Updated Joint Appraisal report (JA) 2019

Country	
Full JA or JA update[1]	☐ full JA ☑ **JA update**
Date and location of Joint Appraisal meeting	23 to 25 July 2019, in Saly, Mbour
Participants/affiliation [2]	See attached list of attendees
Reporting period	Annual
Fiscal period[3]	January-December 2018
Comprehensive Multi Year Plan (cMYP) duration	2019 -2023
Gavi transition / co-financing group	Minimum co-financing

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 Vaccines Support

Introduction / Campaign	Date	Coverage (WUENIC) by dose	2018 Target		Approx. Value $	Comments
			%	Children		
Measles	2014	90%	84%	302,537	135,500	
Pentavalent	2005	93% (3rd dose)	99%	567,876	899,000	
IPV	2015	72%	67%	544.663	1,419,000	
PCV	2013	92%	100%	567,876	5,139,500	
Product switch (PCV)	2018		100%	567,876	144,445	
Rotavirus vaccine	2014	94%	100%	567,876	2,407,500	
HPV intro single cohort	2018	90%	100%	196,621	472,000	
Measles 2	2014	70%				

[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.

Existing financial support

Grant	Channel	Period	First disbursement	Cumulative funding status @ July 2019				Comments	
				Comm.	Appr.	Disb.	Util.	Fin.	Audit
HSS2	Govt.	2015 - 19	May 2016	13.8m	11.3m	7.3m	4.2m; 75%	2018 - 2019	Yes
PBF		2016	Oct 2018	443,130	443,130	443,130	100%		
PBF		2017		727,770	727,770	Not dec.	0%		
CCEOP	UNICEF	2018	Nov 2018	2,460,998	2,460,998	2,014,651	82%		
MR Ops		2017	Sept 2017	1.56m	1,569,000	1,568,884	100%		
PCV switch		2018	July 2018	144,445	144.445	144,393	100%		
HPV intro		2018	Apr. 2018	472.000	472.000	471.890	78%		

Comments
Senegal submitted its HSS support application for addition funds, reviewed and recommended for approval by the IRC in June 2019. The CCEOP allocation for Senegal had been reduced by 57% from the proposal amount endorsed by the IRC.

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
	MenA	2020	2020

Grant Performance Framework – latest reporting for period 2018

Intermediate results indicator	Target	Actual
Rate of EVM criteria ≥ 80% at the central level	N/A	
Rate of EVM criteria ≥ 80% at the regional level	NA	
Proportion of regions with a standardised functional incinerator	100% (14/14)	100% (14/14)
Intra-district data completeness rate	100%	99%
Data timeliness rate at the district level	80%	82%
Data consistency rate for Penta	80%	99%
Proportion of districts using DHIS2	100%	100%
Percentage of mothers and guardians of children familiar with the immunisation schedule	N/A	53%
Percentage of unimmunised children due to lack of information in target districts	N/A	6%
Percentage of unimmunised children due to lack of motivation in target districts	N/A	36%
Percentage of target districts with a 10% difference between immunisation coverage for Penta 3 and MR1 < 10%	15%	60%
Proportion of certified audits without reservations	100%	100%
Comments		

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

PEF Targeted Country Assistance: Core and Expanded Partners

	Year	Funding (US$m)			Staff in-post	Milestones met	Comments
		Appr.	Disb.	Util.			
TOTAL Core partners	2017	420,916	420,916	-	0	61%	
	2018	376,845	376,845	-	2	95%	
	2019	432,625	432,625	-			
UNICEF	2017	253,908	253,908	-	0	69%	
	2018	253,260	253,260	251,016	2	88%	End of grant June 2019
	2019	253,419	253,419				
WHO	2017	71,155	71,155	65,133	0	50%	
	2018	123,585	123,585	-	0	100%	Eng of grant June 2019
	2019	227,530	227,530	-	1 (20%)		
CDC	2019	186,000	186,000	-			Ongoing
TOTAL Expanded partners	2017	189,809				29%	
	2018	280,044				85%	
	2019	432,625					
Speak Up Africa	2017	74,500				0%	
	2018	224,900				100%	
	2019	195,100					
PATH	2017	160,191				50%	
	2018	30,074				70%	
	2019	137,735					
GaneshAid	2019	80,981					
JSI	2019	18,809					

3. RECENT CHANGES IN COUNTRY CONTEXT AND 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.

5. PERFORMANCE OF GAVI SUPPORT

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

Objective 1	
Objective of the HSS Grant (as per the HSS proposal or PSR)	**1. Improving vaccine management at all levels of the health pyramid,**
Priority geographies / population groups or constraints to C&E addressed by the objective	The interventions were intended for all regions of the country.
% activities conducted / budget utilisation	The activity implementation rate is 18/24 (75%), for a disbursement rate of 63.6%.
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	Under the CCEOP, orders were placed and paid in 2018. The operational deployment plan (ODP) was updated and the PMT implemented with regular meetings held. Transport logistics were strengthened with the allocation of a 4X4 vehicle to 12 medical regions, 26 health districts and three central level directorates. Forty-five motorcycles were allocated to immunisation units. Six generators were purchased, five of which were allocated to medical regions and the new national vaccine warehouse. The EVM SOPs were prepared and photocopied. A training workshop provided capacity building for maintenance technicians and users on electric incinerator handling and maintenance. Corrective maintenance missions for TCW3000 ACs were conducted in all medical regions. Construction of the new EPI national warehouse and a health post in the municipality of Cambérène began in March 2018. In cooperation with PARSYL, the vaccine transport and storage temperature remote monitoring project at the warehouses began in 2018 in 4 regions, 10 districts, and 21 immunisation units. Temperature mapping of all cold rooms was completed including those in the Dakar and Thiès medical regions and the Touba health district. Region and district management team (RMT & DMT) training on DHIS2 was completed.
Major activities planned for upcoming period (indicate significant changes/budget reallocations and associated **changes in technical assistance)**[11]	• Training providers in EVM SOPs • Purchase of a refrigerated truck and maintenance equipment • CCEOP implementation • Signing maintenance contracts for cold rooms • Maintenance of electric incinerators and other CCE • Reproduction of management tools • Continuation of Parsyl project • Implementation of real-time stock monitoring project (Logistimo) • Migration to new national warehouse
Objective 2:	
Objective of the HSS Grant (as per the HSS proposal or PSR)	**2. improving accessibility and availability, and quality of basic service delivery.**
Priority geographies / population groups or constraints to C&E addressed by the objective	All health districts prepared their Reach Every Child (REC) plans and received financial support. Signing contracts with 50 providers significantly reduced gaps in hard-to-reach areas for five regions of the country. The equity analysis was performed at the national level, enabling 15 priority health districts to be identified.
% activities conducted / budget utilisation	Nine of 11 planned activities were performed, i.e., a rate of 60%. The disbursement rate was 81% for the same period.
Major activities implemented & Review of implementation progress especially key successes & outcomes / activities not implemented or delayed / financial absorption	Support for district REC plans to improve accessibility using innovative outreach strategies (fixed mobile, night-time immunisation in certain bedroom districts in Dakar, weekend immunisation session) Recruiting personnel in outreach and hard-to-reach areas for availability and continuity of service. The RMTs/DMTs were trained in immunisation equity analysis. Three out of 15 districts implemented this approach. The country introduced the cervical cancer vaccine (HPV) in routine EPI for nine-year old girls.

