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Maternal and Child Survival Program Engagement in the 2017 Gavi Joint Appraisal and Country Engagement Framework

A Summary of Country Experiences

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MCSP is a global USAID initiative to introduce and support high-impact health interventions in 25 priority countries to help prevent child and maternal deaths. 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 digital health, among others.

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Abbreviations

CEF	country engagement framework
DRC	Democratic Republic of the Congo
EPI	Expanded Program on Immunization
Gavi	Gavi, the Vaccine Alliance
HLRP	high-level review panel
HSCC	Health Sector Coordinating Committee
HSIS	health system and immunization strengthening
ICC	Interagency Coordinating Committee
JA	joint appraisal
MCSP	Maternal and Child Survival Program
MOH	Ministry of Health
PEF	partners' engagement framework
PSR	program support rationale
TA	technical assistance
USAID	United States Agency for International Development

Introduction

To assess the implementation progress and performance of Gavi's support for new and underutilized vaccines and health system strengthening efforts, as well as its contribution to improved immunization coverage and equity, Gavi countries engage in regular review processes—either joint appraisals (JAs) or country engagement framework (CEF) reviews.¹

The JA is an iterative process that 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 JA team, which comprises relevant staff from the Ministry of Health (MOH); members of the Interagency Coordinating Committee (ICC) and Health Sector Coordinating Committee (HSCC), including civil society organizations; staff from Gavi partner organizations; and relevant Gavi Secretariat staff. During this multistakeholder review, partners review the immunization situation in the country and progress of Gavi grant implementation, identify where greater technical support is necessary, and make recommendations regarding renewal of Gavi grants.

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.² In addition, based on the technical needs countries have identified during the JA discussions, an annual plan for targeted country assistance is developed and submitted. This plan includes activities, milestones, and budget details, and identifies the partner organization with the technical expertise most poised to support this need. The country ICC endorses this plan and then submits it to the Gavi management team for validation. This targeted country assistance plan provides the backdrop for immunization technical partners to submit applications to Gavi for funding through the Partnership Engagement Framework (PEF) to support areas identified for greater technical support. This funding would complement any funding countries receive from Gavi for vaccines and health system strengthening.³

While the JA is annual, CEF assessments occur just once every 3–5 years. These holistic reviews of the entire Gavi portfolio of support result in a harmonized request for new support spanning the duration of the country's upcoming strategic period. Introduced in the context of the health system and immunization strengthening (HSIS) framework, this approach was piloted in five countries in 2016.⁴ The CEF focuses on the following to ensure successful implementation of the HSIS framework:⁵

- Strengthening in-country engagement and dialogue across in-country stakeholders and with partners, shifting away from the dependence on consultants, and ensuring a holistic approach to priority setting and programming of Gavi support
- Differentiating review mechanisms to help the secretariat move away from a one-size-fits-all approach, inflexible timelines, and a purely Geneva-based review
- Increasing the engagement of Gavi partners in supporting country-level implementation and regular monitoring (to ensure better delivery of results and enhanced accountability)

¹ Gavi, the Vaccine Alliance (Gavi). 2017. Joint Appraisals. Gavi website. <http://www.gavi.org/support/process/joint-appraisals/>. Accessed February 13, 2018.

² Gavi. 2017. Joint Appraisals. Gavi website. <http://www.gavi.org/support/process/joint-appraisals/>. Accessed February 13, 2018.

³ Gavi. 2018. Targeted country assistance. Gavi website. <https://www.gavi.org/support/pef/targeted-country-assistance/>. Accessed April 9, 2018.

⁴ Among countries supported by MCSP, Malawi and Liberia were 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, in 2016.

⁵ Gavi. 2016. *Report to the Board: Country Engagement Framework*. Geneva: Gavi. <https://www.gavi.org/about/governance/gavi-board/minutes/2016/7-dec/minutes/02h---consent-agenda---country-engagement-framework/>.

