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Maternal and Child Survival Program Engagement in the 2016 Gavi Joint Appraisal

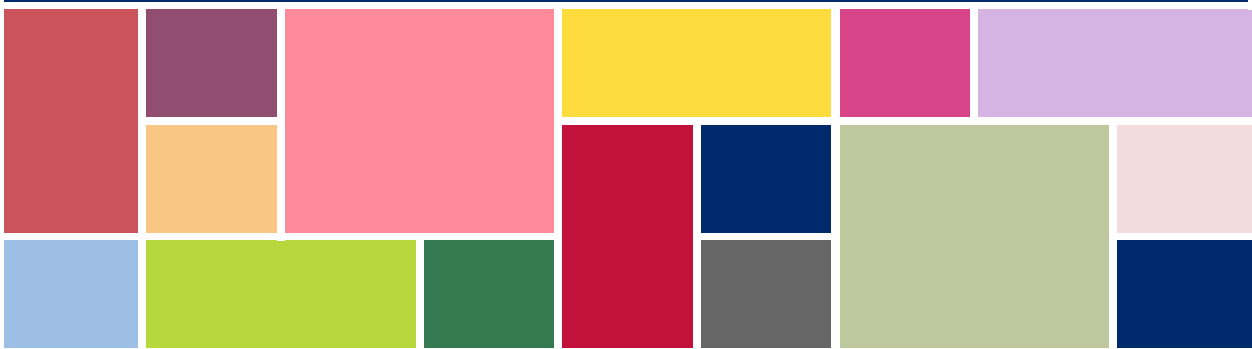
A Summary of Country Experiences

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MCSP is a global USAID initiative to introduce and support high-impact health interventions in 24 priority countries with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation. MCSP supports programming in maternal, newborn, and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on household and community mobilization, gender integration, and eHealth, among others.

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Table of Contents

Table of Contents	iii
Abbreviations	iv
Introduction	1
MCSP Participation in the 2016 Gavi JA	2
Background on MCSP	2
What worked well during the joint appraisal process	3
Challenges during the joint appraisal process	4
Lessons learned from the joint appraisal process	5
Suggestions for future joint appraisals.....	6
Conclusion	8

Abbreviations

APR	Annual Progress Report
CEF	Country Engagement Framework
EPI	Expanded Program on Immunization
Gavi	Gavi, the Vaccine Alliance
HLRP	High Level Review Panel
HSCC	Health Sector Coordinating Committee
ICC	Inter-agency Coordinating Committee
JA	joint appraisal
MCSP	Maternal Child Survival Program
MOH	Ministry of Health
PEF	partners' engagement framework
PSR	Program Support Rationale
TA	technical assistance
USAID	US Agency for International Development
WHO	World Health Organization

Introduction

The Gavi Alliance (Gavi) joint appraisal (JA) is an annual, in-country multi-stakeholder review of the implementation progress and performance of Gavi's support for new and under-used vaccines and health system strengthening support, and of its contribution to improved immunization outcomes.¹ Before the introduction of this process in 2015, in order for countries to renew funding from Gavi, they submitted an Annual Progress Report (APR) to the Secretariat in Geneva, Switzerland. The APR, along with an annual desk review, formed the basis for renewal decisions for grant support. The Gavi JA was introduced to move toward a more interactive process for reviewing the grant implementation progress and future needs to the country level.

The JA now aims to involve all immunization stakeholders, particularly those at the country level, in a review of the Gavi grant implementation progress to strengthen performance and accountability. This process is undertaken by a "joint appraisal team," which is comprised of relevant staff from the Ministry of Health (MOH); members of the Inter-agency Coordinating Committee (ICC) and Health Sector Coordinating Committee (HSCC), including civil society organizations; staff from Alliance partner organizations; and relevant Gavi Secretariat staff. The objectives of the JA are:²

- To identify persistent challenges impeding progress, in particular toward improved coverage and equity.
- To highlight areas where greater national investments and efforts, as well as technical support, are needed.
- To inform the Gavi decision on the renewal of its grants, and enable consideration of how to optimize its catalytic support to help improve immunization outcomes.