	Implementation constraints: since March 2018, the country has experienced a social movement by the health work force with a work slowdown until September. The movement became radicalised from October to December 2018, with an immunisation boycott and distribution of false information.
Major activities planned for upcoming period (indicate significant changes/budget reallocations and associated **changes in technical assistance)**[11]	Recruiting eight accountants for medical regions to strengthen financial management and improve collection of supporting documents. Implementation of REC plans Implementation of equity plans in 21 priority districts Post-introduction evaluation of HepB and HPV Training physicians in EPI management (GESPROVAC) Training EPI focal points in vaccine logistics management (LOGIVAC) Pilot phase of remote supervision and coaching project (Coach2PEV)
Objective 3:	
Objective of the HSS Grant (as per the HSS proposal or PSR)	**3. Strengthening the Health Information System**
Priority geographic/population groups or constraints to C&E addressed by the objective	Making it routine to enter EPI and epidemiological surveillance reports into the DHIS2 platform

Objective 4:	
Objective of the HSS Grant (as per the HSS proposal or PSR)	**4. Improving demand for basic healthcare services** **Joint Appraisal update**
Priority geographies / population groups or constraints to C&E addressed by the objective	After the national level equity analysis, 15 priority districts were identified to conduct activities to reach hard-to-reach populations.
% activities conducted / budget utilisation	Nine of the 16 planned activities, i.e., 56%, were performed, for a disbursement rate of 28%.
Major activities implemented & Review of implementation progress especially key successes & outcomes / activities not implemented or delayed / financial absorption	Within the context of implementing the routine communication plan, printed and audiovisual materials were produced and distributed. The same materials were produced, distributed and disseminated when HPV was introduced. Digital signs and billboards were used as routine immunisation materials for the general public. A workshop for designing training modules, supervision tools and reporting was held. Organisation of the HPV introduction launch ceremony, presided by the head of state and some 40 Ministers of Health and 15 first ladies, followed by those of the 14 medical regions. Organisation of six orientation sessions (parents of students, traditional communicators, religious leaders, women's promotion group, MSAS toll-free number operators and the network of journalists). Organisation of advocacy meetings based upon a scientific argument. Panel of presenters consisting of university professors (oncologist, gynaecologist, immunologist, paediatrician, public health specialist). Organisation of a symposium with the State's national midwife association Production of an awareness film to manage vaccine hesitancy. Central level team support for implementing response activities to address rumours and reluctance.
Major activities planned for upcoming period (indicate significant changes/budget reallocations and associated **changes in technical assistance)**[11]	Production and distribution of sketches Distribution of routine EPI and HPV communication materials Production of audiovisual and printed communication tools (CHW guides, liaison training module, supervision and reporting tools). Organisation of a broadcast round table attended by an oncologist, gynaecologist, representative of civil society, education sector. Training for Health Information and Education managers (EIPS) in districts and regions. Religious member partnership convention Relaunch of school participation in active monitoring of the target to improve equity Advocacy meeting with cross-sector ministries Use of mobile distribution methods Orientation and planning activities with the network of journalists Organisation of the African Immunisation Week (AIW) Organisation of an advocacy workshop with governors and head physicians of regions
Objective 5:	
Objective of the HSS Grant (as per the HSS proposal or PSR)	**5. Programme management**
Priority geographies / population groups or constraints to C&E addressed by the objective	Systematic capacity building for all immunisation unit managers in supervised regions. Analysis of bottlenecks and sharing best practices in sectoral monitoring meetings.

[4] Note: 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.

% activities conducted / budget utilisation	One activity completed out of the three planned, i.e., a rate of 33%. The funds disbursement rate is 35% for the same period.
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	After training the RMTs/DMTs and providers on DHIS2, all structures offering immunisation activities began routinely entering immunisation and surveillance data. This resulted in integration of the national health information system mechanism and real-time data availability. An annual assessment meeting presided by the Minister of Health refocused the EPI as a priority programme for child survival. Constraints: slow data entry in the DHIS2 platform because of the strike by health workers that impacted timely data analysis.
Major activities planned for upcoming period (indicate significant changes/budget reallocations and associated **changes in technical assistance)** [5]	Supervision of regional level immunisation units Organisation of quarterly monitoring meetings

In the text box below, briefly describe:

- ***Achievements against agreed targets*** *as specified in the grant performance framework (GPF), and key outcomes. E.g. how does the number of additional children vaccinated and under-immunised children in districts supported by the HSS grant compare to other non-supported districts/national targets. Which indicators in the GPF were achieved / impacted by the activities conducted?*
- *How Gavi support is contributing to address the key drivers of low immunisation outcomes?*
- *Whether the* ***selection of activities is still relevant,*** *realistic and well prioritised in light of the situation analysis conducted, as well as financial absorption and implementation rates.*
- *Planned* ***budget reallocations (****please attach the revised budget, using the Gavi budget template).*
- *If applicable, briefly describe the usage and results achieved with the* ***performance based funding*** *(PBF) the country received. What grant performance framework (GPF) metrics will be used to track progress?*
- ***Complementarity and synergies with other donor support*** *(e.g. the Global Fund, Global Financing Facility)*
- ***Role of public-private partnerships****, including INFUSE initiatives and the contribution to resolving major factors governing coverage and equity. Please outline the source (e.g. Gavi HSS, PEF and other donors) and amount of funding*
- ***Partnerships with private sector and INFUSE*** *and key outcomes (e.g. increasing capacity building and demand, improving service delivery and data management). Please outline the sources (e.g. Private sector contributions, Gavi matching Fund and Gavi core funding – HSS/PEF) and amount of funding.*
- ***Civil Society Organisation (CSO)*** *participation in service delivery and the funding modality (i.e. whether support provided through Gavi's HSS or other donor funding).*

- For more than five years, the immunisation coverage (IC) objectives have been achieved for most routine EPI antigens. In 2018, because of a strike and immunisation boycott by health workers at the peripheral level, the 90% administrative coverage objective was not achieved for any antigen.