The Maternal and Child Survival Program (MCSP) is a key immunization partner in many countries and a member of the ICC technical working groups. As such, MCSP is expected to join other immunization partners in-country to participate in the JA and CEF review. This report provides an overview of the MCSP country experiences during the recent Gavi JA and CEF processes, which took place in MCSP country programs from May–December 2017. Information about these experiences was obtained through surveys, which MCSP immunization staff completed in all 12 countries where they participated in the JA or CEF. Follow-up on responses to the surveys occurred by email and through in-depth interviews. This report is intended to summarize MCSP staff experience and feedback on the JA and CEF processes; it 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 and CEF processes, supporting countries and ensuring greater inclusion of all partners’ inputs in country, and better leveraging and complementing the significant investment of the US Agency for International Development (USAID) in Gavi. MCSP believes that strengthening the process will benefit country Expanded Programs on Immunization (EPIs) and, by extension, children and families. For the JA and CEF outcomes, the full JA reports and program support rationales (PSRs) can be found on the Gavi website.

MCSP Participation in the 2017 Gavi Joint Appraisal and Country Engagement Framework Reviews

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, Population Services International, 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, through technical assistance (TA) provided by John Snow Inc., MCSP works to build institutional and human 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.

Table 1. MCSP country participation in 2017 Gavi joint appraisals

Country	Date of Joint Appraisal (JA)	Full Appraisal/Country Engagement Framework (CEF) or Update*
Democratic Republic of the Congo	November/December 2017	Full JA
Haiti	May/June 2017	Full CEF
Liberia	August 2017	CEF follow-up
Madagascar	June 2017	Full JA
Malawi	November 2017	CEF follow-up
Mozambique	July/August 2017	Full JA
Nigeria	August/September 2017	JA update
Pakistan**	July/August 2017	Full JA
Tanzania	October 2017	Full JA
Uganda	July 2017	Full JA
Zambia	August/September 2017	Full JA
Zimbabwe**	June 2017	Full CEF

*A full appraisal is a multistakeholder 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.⁶

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

Working with partners such as USAID, the World Health Organization, 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 eight countries (Table 1) in 2017.⁷ MCSP supported a PSR process, which took the place of the JA as part of Gavi’s new CEF approach,⁸ in four countries.

⁶ Gavi. 2016. *Joint Appraisal 2016: How to Plan and Conduct a Joint Appraisal*. Geneva: Gavi.

⁷ MCSP country staff participated in the JA or CEF process in 11 countries. In Democratic Republic of the Congo, where MCSP did not have an immunization program at the time, MCSP sent a headquarters technical advisor to support the JA.

⁸ In Haiti, the PSR process faced delays, and the MCSP country program in Haiti closed prior to finalizing the PSR.

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

Figure 1. The joint appraisal process⁹

Planning	Conducting the Joint Appraisal	Post-Appraisal Follow-up
<ul style="list-style-type: none"> • Add inputs into the timing of the joint appraisal. • Design the methodology of the joint appraisal. • Define the joint appraisal team and agree on roles and responsibilities. • Review the timeline and resource requirements. • Discuss ways to engage ICC/HSCC members. • Define the joint appraisal program/agenda. • Complete desk review of the relevant documents and data analysis. • Develop a draft report. 	<ul style="list-style-type: none"> • Participate in multistakeholder discussions on grant performance. • Consolidate joint appraisal findings. • Participate in debrief with national coordinating mechanism. • Finalize joint appraisal with relevant stakeholders. 	<ul style="list-style-type: none"> • Follow up on recommended actions. • Participate in the ICC meeting.

Note: ICC: Interagency Coordinating Committee; HSCC: Health Sector Coordinating Committee

MCSP engaged in the 2017 Gavi JA at all three stages of the process in seven of the eight focal countries undergoing JAs, 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 to the JA process:

- Five MCSP country programs contributed to a desk review of the relevant documents and data analysis.
- Six MCSP country programs engaged in discussions to determine ways to engage the ICC/HSCC members.
- MCSP immunization advisors participated in multistakeholder discussions on grant performance and consolidated JA findings in nearly all MCSP focal countries undergoing JAs this year (seven of eight countries).
- MCSP country programs participated in the JA report development in six countries.

As shown in Figure 2, the Gavi PSR process consists of three stages: iterative engagement, developing the PSR, and follow-up after the CEF.

⁹ Gavi. 2016. *Joint Appraisal 2016: How to Plan and Conduct a Joint Appraisal*. Geneva: Gavi.