The outcomes of this process are submitted to a High Level Review Panel (HLRP), which then makes a recommendation to Gavi about approving the renewal of Gavi support for a subsequent year. The HLRP also reviews and makes recommendations to strengthen grant performance and accountability.

The Maternal Child Survival Program (MCSP) is a key immunization partner in countries where we work and a member of the ICC technical working groups and as such is expected to participate in the JAs along with other immunization partners in country. This report provides an overview of the MCSP country experiences during the recent Gavi JAs, which took place from June–October 2016. Information about these experiences was obtained through MCSP immunization staff surveys; of the 10 countries where MCSP staff participated in the JAs, there was a 100 percent response rate to the survey. Follow-up on responses to the surveys occurred through email. This report is intended to summarize MCSP staff experience and feedback on the JA process and does not present views of other stakeholders who may have also participated in the JA. This report centers on the process itself—from MCSP's perspective—and highlights key strengths and challenges, then makes recommendations that could be helpful in improving the overall process in the future. MCSP is sharing this information with a view toward strengthening the JA process, supporting countries and ensuring greater country inclusion of all partners' inputs, and better leveraging and complementing the significant investment of the US Agency for International Development (USAID) in Gavi. For the JA outcomes, the full JA reports can be found on the Gavi website.

¹ Gavi, the Vaccine Alliance. Joint Appraisals. Gavi, the Vaccine Alliance website. <http://www.gavi.org/support/process/report-renew/joint-appraisals/>. Accessed January 10, 2017.

² Gavi, the Vaccine Alliance (Gavi). 2016. Joint appraisals 2016 - frequently asked questions. Geneva, Switzerland: Gavi. Accessed January 10, 2017 (document removed).

MCSP Participation in the 2016 Gavi JA

Background on MCSP

The MCSP is USAID’S global flagship program to further the Agency’s goal of ending preventable child and maternal deaths. MCSP is implemented by Jhpiego, in partnership with John Snow, Inc., Save the Children, ICF/MACRO, PATH, Results for Development, PSI, Broad Branch Associates, and other collaborating agencies. MCSP works with other global, regional, and country partners to improve the coverage, quality, and sustainability of high-impact reproductive, maternal, newborn, and child health interventions at scale. Health systems strengthening, equity, gender, community, the engagement of civil society organizations, behavior change communications, and closing the innovation gap are all part of the program’s cross-cutting approach.

In immunization, MCSP works to build institutional and individual capacity to manage routine immunization programs, strengthen routine immunization systems, and implement innovative and tailored approaches in countries for sustainable and equitable access to immunization. At the global and regional levels, MCSP brings its learning from the field to influence policy and strategy formulation and, in turn, adapts those global approaches to field use.

Working with partners such as USAID, the World Health Organization (WHO), UNICEF, the US Centers for Disease Control and Prevention, and in-country partners and stakeholders, MCSP participated in the annual country-led Gavi JA process in 10 different countries (Table 1). In Uganda and Haiti, MCSP engaged only partially in the JA process, and in Liberia, MCSP did not participate in the review process.³ In Malawi, a Program Support Rationale (PSR) process took the place of the JA as part of Gavi’s new Country Engagement Framework (CEF) approach.

Country Engagement Framework (CEF)

Among countries supported by MCSP, Malawi and Liberia are two of five ‘early learning’ countries piloting Gavi’s new CEF approach, which focuses on conducting the review process and decision-making about future grants in country and with all partners.

Although the JA is an annual situation analysis of Gavi support in country, the Performance Support Rationale (PSR) and associated CEF assessments occur once every 3-5 years to conduct a holistic review of the entire Gavi portfolio of support and to create **one request** for new support spanning the duration of the country’s upcoming strategic period.