- The Penta1/Penta 3 and Penta 3/ MR1 dropout rates are less than 5%. For MR1 / MR2, it is still high (25.9%). This disappointing performance is especially linked to insufficient systematic searches for children in irregular circumstances for the second MR dose.
- The number of immunised children steadily increased between 2016 and 2017, before experiencing a decrease in 2018 for all antigens. This is related to the immunisation boycott resulting from the strike.

Table I : Administrative IC 2018

Antigens	IC (%)
BCG	83%
HepB0	75%
OPV1	82%
OPV3	81%
Penta1	83%
Penta3	81%
PCV13-3	81%
Rota 2	63%
MR1	82%
MR2	63%
YFV	75%

Table II: Immunisation dropout rate in 2018

DROPOUT RATE	
Penta1/Penta3	**2.0%**
Penta3/MR1	**-1.3%**
MR1/MR2	**25.9%**

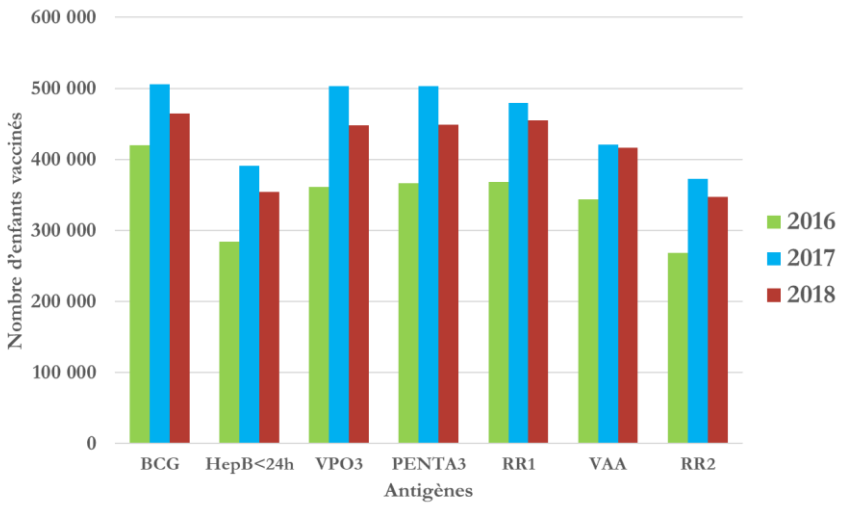


Figure1: Change in the number of children immunised between 2016 and 2018

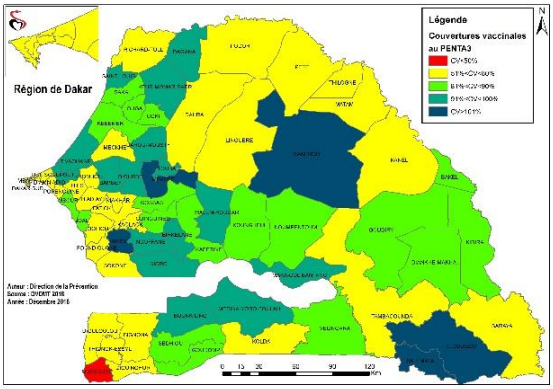


Figure 2: Administrative coverage by district of Penta 3 in Senegal in 2018

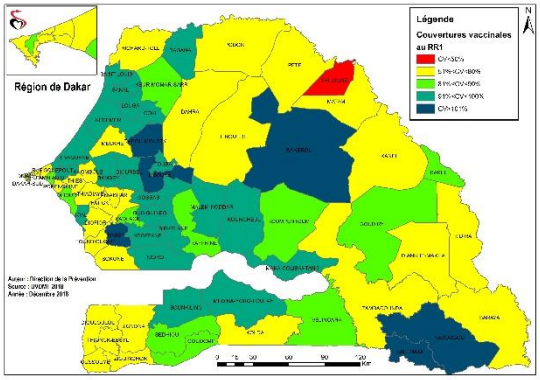
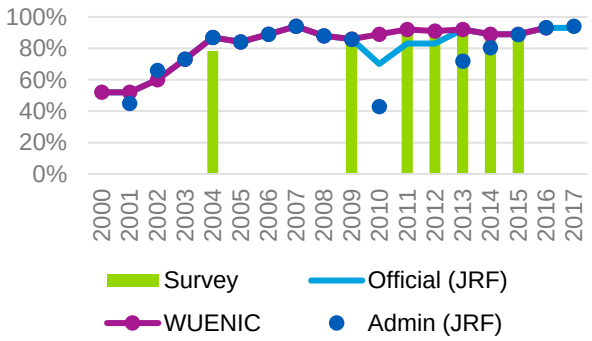


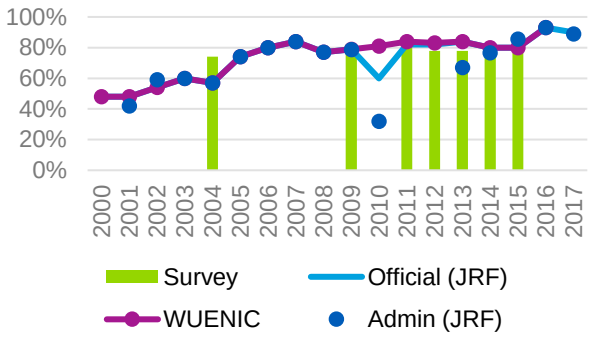
Figure 3: Administrative coverage by district of MR1 in Senegal in 2018

- Overall IC rates, however, conceal regional and district level disparities in the country. Thus, for Penta3, 21/76 districts, or 28%, achieved or exceeded the 90% objective. For MR1, 28 districts (37%) achieved or exceeded 90% IC. The continued use of immunisation services is still deficient in certain disadvantaged or hard-to-reach areas (nomadic areas in the centre of the country, mining sites in the southeast, peri-urban areas, etc).

