appraisal 2018.

JA (2018) prioritized townships were identified using Reaching Every District approach. Total Townships are categorized based on the coverage and dropout rate of DPT3 in 2017. Among the prioritized townships, 15 townships were identified as the most challenging to improve coverage. The health workers have limited access to many of the areas or communities in those townships because of the ongoing fighting and communal conflicts. The townships with security problems include the areas which are beyond the control of government.

Accordingly (84) townships are prioritized based on the immunization coverage, dropout rates, and accessibility of services and focus to support available resources.
Most of the support was focused on assisted microplanning, enhanced immunization services by the urban immunization strategy, efficient microplanning and QGIS pilot project for development of micro plans in all townships in the Yangon Region. The approach was based on bottom up planning by S/R and townships to improve ownership at the sub-regional level.

II. Health Information System (Data)

1) Implementation of data quality improvement plan

- DQSA was completed in Myanmar in 2017 and a workshop on development of data improvement plan had conducted in March 2018 based on the findings and recommendation of the DQSA. Then strategic deliverables included in the data quality improvement plan have been implemented since the second quarter of 2018 and most of them are ongoing and technical staff (both NTO/NPO and Executive Associate Data) from the EPI team WHO have provided technical supports for implementing activities included in the data quality improvement plan in close collaboration with UNICEF. 2.1.5 EPI module is incorporated in the DHIS 2. DQIP is supported by Gavi HSS2 funds and implementation status is on track.
- UNICEF is in consultation with cEPI and HIMS unit to integrate the logistics information from service delivery points into DHIS-2 system so that the programme achievement and vaccine utilization can be monitored on timely and accurate ways to improve efficiency and performance of the vaccinators and health planners at sub-national level.

- Efficient microplanning and QGIS project in urban immunization has been started in Yangon region in last quarter of 2018 and national roll-out in a phased manner is ongoing. (See previous sections on this topic). National and International consultant, Health Specialist from UNICEF is providing technical and operational assistance to cEPI and Yangon Regional Health Department in close collaboration with GIS team of DOPH and WHO.

- Training on Laboratory Information System (LIS) at newly establish Public Health Laboratory (Mandalay Region) was conducted.

  The SEAR Laboratory Information System (LIS) was designed for use by virologists, epidemiologists, and data managers who participate in the Measles Laboratory Network in SEAR member countries and is a user-friendly data entry, management, and analysis program designed in EpiInfo. In Myanmar, National Measles Laboratory has been using this software since 2009 in the National Health Laboratory (Yangon). In 2016, measles laboratory was established in Mandalay, situated in middle part of Myanmar and Executive Associate (Data) from EPI team, WCO has provided technical support on training of data assistant at PHL and detail activities included: Install LIS/EpiInfo; Training on module: how to enter and validate data, and edit the records; Module on how to perform routine and ad hoc data analyses; Module on how to generate the reports, how to

export to excel for further analysis; Module on how to generate feed forward data for weekly and monthly report

- In collaboration with cEPI, UNICEF technical consultant and EPI team has supported the harmonization and optimization of immunization supply chain data use project which was initiated in 2017. The pilot project on the optimized supply chain data use manual and implementation was completed in 2018. To implement national roll-out using the pilot project experiences, the consensus meeting on National Immunization Supply Chain (iSC) Data Use manual and its workplan was conducted in Myanmar implemented in Nay Pyi Taw, Myanmar on 27-28 March 2019 with the objectives of improvements to current paper system and migration of manual system to electronic system (eLMIS).

- Orientation training on five program areas of EPI including VPD surveillance was conducted on July 2019 in order to enhance capacity of immunization services and VPD surveillance of States/Regions team leaders.
- IFA software introduction and data management training for Health Assistants and Supervisors from Central Epidemiology Unit, DoPH, MoHS was completed in 25-28 April 2019. MOs, HA and data assistants/administrative assistant from CEU and cEPI, DoPH, MoHS were trained for data management for VPD surveillance and immunization data by using IFA software developed by technical support of WCO EPI team. WHO also supported the enhanced data network to share and real time monitoring on VPD and immunization data at central levels (cEPI, CEU and WHO). The process is ongoing to expand the data network at S/R level in phases. Training contents are included to introduce IFA software and use of advanced excel tools for data analysis and cleaning process and publish of VPD surveillance bulletin by using IFA and GIS software.