Figure 2. The Country Engagement Framework process¹⁰

Iterative Engagement	Develop Program Support Rationale	Follow-Up after the CEF
<ul style="list-style-type: none"> • Participate on the CEF team and agree on roles and responsibilities. • Review the timeline and resource requirements. • Discuss ways to engage the ICC/HSCC members. • Define the CEF program/agenda. • Complete desk review of the relevant documents and data analysis. • Participate in multistakeholder discussions on grant performance. • Consolidate findings. • Participate in debrief with national coordinating mechanism. • Participate in group discussions. • Review reports. • Complete field visits. 	<ul style="list-style-type: none"> • Develop objectives and key activities for Gavi's contribution to the national immunization program. • Develop plans for new vaccine introductions and campaigns. • Update the PEF. • Draft operational plan and budget. 	<ul style="list-style-type: none"> • Follow up on recommended actions. • Participate in the ICC meeting.

Note: CEF: country engagement framework; ICC: Interagency Coordinating Committee; HSCC: Health Sector Coordinating Committee; PEF: partner engagement framework

In Haiti, Liberia, Malawi, and Zimbabwe, MCSP participated in 2017 CEF processes at all three stages, though the level of involvement varied by country. From the early planning stages—which included participating in the CEF team, defining the CEF program and agenda, and participating in group discussions—to updating the partner engagement framework and developing plans for new vaccine introductions, campaigns, and draft operational plans and budgets, MCSP played a valuable role. Below are some key contributions made by MCSP country programs and staff to the CEF process:

- Two MCSP country programs participated in field visits to see Gavi-supported programs in action.
- In three countries, MCSP participated on the CEF team and defined roles and responsibilities for the process.
- MCSP country programs assisted with the consolidation of findings and reviewed reports in all countries.
- Three MCSP country programs helped develop the objectives and key activities for Gavi's contribution to the national immunization program.
- MCSP immunization advisors participated in ICC meetings in all countries.

¹⁰ Gavi. 2016. *Report to the Board: Gavi Country Engagement Framework*. Geneva: Gavi. <https://www.gavi.org/about/governance/gavi-board/minutes/2016/7-dec/minutes/02h---consent-agenda---country-engagement-framework/>.

What Worked Well during the Joint Appraisal and Country Engagement Framework Processes

Feedback from MCSP country programs that participated in the JA/CEF processes highlighted leadership and coordination, expanded partner and stakeholder engagement, and engagement of subnational implementers as key practices that worked well during the processes and enhanced the understanding of the partnership landscape in each country.

Leadership and Coordination

Leadership and coordination of national institutions were considered to be strong in three countries: Liberia, Malawi, and Zambia. In all three countries, the government led the planning and organization of the JA/CEF process. In Liberia, the MOH led the planning and organization of the JA meeting, and identified and extended invitations to key players. Also in Liberia, the MOH led the establishment of working groups and plenary sessions to discuss findings, participated in the different sessions, and contributed to the development of presentations to highlight country performance—a best practice, according to the MCSP country program.

Partner and Stakeholder Engagement

The most commonly cited effective approach by countries was partner and stakeholder engagement, which continues to improve each year. Conversation with in-country stakeholders outside of traditional partners was limited during the initial round of JAs in 2015. 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 overall review.¹¹ In 2017, 10 of the 12 countries highlighted that partner and stakeholder engagement is becoming better incorporated into the JA and CEF processes. For example, MCSP in Tanzania and Mozambique observed full participation of both traditional and expanded partners, who contributed at all stages of the JA, from the planning to the finalization of the report. Democratic Republic of the Congo (DRC), Malawi, Nigeria, Pakistan, Uganda, and Zambia all remarked on the involvement of a broader group of partners in the JA, which helped to present a fuller picture of what was happening in their respective countries.

One way in which partners engaged in the JA/CEF processes was by contributing to technical working group sessions organized during the JA to support analysis of results and report writing. Specific examples of MCSP countries where partner participation in technical working group sessions took place can be found in Box 2.

¹¹ Olayinka F, Bagshaw K, Ewald L. 2017. *Maternal and Child Survival Program Engagement in the 2016 Gavi Joint Appraisal: A Summary of Country Experiences*. Washington, DC: Maternal and Child Survival Program.

Box 1. Getting the full picture

The JA process aims to involve all stakeholders in a review of the grant implementation to strengthen performance and accountability. Broader partner involvement also helps to gain a fuller picture of what is happening in a country, which can help determine gaps affecting the performance of the national EPI.