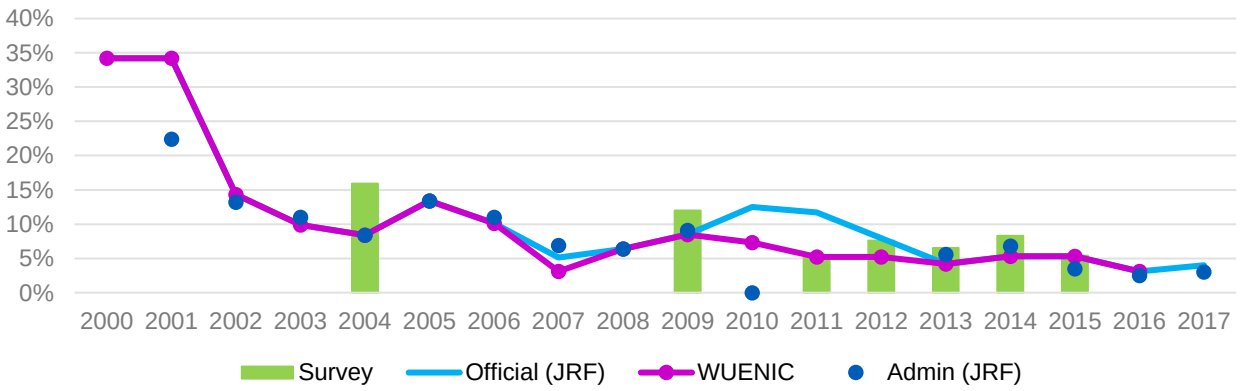
Penta3 coverage at the national level for Senegal (2000-2017)

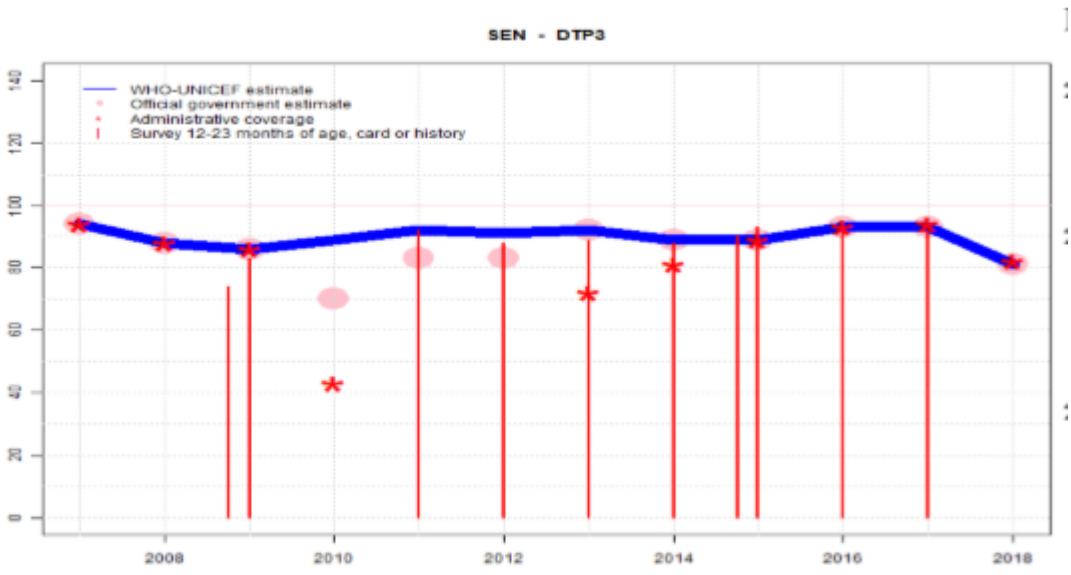


MCV1 coverage at the national level for Senegal (2000-2017)

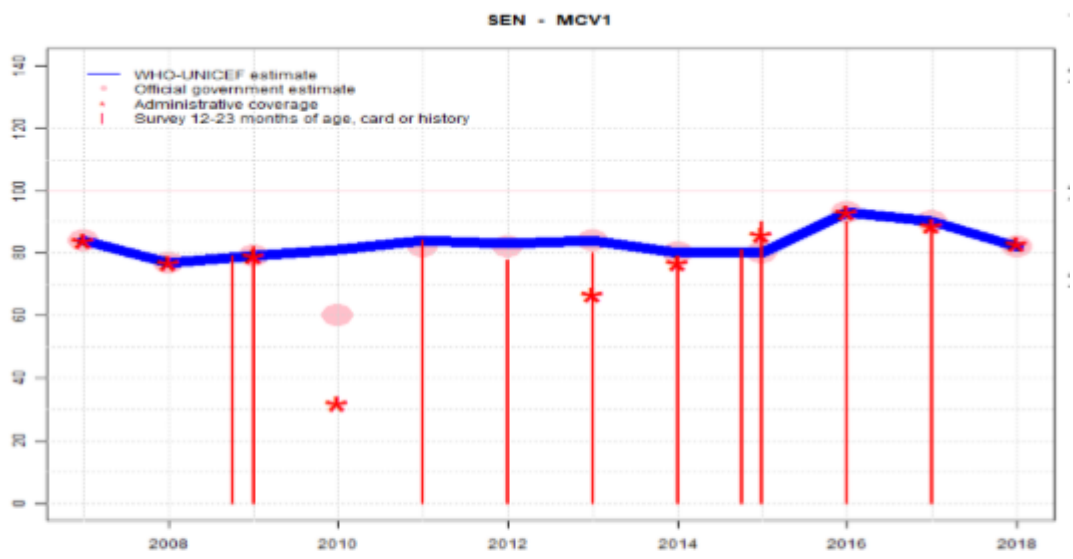


Penta1 - Penta3 DropOut Rate for Senegal (2000-2017)





	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	94	88	86	89	92	91	92	89	89	93	93	81
Estimate GoC	•	•••	•••	•	•	••	•	•••	•••	•••	•••	•
Official	94	88	86	70	83	83	92	89	89	93	93	81
Administrative	94	88	86	43	NA	NA	72	81	89	93	94	82
Survey	NA	NA	*	NA	92	88	89	88	*	93	92	NA