Table 1. MCSP Country Participation in 2016 Gavi Joint Appraisals

Country	Date of JA	Full Appraisal or Update*
Haiti	June 2016	Full
Kenya	August 2016	Full
Madagascar	September 2016	Full
Malawi	July 2016	CEF
Mozambique	August 2016	Update
Nigeria	July 2016	Full
Pakistan**	July 2016	Full
Tanzania	October 2016	Update
Uganda	February – May 2016	Full
Zimbabwe**	August 2016	Full

*A full appraisal is a multi-stakeholder review of the implementation progress and performance of Gavi’s support. An update is an interim progress report that focuses on routine monitoring and documents discussions between the MOH and Gavi.⁴

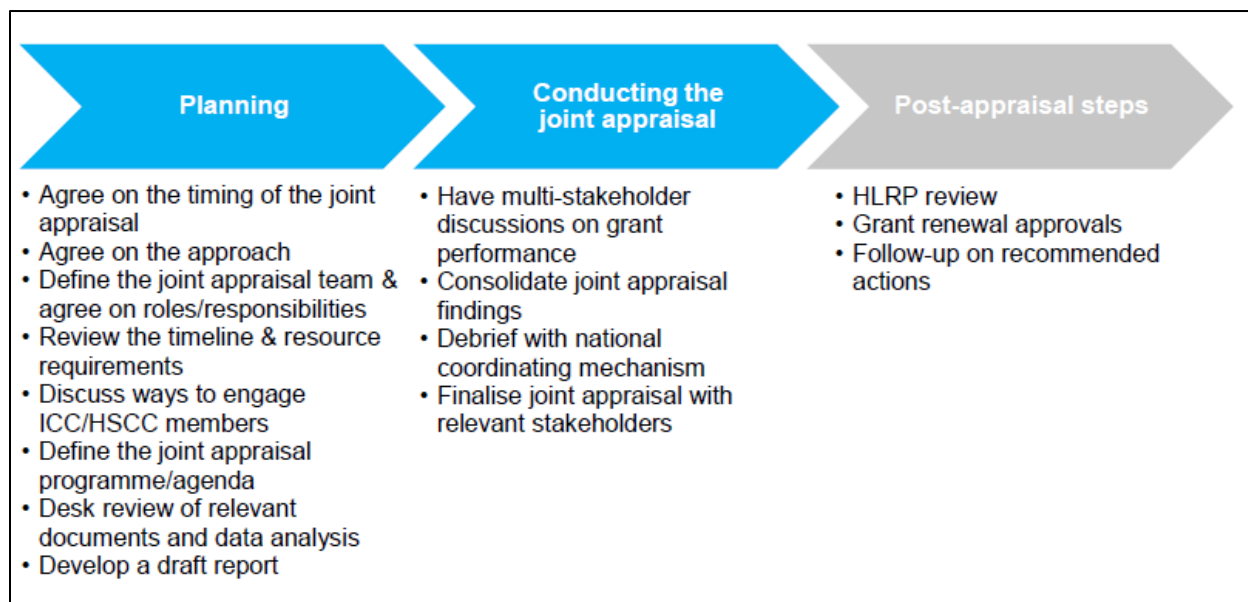
** Both Pakistan and Zimbabwe are Maternal and Child Health Integrated Program Associate Award countries.

³ Liberia did not conduct a JA in 2016. Rather, they conducted a PSR as part of five ‘early learning’ countries piloting Gavi’s new CEF approach.

⁴ Gavi, the Vaccine Alliance (Gavi). 2016. Joint Appraisal 2016: How to Plan and Conduct a Joint Appraisal. Geneva, Switzerland: Gavi. Accessed January 10, 2017 (document removed).

As shown in Figure 1, the Gavi JA consists of three stages: planning, conducting the JA, and post-appraisal steps.

Figure 1. The joint appraisal process⁵



Note: ICC: Inter-agency Coordinating Committee; HSCC: Health Sector Coordinating Committee; HLRP: High Level Review Panel.

MCSP was able to engage in the 2016 Gavi JA at all three stages of the process, though the level of involvement varied by country. From planning and providing materials and documentation to support the review to participating in review workshops and the development of the JA evaluation and report, MCSP played a valuable role in reviewing progress to date, identifying persistent challenges and areas where increased investment and technical support are needed, and informing the Gavi decision on the renewal of its grants. Below are some key contributions made by MCSP country programs and staff:

- Five MCSP country programs provided materials/documentation in support of the desk review.
- Two MCSP country programs helped compile and/or analyze data.
- MCSP immunization advisors participated in the review meetings/workshops in nearly all countries (9/10).
- MCSP country programs participated in the JA report development in six countries.