In 2016, MCSP recommended that Gavi and partners should continue to look for ways to better engage partners in the process to enhance its outcome.* In 2017, six MCSP countries highlighted some specific ways Gavi supported the engagement of partners. Some examples include:

- In **Zambia**, Gavi held separate meetings with extended partners to learn about TA provided and to share information about how Gavi support works.
- In **Haiti**, MCSP gave a short presentation on the implementation of the Reaching Every District/Reaching Every Community strategy to the Gavi team during a technical meeting of the EPI national committee.
- In **Mozambique**, a meeting of immunization partners providing TA afforded MCSP the opportunity to debrief Gavi on MCSP's support.
- In **Tanzania, Zimbabwe, and Uganda**, MCSP arranged side meetings with Gavi to brief the country support manager on TA provided through MCSP/USAID.

These opportunities allow for a broader understanding of the TA supporting the national EPI in country and signify Gavi's increased interest in engaging all partners in the JA process. It also provides firsthand sharing on what works and how that can be scaled up.

* Olayinka F, Bagshaw K, Ewald L. 2017. *Maternal and Child Survival Program Engagement in the 2016 Gavi Joint Appraisal: A Summary of Country Experiences*. Washington, DC: Maternal and Child Survival Program.

Box 2. Examples of partner participation in technical working groups during the joint appraisal and country engagement framework processes

- In **Zimbabwe**, JA participants were divided into teams, according to their interests and expertise, to draft the following sections of the PSR: leadership, management and coordination; service delivery; cold chain; demand promotion; and data quality, monitoring and evaluation, and surveillance. Results of the desk review, including strengths, weaknesses, opportunities, and threats to the EPI program, provided information for the draft.
- In **Madagascar**, participants were divided into six subcommittees that met every evening after the plenary session to conduct analyses, make recommendations, draft report content, and discuss next steps.
- In **DRC**, the EPI developed a draft JA report, which was then posted on the Gavi portal for participant reviews prior to the JA. During the JA, participants were divided into different working groups (e.g., logistics and supply chain, routine immunization, data quality, financing, etc.). Each working group revised an assigned section and proposed key recommendations, a timeline, and responsible parties for discussion in plenary prior to presenting findings to the minister of health.

Engagement with Subnational Implementers

Similar to 2016, involving relevant implementation partners at subnational levels was highlighted as an approach that worked well during the JA process. While only two countries (Pakistan and Kenya) cited this as a best practice in 2016, five countries cited this practice as promising in 2017: Haiti, Pakistan, Uganda, Zambia, and Zimbabwe. In Haiti, Gavi hired an independent team (with skills in finance, vaccine management and cold chain, leadership, human resources, etc.) to conduct field visits in four of the 10 departments to assess progress; the EPI and partners also participated in the field visits. The teams' findings were discussed with the EPI, partners—such as the US Centers for Disease Control and Prevention, the World Health Organization, UNICEF, and MCSP/John Snow Inc.—after each visit and later presented to the Ministry of Public Health. In Pakistan, the Gavi JA team selected two Maternal and Child Health Integrated Program Associate Award intervention districts for field visits, which provided the opportunity for Gavi and partners to delve deeper into expanded partner interventions in Sindh Province rather than just focusing on Gavi-supported programs. Overall, engaging those partners that utilize Gavi support at peripheral levels of the health system enriched the conversation and resulted in more comprehensive JAs.

Challenges during the Joint Appraisal and Country Engagement Framework Processes

While engagement of stakeholders and partners outside of the traditional Alliance partners continues to be appreciated, multistakeholder involvement also engendered some challenges:

- Partners that had **competing priorities** could not always fully engage in the process (Nigeria and Zambia), particularly if schedules changed (Liberia).
- Some partners seemed to **exert undue influence** on the process (Zambia and Pakistan).
- While more partners were involved in some countries, because not all participants were Gavi fund recipients, **they did not understand the terms and conditions of the grant** and could not constructively engage in the **discussion about the effectiveness of the funds** (Uganda).

One challenge cited by MCSP country teams was the complexity of the tools and templates provided by Gavi to support analysis and report writing. Of the 12 MCSP country teams that participated in the JA and CEF processes, seven cited having received tools from Gavi to support these processes. Tools provided included presentation, report, and budget templates, as well as discussion guidelines. Such access to tools and templates assisted countries and stakeholders in understanding the process and expected outcomes of the JA, and contributed to timeline planning. However, of those seven countries, three (Pakistan, Haiti, and Zimbabwe) highlighted challenges related to the tools.