2) Support to implementation operational research Immunization and surveillance

- A workshop on the research agenda development was conducted in July 2018 with the main objective to scale up the capability of Assistant Directors, MOs from central levels and S/R regions which consisted of classroom teaching on research methodology and field observation visits. The training highlighted the protocol development, data collection, analysis and report writing to utilize the research knowledge to achieve evidence-based decision-making process for EPI. Activities are well reflected in the Gavi HSS2 proposal.

3) Implementation of EPI coverage survey

- EPI Coverage Survey; WHO consultant had developed a concept note, including the main elements of the survey design, an estimated survey budget and timeline.

- WCO has coordinated consultancy support for the implementation of nationwide EPI coverage survey by using newly developed WHO tools to assess the status of the immunization program to make an adjustment to achieve the GVAP goals and to achieve the measles-rubella elimination targets. This has been started in May 2019 and the survey should be completed in early 2020 with technical support from HQ and RO

III. Implementation of MR follow up campaign and preparatory activities for rota and HPV introduction

a) MR follow up campaign

Nationwide MR follow up campaign proposal has been developed and submitted to Gavi in 2018. The nationwide follow up campaign was conducted in 2 phases (community phase and hard to reach areas) in Oct-Nov 2019 and targeted children of 9-59 months of age. By implementing a subnational risk assessment by using WHO risk assessment tools and according to the epidemiology of measles and highly-risk States/Regions, the technical working group (WHO, UNICEF and cEPI) provided MR vaccination for wider age group of children (9 months to under 15 years children) in high risk States/Regions by mobilizing additional funding.

b) Rota Virus Vaccine Introduction

Myanmar Rota virus vaccine introduction was approved by Gavi for an introduction in January 2020. Rotarix is so far the choice of the vaccine for Myanmar. EPI and NITAG was informed by GSK Company that the supply of Rotarix vaccine will be available at proposed period. UNICEF provided technical assistance on cold chain gap analysis and vaccine shipment plan for Rota virus vaccines since the central cold room

expansion project is ongoing, the shipment splitting and space sharing arrangement with large sub-depots will address the cold chain capacity gap.

c) HPV vaccine introduction was approved by GAVI for an introduction in 2020. Altogether there will then be 13 antigens offered by the immunisation programme. Quadrivalent vaccine will be introduced for 9 to 10-year cohort as a 10 to 14-year-old multi-age cohort introduction is not possible anymore due to global supply constraints. Combined school based, and community-based strategy will be applied for the HPV vaccine introduction. PIE will be conducted in 6 to 12 months after HPV vaccine introduction.

IV. Support for invasive bacterial diseases (IBD) and Rota Surveillance.

- Intussusception surveillance among children <2 years of age in Yangon and Mandalay Children Hospital: Myanmar plans to conduct Rota virus vaccine introduction in 2020 and a study on Intussusception is recommended by NITAG for baseline data. Accordingly, the study on Intussusception among hospitalized children under 2 years of age at Yangon and Mandalay Children Hospital has been implemented by the Department of Medical Research with financial support from WCO. The study included both retrospective data collections for selected hospitals for 2015-2018 and a prospective study period for August to December 2018. In total 447 intussusception cases and 68 new cases were detected and case reports were reviewed and analysed by using EPI INFO data base and monthly data were reported to the Asia Intussusception Surveillance Network.
- Study findings on retrospective data and prospective data revealed intussusception cases were highest for 6-11 months old for (58%) which will be used as base line data and reference for Rota virus vaccine program.

V. **Demand Generation for new vaccines (MR, Rota and HPV)**

- UNICEF assisted cEPI to develop communication prototypes for MR vaccination campaign: This included print media, broadcast, social and local media in different ethnic languages. Face-to-face health educations by BHS and volunteers through house-to-house visits
- In 2020, UNICEF will continue to assist cEPI in designing HPV communication strategy/tools including risk communication strategy for HPV vaccine introduction in adolescent girls.

VI**. MR campaign monitoring**

- UNICEF has developed Mobile based toolkit (Kobo collect and power BI tool) to conduct real time RCA monitoring and feedbacks. The tool was developed to use in Polio and MR campaigns (Feb, July and August 2019).
- The Mobile- base Rapid Convenience Assessment (RCA) tools used by township, state and regional and central teams including WHO and UNICEF teams.
- The RCA mobile app support for MR-Polio campaign (Oct-Nov) is in place. This initiative was documented and also published in Global Immunization News (GIN) July 2019.