What worked well during the joint appraisal process

Themes revolving around leadership, coordination, and inclusiveness recurred many times as key promising practices during the JA process.

Leadership and coordination

Leadership and coordination of national institutions was considered strong in four countries: Mozambique, Nigeria, Tanzania, and Zimbabwe. Such coordination from the country JA team made the process more streamlined than in previous years. This was greatly appreciated and cited as a clear improvement from prior years, in these four countries. In Malawi, the presence of Gavi personnel provided direction in the PSR development which would have been otherwise difficult as Malawi piloted this new process.

⁵ Gavi, the Vaccine Alliance. 2016. Joint Appraisal 2016: How to Plan and Conduct a Joint Appraisal. Geneva, Switzerland: Accessed January 10, 2017 (document removed).

Partner and stakeholder engagement

The most commonly cited effective approach by countries was partner and stakeholder engagement. Although the JA process aims to involve all stakeholders in a review of the grant implementation so as to strengthen performance and accountability, this was not always the case in the past, when little conversation with in-country stakeholders outside of traditional partners occurred during the initial round of JAs in 2015 and under the previous APR process. In 2016, seven of the 10 MCSP country programs mentioned that the involvement of different partners and stakeholders cultivated a sense of inclusiveness and in-country ownership of the review process and enriched the review. Tanzania MCSP staff expressed appreciation over the improved inclusion and involvement of partners (e.g., MCSP, Clinton Health Access Initiative, and PATH) as compared with previous years, when mostly traditional partners, like WHO and UNICEF, dominated the process. The partner and stakeholder engagement is becoming better incorporated into the JA process with subsequent rounds as countries become more familiar with the process and guidelines.

Examples of partner and stakeholder engagement in MCSP countries can be found in the Box 1 below.

Box 1. Examples of partner and stakeholder engagement during the 2016 Gavi JA process

- In **Kenya, Mozambique, Nigeria and Tanzania**, the support and involvement of various partners created an inclusive atmosphere during the workshops and widened expertise in the JA review process.
- In **Zimbabwe**, the Ministry of Health and Child Care and partners, including Gavi, sat together to plan for and develop the report in a retreat environment, which contributed to easier collaboration and communication amongst partners as well as a report of good quality.

Engagement with subnational implementers

Involving relevant implementation partners at subnational levels was highlighted as an approach that worked well during the JA process. In Pakistan, the JA was conducted at provincial levels—in Khyber Pakhtunkhwa, Punjab, and Sindh—allowing the JA team to review both progress and challenges in country and develop solutions and recommendations alongside the provincial teams. The MCSP program in Kenya cited field visits as an approach that provided additional insight into how Gavi engagement materializes on the ground. Overall, engaging those partners that utilize Gavi support at peripheral levels of the health system enriched the conversation and resulted in more comprehensive JAs.

Alignment with existing country annual review and planning processes

MCSP country programs where the JA process was aligned to annual review and planning processes—including an Expanded Program on Immunization (EPI) review—highlighted this alignment as an approach that provided value to the JA. JAs in both Mozambique and Zimbabwe benefited from recent EPI reviews that provided updated data and information as well as recommendations based on the current situation in the country.

Challenges during the joint appraisal process

While engagement of stakeholders and partners outside of the traditional list of partners was appreciated; multi-stakeholder involvement also implied some challenges:

- **Coordination** among partners, i.e., meeting schedules, venues, report sharing, was difficult (Pakistan).
- Partners had **competing priorities** and could not always fully engage in the process (Zimbabwe).
- Some partners seemed to **exert undue influence** on the process (Kenya), and comments from partners were not always fully reflected in the JA final products (Nigeria).
- While more partners were involved in some countries, **access to information** about the process was **not uniform**.

- Receiving communications in advance of the JA process still did not result in full MCSP participation (Uganda).
- Gavi Senior Country Managers and MOH officers sometimes gave **conflicting information**.