In Pakistan, for example, a presentation template for the Grant Performance Framework update was over 80 slides long, resulting in several 80-slide presentations from partners with little time for in-depth discussions. Zimbabwe noted that the PSR template and budget Excel sheet were complicated and required time to understand. In Haiti, some of the tools needed to be adapted to fit the country context. After discussions and suggestions made by EPI technical committee members, including MCSP, the team adapted the tools for use in Haiti.

Another common challenge cited by MCSP country teams was the duration of the JA/CEF. In DRC and Uganda, there was not enough time to fully internalize a year of progress. In DRC, the country wanted to ensure that data were available to contribute to the JA process. Therefore, the national EPI review was held just prior to the JA. However, in total, the EPI review and JA process took just 5 days, and the timing for both processes was not sufficient. In Uganda, only 1 day of the JA was allocated to discussions around work at the subnational level, which did not allow for a full understanding of the health delivery landscape in the country.

A final challenge shared by MCSP personnel in Malawi was that incomplete policy documents provided by the MOH in Malawi made it difficult to capture a full picture; furthermore, some data relevant to the JA were not available. These same comments were made in 2016.

Key Improvements over 2016 Joint Appraisal and Country Engagement Framework Processes

The Gavi JA and CEF processes were only recently introduced, with the JA process having been introduced in 2015 and the CEF approach having been piloted in five early-learning countries in 2016. Therefore, partner feedback can be helpful in strengthening the overall process in the future. From 2016 to 2017, MCSP country programs participating in the JA and CEF noted the following key improvements.

Overall Planning and Management

Several countries noted that the overall planning and management of the JA and CEF processes improved in 2017. For example, Zimbabwe, with assistance from Gavi, developed a clear timeline of activities to take place prior to the multistakeholder meeting. This activity timeline included a desk review, reporting against existing Global Preparers Forum indicators, the submission of vaccine renewal requirements, and financial reports, for example. The desk review started months before engaging a consultant to support the CEF process. Documents required for desk review were gathered and reviewed by the country EPI team, which helped all partners to understand the Zimbabwe EPI program from a strategic point of view (i.e., the current situation and goals for the future), which made identifying areas for TA easier during the CEF. Improved planning in Madagascar, which included weekly meetings for 6 weeks leading up to the JA, allowed for a review of key documents and sources, and the drafting of a pre-report available for Gavi feedback. The feedback provided by Gavi on this pre-report well before the start of the workshop helped advance many of the tasks during the JA itself. DRC participants also drafted a preliminary report and posted it on the Gavi portal prior to the JA. This advance preparation of the report allowed for richer discussions in working group sessions and more precise feedback during the process. MCSP in Malawi felt that Gavi guidance on the CEF process was helpful, including tools and templates developed to support the process. Such access to tools and templates assisted countries and stakeholders to understand the process and expected outcomes of the JA, and contributed to timeline planning. MCSP in Mozambique, for example, indicated that the methodology of the JA improved over last year, and Pakistan noted that more coordinated and structured activities were incorporated into the 2017 JA.

“Last year, the preparation time was too short. The entities concerned were not defined in advance, and some were not present on the first day of the meeting. This year, the pre-report draft was available and already received feedback from Gavi prior to JA.”

– Madagascar MCSP immunization officer

Involvement of an Expanded Group of Partners

As noted by MCSP in DRC, inviting additional partners to participate in the process highlighted the breadth of technical support available to the national EPI program. Many MCSP country programs either cited partner involvement as a best practice or identified it as improved since 2016. Some key examples of where this has improved across MCSP countries are shown in Box 3. Overall, additional partners enrich the conversation and result in more comprehensive appraisals.

Box 3. Examples of MCSP countries where participation of partners improved since 2016

- In **Nigeria**, the partner involvement was more meaningful and occurred at all stages of the process.
- In **Uganda**, MCSP noted a more transparent process with nontraditional partners, such as MCSP, the Clinton Health Access Initiative and PATH, being on more equal footing with more traditional partners who may have dominated processes in previous years.
- **Tanzania** noted not only an increase in participation of nontraditional immunization partners in this year's JA but also an increase in the number of the Presidents' Office Regional and Local Government officials who attended the JA. For example, the regional medical officer for the Dar es Salaam Region and the immunization coordinator of the Presidents' Office Regional and Local Government ministry participated, which highlighted their increased focus on the immunization program.