VII**. EVM assessment and improvement plan**

UNICEF continued to provide the technical assistance to cEPI to monitor and implement the EVM IP 2016 The new EVM assessment is being planned for Q1 2020 and EVMA 2.0 is available in Q4 2019.
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- Cold Chain Key Persons training module revised to include preventive maintenance chapter. A pool of 6 cold chain training facilitators were sent to IIHMR, India for training on vaccine and logistics management and assigned for national and sub-national level trainings facilitation
- In 2020, UNCIEF will continue to support EVM improvement plan assessment and implementation including development of web-based cold chain equipment inventory (electronic) management protocol.

VIII. **GIS microplanning & monitoring**

- UNICEF consultant continued the support on the GIS based EPI microplanning. The maps for Yangon pilot townships produced and trained to staff to use in 2020 microplanning

- Implementation Research for GIS pilot project planned for Q4 2019. Yangon and Kayah project implementation will be accelerated in Q4 2019 and Q1 2020.
- In 2020, Implementation research for GIS pilot project in Yangon to support rollout of GIS for EPI microplanning will be continued.

IX. **LMIS**

- UNICEF will continue to provide Technical assistance to develop EPI eLMIS project documents (technical requirements, tender and contract management guide) & support tendering process and initial work on introducing EPI products in mSupply. The implementation will follow once the paper base system is rolled out and widely used in the country since the strong foundation is required before migration into the electronic system.

6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
1. With recent coverage and equity improvements, cEPI should focus activities on identified prioritised Townships, with special attention to the number of unimmunised children Agreed country actions 1. Assisted micro-planning, filling HR gaps, annual work plans at State/Region and Township levels. 2. Updated costing and financing of cEPI based on REC strategy and QGIS micro-planning for the prioritised Townships.	1. Costed microplanning workshop- done in all townships. Annual workplan was developed. Capacity still limited. To assist workshop in Q4 2019. 2. HR at R/S are committed to be filled. 3. Prioritization was done again in 2019 with the development if 2020 HSS2 Plus- 96 townships 4. 60% of unimmunized children- in prioritized townships. 5. GIS microplanning- Done in Ygn, to be used in 2020 microplan for Kayah in Q4 2019 and prioritized R/S roll out in 2020- 6. 5 years analysis- catch up vaccination for missed dose against Diphtheria, Tetanus, Measles, Rubella, Polio and JE (vaccine by Gov, op cost by HSS2)
2. Implementation of the Data Quality Improvement Plan and filling remaining budget gaps Agreed **country** actions 1. To accelerate the Data Quality Improvement Plan implementation (reference also made to report)	1. Operational plan now budgeted and will be implemented and monitored as part of HSS2 2. Alignment EPI and HMIS (Coordination Meeting done, DHIS 2 – used for reporting, discussion on further alignment – ongoing) 3. Integration of all population (including migrants, informal settlements etc) in denominators (headcounts) (Training conducted using updated SOP) 4. Expansion of participation in the yearly and midterm EPI evaluations (Ongoing) 5. Advance eHMIS and eLMIS integration (Paper based LMIS – rolled out, Integration of aggregated EPI supply data into DHIS-2 - Ongoing) 6. Improve availability of reporting forms and vaccination cards (revised forms – available) 7. Update and consolidate SOPs for use of all tools (Plan in Q 1, 2020) 8. Integrate data quality in supervision practices (Plan in Q 4, 2019) 9. Develop a comprehensive training / capacity strengthening plan and implement this at all levels (Plan in Q 1, 2020)

	10. Designated focal persons for data management – Yet to be implemented 11. Constitute a data technical working group -(Plan in Q1, 2020)
3. Update HSS2 budget to finance EVM Improvement Plan, reconcile with CCEOP and include national cold chain criteria Agreed country actions 1. cEPI and partners (WHO and UNICEF) agreed to work together to finalize the HSS2 budget as soon as possible	1. The implementation progress of EVM IP was reviewed as well as essential needs or changes are updated based on the cold chain capacity gap analysis and national cold chain expansion criteria developed by cEPI (i.e. to expand cold chain to Rural Health Facilities (RHC/SRHC). 2. The cold chain equipment budget for HSS-2 and the joint investment budget for CCEOP was reviewed and reconciled. 3. The HSS-2 budget for revised EVM IP was updated after the reconciliation with CCEOP.
4. Prioritise supportive supervision at State/Region and Township levels and consider TA needs Agreed country actions 1. The supervisory plan will be developed, and the integrated supervisory checklist will be used by supervisors	1. Part of bottom up costed workplan- developed. 2. Secured by HSS2 at all level 3. Increase in prioritized areas 4. Technical report of supervision will improve the feedback mechanism and implementation 5. Checklist developed Embedded EPI TA in EHOs
5. Update HSS2 budget to operationalise strategies and approaches of the Communication Plan of Action Agreed country actions 1.The costed Communication Plan of Action should be well aligned with HSS2	1. HSS2 budget on approaches and strategies for demand generation interventions has been updated. Still need to consolidate with additional 25m funded interventions and ensure under one strategic road map. 2. Reprioritization of townships/communities which has demand on immunization related issues has been done. There might be some adjustment based on the findings of KAP study. 3. There will be a review meeting on Communication Plan of Action in the last quarter of 2019.
Additional significant IRC / HLRP recommendations (if applicable)	**Status**

7. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORTNEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

Overview of key activities planned for the next year and requested modifications to Gavi support:

New Vaccine introduction

- Implementation of rotavirus vaccine into routine immunization
- Implementation of HPV introduction

Coverage and Equity

- Implementation of school entry check and roll-out school-based immunization
- Intensification of Crash or Catch-up immunization activities.
- Working with Local EHOs and Partners for reaching hard to reach and Non-Government Controlled Areas

Monitoring and Evaluation

- Implementation of KAP and Coverage Estimate Survey
- Further implementation of data quality improvement plan

Cold Chain Expansion and immunization supply chain data use

- CCKP and vLMIS training at townships level
- Continue Implementation of CCEOP Year 1 and Year 2
- Accelerate Cold Chain Infrastructure Construction
- Implement eLMIS for immunization programme and pilot for public health commodities

There is a plan to apply for remaining HSS2 funds of US$40 million for year 4 and 5 (2021-2022) as well as CCEOP2.

Key finding / Action1	**Availability of cold chain equipment in the remote or inaccessible is still a challenge**
Current response	HSS2 and CCEOP opportunity is being used to expand cold chain in all RHCs of prioritized townships
Agreed country actions	• Continue expanding CCE and alternative devices for difficult to access areas, including EHO, under HSS2/ CCEOP programme • Improve capacity for maintenance and repairs of equipment. Fill vacant engineer posts as a priority. • Provide alternatives to Passive Storage Devices (PSD) for distribution by foot/last mile, for smaller populations. • Improve waste management, including lower levels, as per current WHO guidelines.
Expected outputs / results	60% of rural health centres in 96 prioritized townships equipped with cold chain facilities.
Associated timeline	
Required resources / support and TA	Gavi HSS2 and CCEOP.
Key finding / Action 2	**Challenges in Human Resources and Workforce Capacity**
Current response	Through HSS2 implementation, capacity building activities for health workers and volunteers are being conducted in addition to filling the vacant position.
Agreed country actions	• Fill vacant positions with prioritization of lower level health staff in hard to reach areas. • Recruit male PHSII staff for hard to reach and conflict areas and train as vaccinators. • Strengthen EHO capacity through training and embedded TA. • Reinforce regular supportive supervision visits to health and surveillance staff. • Integrate use of tablets into monthly continuing education to increase awareness of resources.
Expected outputs / results	
Associated timeline	
Required resources / support and TA	Gavi- HSS-2, TCA
Key finding / Action 3	**Implement Demand Generation and Social Mobilization Activities**
Current response	
Agreed country actions	• Ensure workplans include implementation of recently developed communication strategy (e.g. local language and context, develop online credible information source for EPI). • Ensure budgets for future campaigns cover volunteers' incentives and miking costs.