The challenge most frequently cited by MCSP country teams was that they received incomplete instructions from the MOH and JA organizers about their expected role as partners in the JA process, or that they received these instructions too late from the MOH. For example, MCSP in Kenya reported that a number of partners were unable to fully participate because they did not receive instructions on time, and that the requirements of the JA shifted part way through the process, leading to confusion. MCSP personnel in Malawi shared that incomplete documents provided by the MOH in Malawi made it difficult for the JA team to understand the Ministry’s direction; furthermore, some indicators relevant to the JA were not available. In Tanzania, the slow submission of financial documentation to the JA team delayed the process overall.

Partially because of these delays, several countries reported that they did not have sufficient time to prepare for the JAs. Observations in Kenya pointed out that its planning process was rushed, and for Mozambique it was noted that the MOH did not have enough time to prepare the JA documents. Mozambique also indicated that delays in conducting the country EPI review left little time for incorporating those findings into the JA.

Lessons learned from the joint appraisal process

Essential lessons learned from JA process center around enabling and coordinating partner involvement, ensuring that a mechanism is in place to provide partners with timely information and strategic guidance during the process, and making sure that data for decision-making is readily available.

“For targeted country assistance to be effective there is need to know what each partner has been funded to do.”
 – Kenya MCSP immunization officer

Partner involvement and coordination

Countries in which all partners were consistently involved in discussions reported enriched discussions as a result. For example, MCSP in Tanzania observed that partner involvement allowed for a level of transparency that resulted in successful planning and timely implementation of the JA. In countries, where direct communication with Gavi was reported, discussions were more efficient and productive. Notably, Malawi personnel stated that developing the PSR, in support of Gavi’s new CEF approach, would have been difficult had it not been for the presence of Gavi personnel who provided clear direction on the process. Meanwhile, Zimbabwe held a retreat for the Ministry of Health and Child Care and partners, including Gavi, to plan the development of the JA report. The MCHIP-AA country team in Zimbabwe noted that this retreat made it easier to have thorough discussions and led to a report of higher quality.

“This process was useful because it provided more information than known regarding the EPI management. The more information we got from the appraisal, the better is our understanding about the reality of the EPI management in its political and financial aspects.”
 – Haiti MCSP Immunization officer

However, some countries saw a continued need for improvement in the area of communication. Pakistan personnel, in particular, noted that it would have been helpful if clear and timely communications had come from a central and designated source in the MOH to all partners.

Strategic guidance and implementation

Several countries stated that clear guidance allowed them to use the JA process strategically to improve their EPI system and management. For example, program personnel in Mozambique and Zimbabwe noted that their final report provided useful guidance for updating their comprehensive multi-year plans and prioritizing their technical assistance (TA) needs. Mozambique also reported that the JA provided an opportunity to

renew their commitment to EPI financing. And in Haiti, MCSP noted that the JA process allowed space for partners who work primarily at the subnational level to gain an understanding of political and financial realities influencing decision-making at the national level.

Data availability

Feedback show that many countries reported that data availability was essential for a proper situation analysis and a critical determinant for the success of the JA. In Zimbabwe, for example, the recently completed EPI review greatly contributed to the JA report.

However, other countries struggled to access data they needed to provide a complete appraisal. Mozambique also benefited from a recent EPI review, but the short time between that review and the JA made it difficult to incorporate the findings. Though the CEF process was made clear through support from Gavi personnel in Malawi, data on some indicators, including vaccine utilization and wastage rates at the national level, were not available for analysis at the time of the PSR. Monitoring of these indicators takes a more established monitoring and evaluation system to monitor properly. The lack of data did not prevent Malawi from completing the PSR, and in fact, the PSR they developed includes recommendations to address gaps related to the supply, quality, and utilization of data at all levels. Uganda was also missing data that led to a lower-quality JA report. MCSP staff explained that gaps in service indicators occurred due to inaccurate denominators—not all health facilities map their catchment areas—and discrepancies in recording and transferring data. For example, when data collection tools are not available, health workers improvise and record information in exercise books. The data are sometimes recorded incorrectly when transferring it into tools, and because health workers do not always perform data quality checks, gaps are not discovered until it is too late to correct them.