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	84	77	79	81	84	83	84	80	80	93	90	82
Estimate GoC	•••	•••	•••	•	•	••	•	•••	•••	•	•••	•••
Official	84	77	79	60	82	82	84	80	80	93	90	82
Administrative	84	77	79	32	NA	NA	67	77	86	93	89	83
Survey	NA	NA	*	NA	84	78	80	79	*	90	88	NA

- There has been a steady increase in the country's Penta3 performance with coverage exceeding 90% in recent years, as well as for surveys and administrative data, except in 2018, when there was a decrease in coverage due to the reasons cited above. Coverage with MR1, introduced in the EPI in 2013, increased until 2016 when it reached 93%, but has decreased since then, at 90% in 2017 and 82% in 2018. It must be noted that the decrease in MR1 immunisation coverage in 2017 is due to the MR immunisation campaign organised at the end of the year and the strike in 2018.
- A steady decrease in Penta1/Penta3 dropout rates was reported. The rate dropped from 35% in the 2000s to less than 5% in 2018.

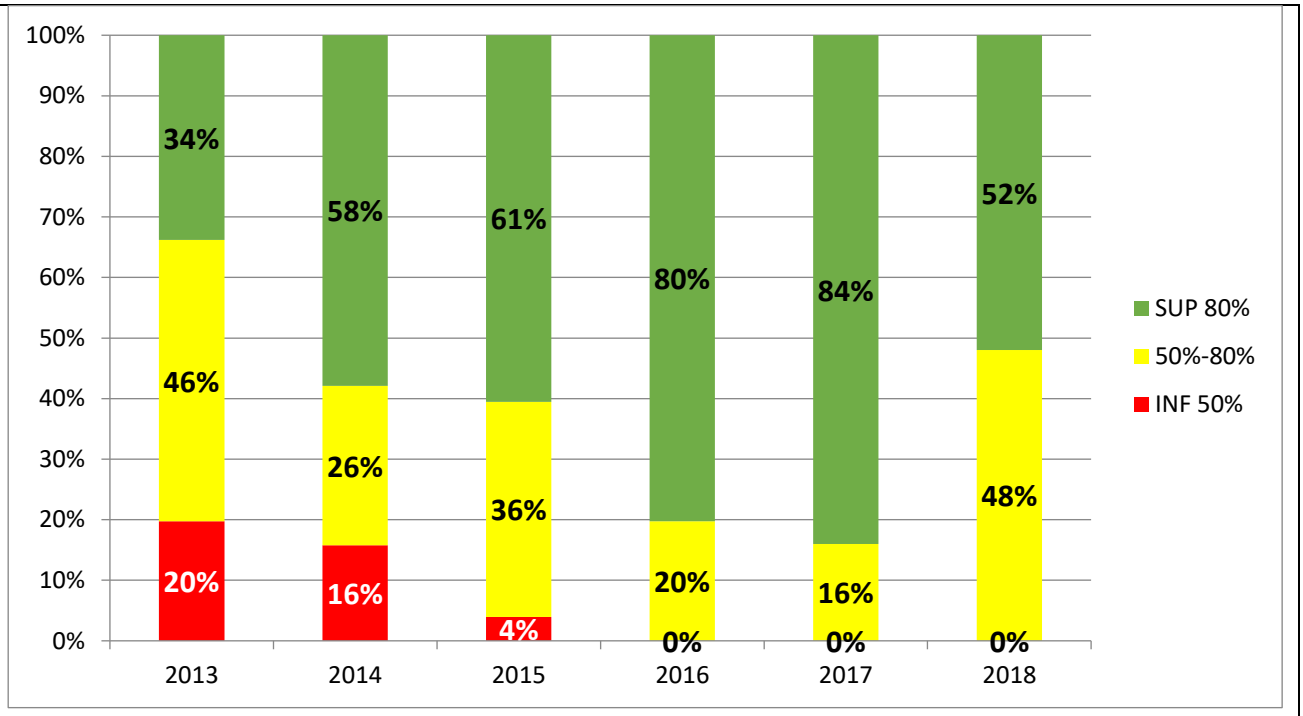


Figure 3 Distribution of health districts by Penta3 IC in Senegal -2013_2018

- There has been a steady increase the percentage of districts with Penta3 IC exceeding 80%. It increased from 34% in 2013 to 84% in 2017, then fell to 52% in 2018. Nevertheless, the percentage of health districts with Penta3 coverage between 50% and 80% increased from 16% to 48%. At the same time, the percentage of districts with coverage below 50% sharply decreased, from 20% in 2013 to 0% since 2016.

To improve effective vaccine management, Senegal has benefited from the Gavi INFUSE programme to implement the remote temperature monitoring project in the supply chain with Parsyl. The pilot phase implemented in 4 regions, 10 districts and 21 immunisation units helped improve vaccine transport and storage conditions through better monitoring and decision-making in the event of outlying temperatures. The project is continuing in 2019 with the expansion phase to other regions of the country.

5.2. Performance of vaccine support

After an HPV vaccine demonstration for nine-year old girls in the pilot districts of Mékhé and Dakar Ouest and enrolment in the Khombole health district, on 31 October 2018, Senegal introduced wide-scale routine HPV immunisation for nine-year old girls. For this purpose, all stakeholders involved were trained, inputs were provided and the initial communication plan was rolled out. However, the introduction coincided with the health workers' strike, with false information being spread through social networking about the safety and effectiveness of the vaccine. This led to both an insufficient supply of immunisation services and reluctance by the population, resulting in low IC of 25%. After an in-depth analysis by the central level team in cooperation with partners, a response communication plan was developed and is currently being implemented. This plan includes community forum sessions chaired by administrative authorities, post-university education at private practice locations, symposiums, and local communications activities by community-based organisations (CBOs). These communications helped to improve IC, which increased to 97% for HPV1 in the first half of 2019.