	• Create pictorial IEC materials for low-literate populations and populations speaking local languages
Expected outputs / results	Improved community awareness about the need and importance of vaccination for the children.
Associated timeline	
Required resources / support and TA	Gavi- HSS2, TCA
Key finding/ Action 4	**Ensure engagement of EHO and partners EPI activities planning, coordination and implementation**
Current response	
Agreed country actions	• Map the EHO and national and International NGOs working in the area. Base the mapping on the experience of other development partners (e.g. AtHF, GF, INGO) • ICC to consider expanding membership to include EHO representatives to strengthen collaboration with EHO. • Develop structured strategy to improve tracking and follow up of migrants. • Reinforce urban immunisation • Reinforce hospital-based immunisation at least for HepB-birth dose and BCG • Strengthening microplanning to locate communities and plan appropriate immunisation strategy (post SIA).
Expected outputs / results	Relevant stakeholders and partners participate in the EPI planning and implementation in hard to reach and EHO areas.
Associated timeline	
Requiredresources / support and TA	Gavi- HSS2, TCA
Key finding/ Action 5	**Improvement in Data Quality and Disease Surveillance**
Current response	
Agreed country actions	• Transition to new maternal and child immunization registers to ensure better tracking. • Ensure sufficient supply of vaccination cards and MCH register in all areas to promote reminder box system. • Ensure all areas are included in the implementation of the Data Quality Improvement Plan (DQIP). • Strengthen VPD and AEFI surveillance capacity at all levels including EHO areas (e.g. refresher training on case definitions and case investigation). • Enhance cross-border collaboration for VPD Surveillance and notification for VPD disease outbreak at local areas (e.g. work with Mekong Basin Disease Surveillance Project). • MoHS needs to develop a strategy to continue and upgrade the existing RSO network to fully engage with EPI
Expected outputs / results	
Associated timeline	
Requiredresources / support and TA	Gavi- HSS2, TCA

Based on the above action plan, please outline any specific technology or innovation demand that can be fulfilled by private sector entities or new innovative entrepreneurs.

- Use of Mobile App for Campaign monitoring (RCA) by different level of health workers demonstrated successfully in MR and Polio Campaign. Similar innovation will be used for EPI supervision activities in 2020.
- Explore possible technology for tracking missed children for example electronic registries/remainders, DHIS-2 trackers or any new possibilities.

- Use of GIS technology for EPI microplanning map development and monitoring of EPI activities is to be roll-out together with lessons learnt from pilots.

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

There is in country coordination mechanism which meets regularly and review the progress of the HSS2 grant and advises way forward. The highest level of coordination body is ICC, which is chaired by Permanent Secretary, and meets on quarterly basis. The executive Working Group (exWG) is second level of coordination mechanism, chaired by DG/DyDG and provides oversight to the program monitoring & implementation. In 2019, the exWG met twice and provided valuable contribution to the effective implementation of the Gavi HSS2 program.

The JA mission was conducted from 13-22 October 2019, and involved extensive field visits to Kayin State, Kachin State and Sagaing Region. The field visits were also used for MR f/u campaign readiness assessments. Participation included MoHS/cEPI, WHO (SEARO), UNICEF, Gavi, US-CDC, Access-to-Health Fund/UNOPS and EHOs. The outcomes were presented and endorsed by the ICC on 22 October 2019.

9. ANNEX: Compliance with Gavi reporting requirements*(to be pre-filled by Gavi Secretariat)*

*Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded onto the Country Portal .**It is important to note that in the case that key reporting requirements (marked with *) are not complied with, Gavi support will not be reviewed for renewal.***

	Yes	No	Not applicable
End of year stock level report (due 31 March) *****	✓		
Grant Performance Framework (GPF)* reporting against all due indicators	✓		
Financial Reports*			
Periodic financial reports (2019)			
HSS2 – UNICEF	✓		
HSS2 – WHO	✓		
HSS2 – MOHS	✓		
HSS2 – UNICEF SD	✓		
Annual financial statement (2018)			
HSS2 – UNICEF	✓		
HSS2 – WHO	✓		
HSS2 – MOHS			✓
HSS2 – UNICEF SD	✓		
Annual financial audit report			
HSS2 – UNICEF			✓
HSS2 – WHO			✓
HSS2 – MOHS			Not yet due
HSS2 – UNICEF SD			✓
Campaign reports*			
Supplementary Immunisation Activity technical report	✓ (JE 2017)		
Campaign coverage survey report			✓ (JE 2017 waived)
Immunisation financing and expenditure information	✓		
Data quality and survey reporting			
Annual data quality desk review		✓	
Data improvement plan (DIP)	✓		
Progress report on data improvement plan implementation	✓		
In-depth data assessment (conducted in the last five years)	✓ (2017)		
Nationally representative coverage survey (conducted in the last five years)	✓ (DHS 2016-17; CES forthcoming)		
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	✓		
CCEOP: updated CCE inventory	✓		
Post Introduction Evaluation (PIE) (specify vaccines):			✓

Measles&rubella situation analysis and 5-yearplan	✓		
Operational plan for the immunisation programme			
HSS end of grant evaluation report	✓		
HPV demonstration programme evaluations			
Coverage Survey			✓
Costing analysis			✓
Adolescent Health Assessment report			✓
Reporting by partners on TCA	✓		