Suggestions for future joint appraisals

The main suggestions from country informants for future JAs centered on making the review process more comprehensive—from involving more partners to examining additional documentation. One of the key lessons is to anticipate the need for data well in advance of the JA and ensure data repository and analysis is established near to the timing of the JAs. The key suggestions for future JAs are highlighted in the box on the next page.

Box 2. Key suggestions for future Gavi joint appraisals

- Update JA guidelines to include clear information about who should organize the process and reinforce the inclusion of all partners during all stages (general guidelines should be received well in advance of the appraisal). Access to online help, webinars, and tutorials on new instructions, and job aids and tools to improve timelines may also assist countries and stakeholders understand the process and ensure timely planning.
- Begin the review process earlier to systematically identify the problems and capture the technical support needed. This will allow participants to provide better insight and move straight to action points.
 - Reviewing previous recent documentation (i.e., cMYPs, EPI Review, post-introduction evaluations, and applications to Gavi) may provide useful background for the discussion around how the needed assistance identified in the JA aligns with what is included in these documents.
- Time the JAs, where possible, to align with other in-country multi-partner reviews or activities, including EPI reviews. Such alignment takes advantage of the presence of all country stakeholders contributing to the EPI program and could improve access and availability of data that are essential parts of the review process and for the development of a comprehensive and accurate JA report.
- Involve all relevant players, including those partners at the subnational level and those partners that may indirectly contribute to immunization support in countries.
 - Involvement of additional partners in the next JA, particularly stakeholders implementing at subnational levels, can provide additional insight into how Gavi engagement materializes on the ground. Engagement of subnational stakeholders who carry out activities supported by Gavi stand poised to provide valuable input. Overall, additional partners enrich the conversation and result in more comprehensive appraisal. Visits by JA participants to provinces/districts may also help to gain perspective on implications of Gavi support.
 - TA needs as they relate to the partners' engagement framework (PEF)* should be discussed not only with the immunization technical working group but also with the broader ICC and partners. This is particularly the case for issues around financing (for Gavi co-pay and for the immunization program overall), human papillomavirus vaccine introduction, Health Systems Strengthening, etc. where more multi-sectorial and other donor partners should be engaged.
 - Gavi and partners should continue to look for ways to engage non-traditional TA partners.
 - Discuss the final product with all partners before finalizing and presenting to the ICC.

*Through the PEF—which was launched in 2016—Gavi provides funding to partners in country for targeted country assistance, strategic focus areas and foundational support. The PEF clarifies the role of each immunization partner in country by defining the type of support each provides, resulting in less overlap and an increased ability to leverage the strengths of each partner. PEF prioritizes 20 countries with the most severe immunization challenges; in 2016, MCSP PEF priority countries included: Uganda, Pakistan, Kenya, Haiti, Mozambique, and Madagascar.⁶

⁶ Gavi, the Vaccine Alliance (Gavi). Partners' engagement framework. Gavi, the Vaccine Alliance. doi: <http://www.gavi.org/support/pef/>. Accessed June 24, 2017.

Conclusion

The JA is a key step to informing Gavi's grant renewal process because it documents Gavi grant performance and identifies implementation challenges, areas for improvement, and where greater national investments and efforts, as well as technical support, are needed to improve immunization outcomes. The process by which these bottlenecks and future priorities of the immunization program are discussed is, therefore, essential to ensuring that Gavi support is appropriately targeted and utilized. Key to identifying the critical needs for support and TA is increased partner involvement, including partners and implementers at the subnational level, throughout all stages of the JA process. Involvement of all stakeholders fosters stronger collaboration between the government and partners and allows for transparency and understanding of opportunities, challenges, and critical needs. The circulation of clear guidance on the JA process, including guidelines for partner engagement and timelines to guide the process, well in advance to the commencement of the JA will allow for systematic review and identification of problems and areas for potential technical support. Although the JA is a new process—and room for improvement is natural—the JA is an encouraging step toward improving country engagement, ownership, and oversight of their program. USAID's and other donors' interests in improving the JA process will serve to enhance the effectiveness of their sizeable investments in Gavi as well as fostering a continuous improvement process to ensure Gavi's objectives are fully realized.