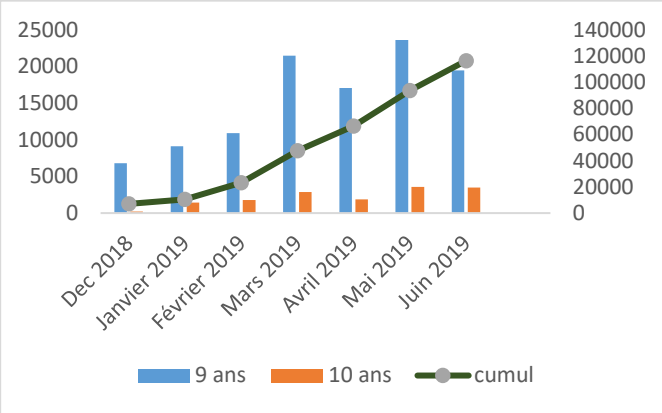


Figure 4: Change in the number of girls immunised for HPV December 2018 to June 2019 in Senegal

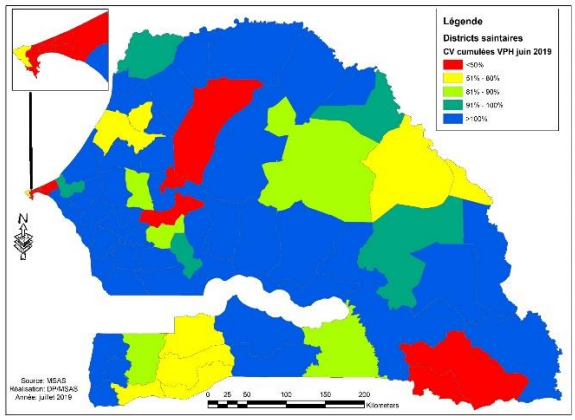


Figure 5: Cumulative IC for HPV1 by district in June 2019 in Senegal

Analysis of the measles/rubella situation

Figure 6 below summarises Senegal's performance in measles prevention from 2003 to 2018:

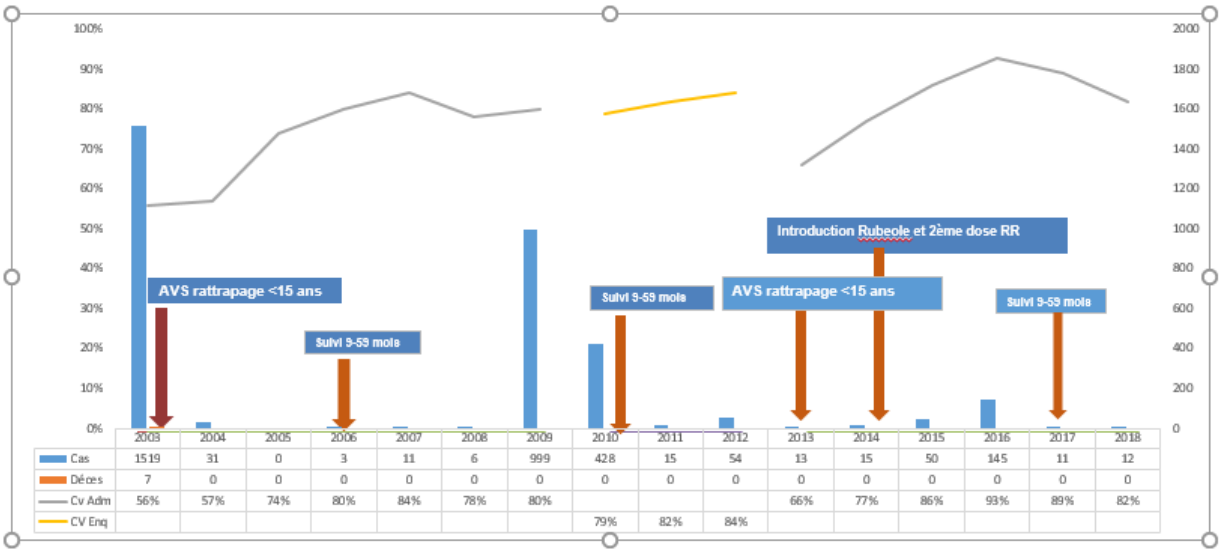


Figure 6: Senegal's performance in measles prevention from 2003 to 2018

From 2003 to 2018, the number of measles cases dropped from 1,519 to 12. No measles-related deaths have been reported in Senegal since 2003. This situation is primarily linked to the effectiveness of the immunisation system, with relatively high coverage, improved case treatment with the administration of vitamin A, and regularly conducting SIAs. Furthermore, confirmation of a single case of measles in a district is systematically addressed with procedural documentation.
The challenge that the country is currently facing is implementing a measles surveillance system during the elimination phase, and implementing and expanding surveillance of congenital rubella syndrome.

5.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

5.4. Financial management performance

HSS grant

Within the context of implementing HSS/Gavi supported activities, Table IV below summarises the financial situation for 2018.

Table IV : **2018 financial situation**

[Translator's note: no table appears in the original French text here]

Table V below summarises the quarterly disbursement situation by objective and by quarter of 2017.

Table VII: Quarterly disbursement situation by objective and by quarter of 2018

HSS Proposal Objectives	Amount allocated in 2018	Amount spent Q1	Amount spent Q2	Amount spent Q3	Amount spent Q4	Balance
1. Improving vaccine management at all levels of the health pyramid	**3,137,803**	**213,526.04**	**164,880.39**	**329,846.47**	**742,615.51**	**1,142,404.55**
2. Improving accessibility and availability, and quality of basic service delivery	**906,241**	**123,537.19**	**225,755.43**	**154,858.05**	**39,077.05**	**363,013.28**
3. Strengthening the Health Information System	**97,831**	**32,467.27**	**-**	**2,442.78**	**0**	**62,920.95**
4. Improving demand for basic healthcare services	**997,945**	**18,786.87**	**14,172.89**	**162,424.90**	**80,575.06**	**721,985.28**
5. Programme management	**548,770**	**124,230.95**	**8,483.01**	**91,905.16**	**89,922.42**	**234,228.45**
Total	**5,688,590**	**512,548.32**	**413,291.72**	**741,477.37**	**952,190.04**	**2,524,552.51**

The following table illustrates the annual disbursement situation and execution rates by objective:

Table III: Annual disbursement situation and execution rates by objective:

HSS Proposal Objectives	Amount allocated in 2018	Accumulated expenditures Q1, Q2, Q3, Q4	Execution rate
1. Improving vaccine management at all levels of the health pyramid	3,137,803	1,995,398.45	63.59
2. Improving accessibility and availability, and quality of basic service delivery	906,241	543,227.72	59.94
3. Strengthening the Health Information System	97,831	34,910.05	35.68
4. Improving demand for basic healthcare services	997,945	275,959.72	27.65
5. Programme management	548,770	314,541.55	57.32
Total	**5,688,590**	**3,164,037.49**	**55.62**

The bank balance of the special account as of 1 October 2018 was XAF 389,205,107 and XAF 431,084,171 as of 31 December 2018 (see bank statement).