10. ANNEX 2: Participant List

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Full Name	Organisation	Position	Email
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Dr. Phyu Phyu Thin	Access to Health Fund	Program Team Leader	phyuphyut@unops.org

11. ANNEX: Access to Health work in immunisation in Myanmar (text provided by Access to Health)

Immunization in Myanmar

Access to Health Fund in 2019

NOVEMBER 2019

ISSUED BY
Access to Health Fund

FOR MORE INFORMATION
Dr. Lin Lin Htun
linlinh@unops.org

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC

Managed by UNOPS

About the Access to Health Fund

To improve health equity in Myanmar, Access to Health focuses on the most underserved and vulnerable populations under a rights-based approach, bringing services where they are most needed and concentrating attention on conflict- affected areas.

Access to Health dedicates funding and resources for strengthening the health system for the long term. Access to Health is funded by the United Kingdom, Sweden, the United States, and Switzerland, and is managed by UNOPS. The Fund is the follow-on mechanism from the 3MDG Fund, which operated in Myanmar from 2012.

Access to Health concentrates its interventions in Rakhine, Kachin, Shan, Kayin, Kayah and Mon – all states affected by latent or active conflict. Access to Health also supports activities in Chin State, due to its remoteness and high level of need; and Yangon Region with a specific focus on sexual and reproductive health and rights.

Programme Activities

Maternal, Newborn and Child Health

In 2019, the Access to Health Fund expanded its coverage of integrated maternal, newborn and child health services to 93 townships from 52 including Special Regions under the 3MDG Fund. The Access to Health Fund adopts a two-pronged approach to reduce maternal and under-five child mortality: (i) addressing demand-side barriers such as cost and trust and (ii) strengthening supply-side services.

Immunization Activities

For immunization activities, the Fund provides support to township health departments

through implementing partners. This includes supporting: review and planning, analysis, and financial and technical support of integrated outreach sessions as a component of the maternal, newborn and child health thematic area.

Where communities are out-of-reach of government health services, the Fund also supports ethnic health organizations and ethnic community based health organizations (EHO and ECBHOs) in the provision of immunization services, delivery of behavior change communication interventions through community-based approaches, capacity building for health staff on immunization technical skills and engagement with other stakeholders.

In these areas, the Access to Health Fund support activities which strengthen coordination between the Ministry of Health and Sports, specifically state health departments, township health departments and basic health staff; and EHO and ECBHOs. Coordination ensures alignment to national guidelines and protocols, which is further reinforced to health workers through broad capacity development efforts, and training of auxiliary midwives and community health workers in providing services in hard-to-reach areas. The Fund also helps to facilitate microplanning for immunization. Gradually, reporting and data collection is also improving through support to township and state health departments and ethnic health organizations.

To complement GAVI's health system strengthening support for the Expanded Programme on Immunization (EPI) in Myanmar, the Access to Health Fund financed EPI outreach sessions costs in townships which are *not* in the GAVI prioritized list of townships. EPI outreach session costs in EHO and ECBHO-areas were supported through microplanning, outreach, capacity building of health staff and vaccine transportation under the guidance of State and Township Health Departments.

In the first six months of the Fund, stakeholder consultation, mapping and context analysis were done to identify service gaps. Quarterly state level coordination meetings supported through the Access to Health Fund improved collaboration between EHO and ECBHOs, the Ministry of Health and Sports and implementing partners. To reach the most hard-to-reach areas, advocacy to the authority (state and non-state actors) and joint planning meetings between EHO and ECBHOs and the Ministry of Health and Sports at township level, and Joint

mobile visits to previously unreached areas were successfully done.

3MDG immunization coverage in 2018

Kachin	Kachin Special Region 2, Kachin Special Region 1
Kayah	Bawlakhe, Demoso, Hpasawng, Hpruso, Loikaw, Mese, Shadaw
Chin	Falam, Matupi, Mindat, Tedim, Hakha, Thantlang, Tonzang, Kanpetlet, Paletwa
Shan	Kutkai, Manton, Namhsan, Namtu, Hsihseng, Mawkmai, Laihka, Wa Special Region, Shan Special Region 4, Kokang Special Region
Rakhine	Ann, Kyaukpyu, Myebon, Pauktaw, Buthidaung, Mrauk-U, Minbya, Sittwe, Toungup, Rathedaung

Results

In the first six months of 2019, Access to Health through partners contributed to the immunization of nearly 41,500 children with Penta 3, which protects against common childhood diseases like whooping cough and tetanus, and nearly 39,700 children against Measles in Access to Health supported non-GAVI townships and EHO and ECBHOs-areas.

3MDG supported the immunization of 385,655 children with Penta 3 throughout the lifetime of the Fund, and more than 376,290 children were immunized against measles in 3MDG-supported townships.

There has been good progress in Kayah and Chin States for coverage of the Essential Programme of Immunization (EPI), especially Penta 3. In Kayah, coverage increased from 94% in 2015 to 99% in 2018. In Chin. coverage rose from 87% in 2015 to 96% in 2018. Immunization coverage was extremely high by the final year of the 3MDG Fund, which is an outstanding result made possible by outreach activities by health staff in hard-to-reach areas.

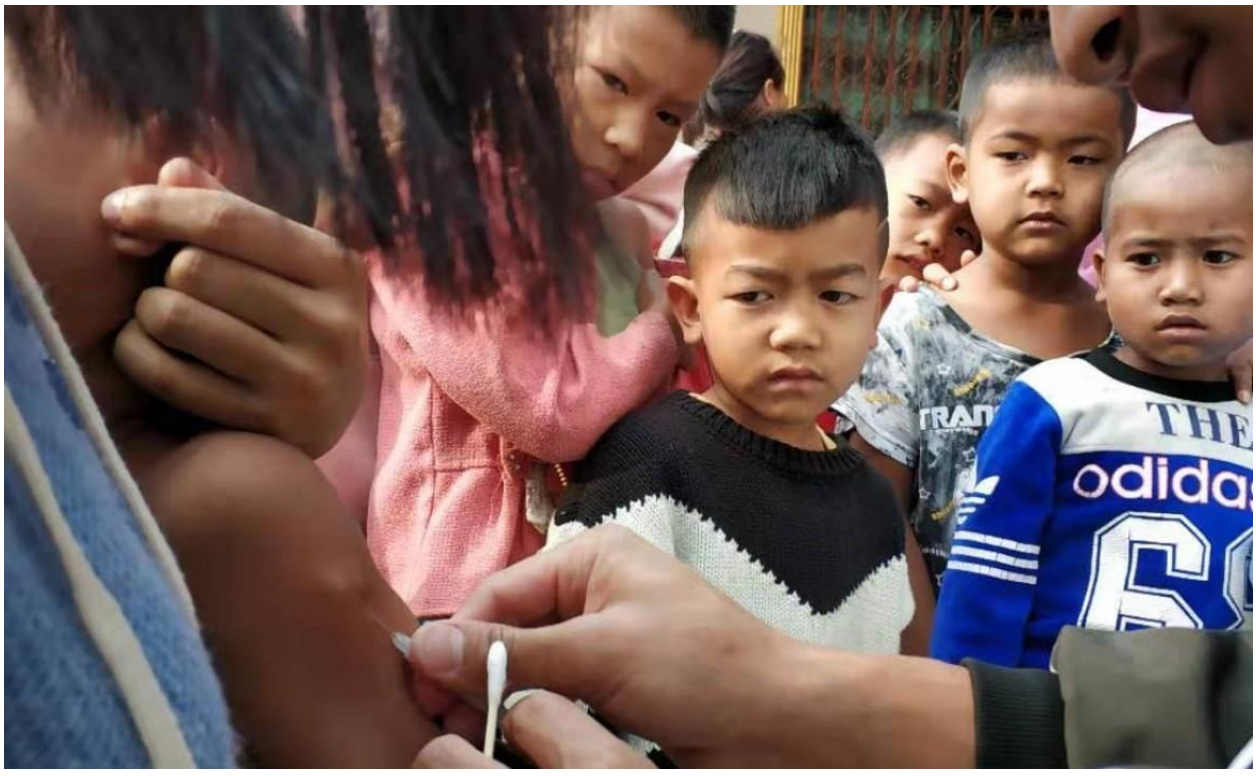
Vaccine Supply, Quality and Logistics

Through the joint UN grant of 3MDG, the following activities were undertaken:

- Estimated expenditure for procurement, distribution and installation of cold chain equipment is around USD 5.5 million
- 1,292 pieces of equipment (ice-lined refrigerators, freezers and solar fridges) were procured. About 75% of the total (1,734) equipment supported to the Ministry of Health and Sports by UNICEF during that period.
- The cold chain inventory was updated

Highlights in 2019

Measles outbreak response in Wa Special Region



A boy looks on as a vaccination is given to his friend in Wa Special Region

Suspected measles cases were found in Menglian County in China in February this year. Menglian County is right next to Pangsang Township in Wa Special Region, and it was found that some of the cases had a history of studying and working in Pangsang. A meeting was swiftly set up between health officials from the Pangsang Township Health Department, the Wa Special Region Ethnic Health Organization (EHO) and international non-government organization **Health Poverty Action** Pansang Office to coordinate their efforts to prevent any outbreak in the region.