The disbursements made for 2018 are estimated at US$ 3,164,037.49, i.e., an execution rate of 55.62%.

The 2018 financial management audit was performed and the report sent to Gavi.

Furthermore, the audit found advances (XAF **1,010,495,643)** as of 31 December 2018 that are not yet justified. This amount is distributed between the HSS2 **(971,609,484**) and the NVS (**XAF 38,886,159**).

The following table summarizes the status of justifications by recipient (i.e., a justification rate of **92%** for HSS2 and **82% for the NVS**) as of 05 September 2019;

2018 HPV Campaign Grant

On 04 May 2018, the account with Crédit du Sénégal was credited **XAF 256,088,897** for the HPV grant and **XAF 80,873,466** on 23 July 2018 for the SWITCH PCV Grant.

Budget Line	Activity	Amount budgeted in 2018	Amount disbursed
TRAINING	- Provider training	28,662,000	28,662,000
	- Instructor training	56,593,500	56,593,500
	- Liaison training	111,032,000	111,032,000
MANAGEMENT TOOLS	- Management tool reproduction	39,750,000	39,750,000
COMMUNICATIONS	- Communications	67,068,500	67,068,500
	- Comm. materials testing	2,141,560	2,141,560
	- Preparation of educational documents	325,000	0
HPV VACCINES (Transport, Delivery, other expenses)	- Delivery	7,192,385	7,192,385
GRAND TOTAL		**312,764,945**	**312,764,945**

Note: The amount of XAF 16,926,048 in additional communications activity and XAF 39,750,000 for reproducing HPV management tools were covered by the PCV Switch Grant after Gavi gave its no-objection certificate on 21 August 2018.

On 31 December 2018, the HPV grant had a disbursement rate of 100%.

The difficulties related to executing the grants received are:

- Delay in justification of transfers made available to recipients
- Quality of supporting documents to be improved for better operations

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

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

WHO

WHO provided technical assistance for the following activities:

Developing the EPI/Disease surveillance data quality improvement plan

WHO provided technical and financial support for activities to develop the data quality improvement plan. We supported the desk review and field survey for immunisation data collection, programme management and surveillance. We supported a workshop held to analyse data and develop a data quality improvement plan. WHO also recruited a local consultant to assist the country in the process and at the same time build skills of workers. The final version of the data quality improvement plan is expected in mid-August 2019.

MLM training for physicians

We sent a technical support request to WHO/AFRO to make a pool of trainers available for the MLM. The request was accepted. The training is to be provided for the themes identified by the country. The activity is planned for November 2019.

Post-introduction evaluation of human papillomavirus and hepatitis B0 vaccines

The post-introduction evaluation (PIE) of the hepatitis B vaccine is planned for 19-30 August 2019. WHO/AFRO and IST as well as the CDC are invited to participate in this evaluation. WHO also launched the process for recruiting a local consultant to monitor the country in the process, for capacity building and for completing the report with recommendations by level.
The post-introduction evaluation of the human papillomavirus (HPV) is planned for November 2019.

Multi-age cohort immunisation of girls aged 11 to 14

This activity could not be carried out due to the global shortage of HPV vaccine.

Application for introduction of the MenAfriVac vaccine into the routine EPI

This activity could not be carried out due to the fact that the consultative committee on immunisation in Senegal (CCIS) recommended introducing the quadrivalent meningitis vaccine instead of MenAfriVac.

Considering the suspension of the two activities above, we instead proposed the following:

EPI supportive supervision/surveillance of Saint Louis and Tambacounda regions
Supervision of healthcare facilities in the Saint Louis region was conducted from 1 to 6 July 2019. This supervision was organised by the central level, accompanied by other physicians and EPI partners who, with the region and district teams, supervise all healthcare facilities in the region in the areas of EPI and disease surveillance.
Supervision of healthcare facilities in the Tambacounda region is planned for November 2019.

Training for EPI/surveillance focal points in two sessions
Two training sessions for EPI/surveillance focal points in regions and districts are planned: the first for 7-11 October 2019 and the second for 24-25 October.

African Immunisation Week (AIW)
Considering the rumours and misinformation campaigns regarding the human papillomavirus (HPV) at the time of introduction, the country asked us to produce a documentary film to strengthen communication about the vaccine. The film has already been made and is pending validation.

UNICEF

In accordance with recommendations from the 2018 joint appraisal and pursuant to the 2018-2019 TCA planning, seven key activities were selected, with special emphasis on the equity approach and urban immunisation strategy. The status is summarised below.

1. Support the application to introduce the MenAfriVac vaccine into the routine EPI
   The application is postponed, pending more information from WHO for the introduction. NITAG had recommended introducing the quadrivalent vaccine, due to the prevailing serological profile in the subregion. Unfortunately, this quadrivalent vaccine is no longer available on a large scale on the market and is not supported by Gavi. WHO suggests that the country introduce MenA and make the switch when the quadrivalent is available. WHO will develop arguments and send them to the country to change its position.
2. Support the development and implementation of equity improvement plans in 11 target districts
   We supported the development of equity plans for 21 priority districts, seven of which are urban districts and included specific innovative strategies for urban environments. Furthermore, the districts were trained on integrating birth records during immunisation, as well as Vitamin A supplements and deworming that are already in effect. UNICEF will support implementation of the plans in about ten districts by promoting the integrated aspect (Immunization Plus). To improve monitoring and facilitate documentation, focal points (to be recruited) will be used.
3. Support implementation of the CCEOP
   As of 29 June 2019, 412/622 CCEs, or 66%, were installed. No major difficulties reported in the process. The UNICEF supply division will recruit an independent firm to inspect the installed equipment, which will take place in November 2019.
4. Support the involvement of private sector paediatricians in the EPI
   Contacts have been established to begin this activity. First, a brainstorming meeting on the expectations of both parties (public and private) is planned for August. The partnership division of the DPRS will work with the Private Health Facility Department to develop a standard agreement to submit to the districts within the context of their cooperation with private facilities in their area of responsibility.
5. Support communication promoting immunisation through civil society
   We do not want to duplicate the efforts of the NGO Speak Up Africa. A shared meeting with Speak Up Africa is planned to harmonise our actions.