The Wa Special Region Ethnic Health Organization also responded quickly, requesting all cases with fever and rash – especially in children – to be reported from sub-level health facilities. 4,500 doses of vaccine were transported to quickly vaccinate children in the area: 1,000 doses to Pangsang Township Hospital and 3,500 to Wa EHO. This was done with the support of the Shan State Public Health Department, Lashio.

Stakeholders, including Pansang Township Health Department, Wa Ethnic Health Organization and Health Poverty Action, also held a meeting to discuss next steps in February, agreeing to follow Myanmar's national protocols in reporting incidents. This kind of rapid coordination can make a significant disease in controlling the spread of disease, as well as accurately diagnosing and treating cases.

Thanks to the delivery of the vaccine doses, outreach teams were able to quickly mobilize. In just seven days in late February and early March, 651 children were vaccinated against measles. Teams have also reached to rubber plantations, villages and one school (13 communities in total), and a further 241 adults have been immunized through these activities.

Sub National Immunization Day support in Special Regions

At the Measles/Rubella and Polio ampaign meeting with the Ministry of Health and Sports and implementing partners, an agreement was reached to cover Sub National Immunization Day activities in Wa Special Region and Shan Special Region 4 in Shan State, and Kachin Special Region 2 in Kachin State. This is supported by the Access to Health Fund through implementing partner Health Poverty Action, in collaboration with the township health department and the respective Special Regions' health departments.

What is supported:

- Campaign outreach activities
- Advocacy meetings to the Special Region local authorities
- Community awareness raising meetings
- Microplanning training for Kachin Special Region 2 health staff

In Kachin Special Region 2 and Wa, the Measles/Rubella and Polio campaigns will be integrated with routine EPI activities. In Special Region 4, the campaign will be conducted separately. Total budget supported is **72,985 USD.**

Sub National Immunization Day and crash activities in Kayah

There are government and non-government controlled areas in Kayah State. In government controlled areas, it is possible for basic health staff to provide health services, but this is not possible in non-government controlled areas. In these areas, the Civil Health and Development Network, who are an ethnic health organizations, provide health services.

During the Sub National Immunization Day period, the Access to Health Fund financially supported the Civil Health and Development Network through **International Rescue Committee**. They were supported to provide immunization in 38 villages in non-government controlled areas in Hpasawng Township. This area is particularly restricted, and access was the result of negotiation with the State Health Department and Hpasawng Township Health Department. Crash activities were also supported in both Hpasawng and Shardaw townships. Total budget supported was **3,432 USD.**

Immunization for socially and physically hard-to-reach populations in Rakhine

In Pauktaw Township in Rakhine, support provided by Access to Health Fund was critical to bridging the gap before GAVI-HSS2 supported arrived. This included: transportation and per diem for special Expanded Programme of Immunization activities, state level supervision to four internally displaced person camps and six muslim villages, and increased access to

essential health service for socially and physically hard-to-reach populations. This was done in March and April 2019 through close coordination and collaboration between the State Health Department, Township Health Department and implementing partner, **International Organization for Migration.**

Filling the gaps and reaching to the unreached in Shan

When the Access to Health Fund began at the start of 2019, Relief International were able to work in Mongshu Township in Shan State through partnership with local EHOs and ECBHOs - Shan State Youth Capacity Building Centre (SSYCBC) and Loi Tai Li. Through this partnership, they could cover health services in areas where no international aid has yet arrived.

The workplan for joint Expanded Programme of Immunization (EPI) activities for the Township Health Department and Loi Tai Li included an advocacy meeting amongst stakeholders to ensure coordination. Relief International also facilitated filling service gaps through working with local ethnic authorities.

The township EPI package tour reached seven uncovered villages in Monghsu Township, and included health education, EPI services, and primary health care activities.

EPI Outreach Sessions Support by the Access to Health Fund