6. Promote immunisation through schools
   We provided support to the Prevention Department to develop a concept note on strategy with schools, implementation of which is planned for the start of the upcoming school year. In the meantime, two meetings were held by the Ministry of Health (Prevention Department) with youth and scouting associations, the Red Cross, Guides and pathfinders to support ICPs in locating lost-to-follow up and irregularly immunised children during school vacations.
7. Assist 10 urban districts in developing routine EPI communication operating plans.
   The communication aspects are included in REC plans taking into account equity and urban aspects. This will also be monitored with the support of focal points.

PATH

PATH's technical assistance was directed toward introducing the HPV vaccine in the country. PATH assistance related to the following activities:

Introduction preparatory activities: in the HPV Technical Committee, PATH helped develop management tools and communication materials. PATH also made available lessons learned in other countries that introduced HPV and the challenges encountered.

Ready assessment coordination: as part of preparing the HPV introduction, Gavi made certain recommendations for activity monitoring and execution levels. PATH supported the coordination and updating of the ready assessment tool, which was presented and discussed in regular meetings with WHO, Gavi, UNICEF.

HPV Orientation: PATH joined the EPI teams to support training district managers on the HPV introduction. Their training was organised in all districts during the week of 2-8 September 2018.

Monitoring HPV crisis activities in 2018: PATH participated in developing activities to address the crisis related to rumours spread after introduction of the HPV vaccine. The activities were primarily directed at communication in the form of discussions shared with associations (journalists, parents of students, etc) and other advocacy activities with vaccine specialists.

Post-Introduction supervision PATH participated in supervisory activities organised in March 2019 after introduction of the HPV vaccine. Supervision was conducted in districts and included supervision of select health centres and posts.

Multi-age cohort immunisation of girls: This activity has been cancelled for the moment, as it was included in the TA; PATH is proposing to direct this TA to other activities to be discussed with the EPI and partners.

6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	**Current status**
1. Include in the EPI chapter two new budget lines: support for the RED plan and organise SIAs (DAGE)	*Not completed*
2. Advocacy at the Ministries of Health and Finance by WHO and UNICEF representatives to pay for vaccines in the first quarter of the year	*Ongoing*
3. Strengthen the partnership with the Paediatric Society and the Association of Private Practice Paediatricians to integrate private facilities in the EPI and Surveillance	*in progress*
4. Strengthen the team in charge of communication in the Prevention Department, assigning at least one worker	*Completed*
5. Develop innovative immunisation funding strategies accompanied by an institutional framework as part of implementing the national health funding strategy	*Not completed*
Additional significant IRC / HLRP recommendations (if applicable)	**Current status**

If findings have not been addressed and/or related actions have not taken place, provide a brief explanation and clarify whether this is being prioritised in the new action plan (section 7 below).

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

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

- ✓ Strengthen advocacy at the Ministry of Finances and Budget by MSAS and partners to pay for vaccines in the first quarter of the year.
- ✓ Provide the Prevention Department with human resources (2 communication specialists, 2 physicians specialised in Public Health, 2 health supply chain specialists, 2 senior health technicians) and build their skills.
- ✓ Define and share the AFRIVAC resource utilisation plan in funding the purchase of vaccines.
- ✓ Document and share best EPI practices within MSAS and with partners.
- ✓ Develop and implement the central vaccine warehouse migration plan in conjunction with PNA and UNICEF.
- ✓ Update the LQAS questionnaire on aspects related to immunisation and share resources between CLM and EPI to improve the sustainability of this semi-annual exercise.

This table draws from the previous JA sections, summarizing key findings and agreed actions, as well as indicating required resources and support, such as associated needs for technical assistance[5].

Key finding / Action 1	**Strengthen advocacy at the Ministry of Finances and Budget by MSAS and partners to pay for vaccines in the first quarter of the year.**
Current response	Support from partners for purposes of advocacy
Agreed country actions	Timely semi-annual payment of funds to purchase vaccines
Expected outputs / results	Mobilisation at the beginning of the year of resources to purchase vaccines to improve availability and rates of satisfaction
Associated timeline	
Required resources / support and TA	
Key finding / Action 2	**Provide the Prevention Department with human resources (2 communication specialists, 2 physicians specialised in Public Health, 2 health supply chain specialists, 2 senior health technicians) and build their skills.**
Current response	Express the need to strengthen the central level coordination team
Agreed country actions	
Expected outputs / results	The central level team is strengthened to better implementing EPI activities.
Associated timeline	
Required resources / support and TA	
Key finding / Action 3	**Define and share the AFRIVAC resource utilisation plan in funding the purchase of vaccines.**
Current response	
Agreed country actions	
Expected outputs / results	
Associated timeline	
Required resources / support and TA	

[5] The needs indicated in the JA will inform the TCA planning. However, 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. 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. The TA menu of support is available as reference guide.

Key finding / Action 4	**Document and share best EPI practices within MSAS and with partners.**
Current response	Need for documentation and sharing best practices and lessons learned that support EPI and Disease Surveillance performance
Agreed country actions	
Expected outputs / results	
Associated timeline	
Required resources / support and TA	
Key finding / Action 5	**Develop and implement the central vaccine warehouse migration plan in conjunction with PNA and UNICEF.**
Current response	Construction of a new national vaccine warehouse was completed, need to redeploy cold rooms initially installed in the PNA while complying with quality standards.
Agreed country actions	
Expected outputs / results	The new central warehouse has high performance cold rooms.
Associated timeline	
Required resources / support and TA	

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

9. APPENDIX Compliance with Gavi reporting requirements

	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			
Annual financial statement			
Annual financial audit report			
Campaign reports *			
Supplementary Immunisation Activity technical report			
Campaign coverage survey report			
Immunisation funding and expenditure information			
Data quality and survey reporting			
Annual data quality desk review	X		
Data improvement plan (DIP)	X		
Progress report on data improvement plan implementation		X	
In-depth data assessment (conducted in the last five years)			
Nationally representative coverage survey (conducted in the last five years)	X		
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 year plan			
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			

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.