Lessons Learned from the Joint Appraisal and Country Engagement Framework Processes

Essential lessons learned from JA and CEF processes center on the importance of teamwork and value of soliciting contributions from all partners, creating opportunities to see the national program in full, and making sure that data for decision-making are readily available.

Teamwork

Countries that demonstrated strong teamwork among the MOH and all partners noted that this contributed to conducting a technically sound JA or CEF. In some countries, the JA was designed so that participants were divided into subcommittees or technical working groups that were assigned different sections of a report or technical area to review. This provided for rich and in-depth discussions and reports. As noted in Zambia, teamwork through these groups allowed participants to identify and agree on genuine gaps, regardless of individual stakeholder interests. In Uganda, teamwork allowed for the recognition of all parties involved in supporting the EPI and the MOH as the convener. As noted by Nigeria, teamwork was not restricted to subcommittees and technical working groups. Teamwork can continue during plenary sessions, where discussions initiated in smaller group meetings can lead to better-defined areas for investment in the future.

“Teamwork among Ministry of Health and partners as well as putting aside the notions of traditional and extended partners during the JA process was a key success.”

– Tanzania MCSP immunization officer

Understanding the Program as a Whole

To develop a JA report or PSR that best reflects the needs of the country, participants, including Gavi, need to gain a better understanding of the program as a whole. Having a limited timeframe for the JA/CEF to take place can make this understanding difficult to gain. However, involving all partners, particularly stakeholders implementing at subnational levels, can provide additional insights into how Gavi engagement materializes on the ground. One way to do this is to include field visits as an integral part of the JA or CEF. In all five countries where field visits took place (Haiti, Pakistan, Uganda, Zambia, and Zimbabwe), the MCSP country participants highlighted this practice as a key way to not only better understand the breadth of Gavi's investment and hear from subnational partners carrying out activities by Gavi but also use this as an opportunity to see other aspects of the country immunization program, not just those funded by Gavi.

Participants stand poised to provide valuable input to the JA/CEF process, particularly because they understand the ground needs at service delivery points, as noted in Pakistan.

Data Availability

Feedback shows that many countries see data availability as essential for a proper situation analysis and a critical determinant for the success of the JA. In DRC, 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. Malawi noted that proper preparations to ensure data availability must take place if CEF recommendations are to be evidence-based, which may include conducting surveys where data are not collected routinely. Furthermore, while standard data were available in Madagascar prior to the review, these data should be made available to all stakeholders at least 1 month in advance. Advance access, perhaps through a data repository, would allow for individual analysis and identification of bottlenecks. As a first step during the JA, analyses of the data can be compared to find common bottlenecks and identify actionable recommendations.

Suggestions for Future Joint Appraisals and the Country Engagement Framework Approach

The main suggestions from MCSP country participants for future JAs and the CEF centered on making the review process more comprehensive. In particular, for both JA and CEF processes, MCSP country programs noted the importance of including relevant ministries and departments involved in decision-making, planning, and financial processes that influence the immunization program, as well as partner support from headquarters or regional levels to inject lessons learned from other countries into the discussions. Furthermore, MCSP country programs are pushing for increased data availability, field visits, and space for all partners to contribute, highlighting the desire for a more comprehensive process and better detailed and defined JAs or PSRs. Key suggestions for future JAs and the CEF are highlighted in Box 4.

Box 4. Key suggestions for future Gavi joint appraisals and the country engagement framework

- Clarify roles and responsibilities of partners at the beginning of the process. Ensure key focal points are available for the entirety of the JA or CEF.
- Consider the JA schedules and timeline well in advance to ensure maximum partner participation, the opportunity for all partners to present their technical assistance (TA) in plenary, and adequate time for field visits.
 - Availability of data is an essential component of the review process and for the development of a comprehensive JA report or program support rationale. Where possible, align these processes with other in-country multipartner reviews and ensure time to analyze these data is accounted for in the planning stages of the JA or CEF. In particular, combining the process with the EPI review may bring focus to all aspects of the EPI and avoid missing components that fall outside donors' normal priorities and involvement.
 - Partners should be given chance to share their work. This allows Gavi and partners to understand the different technical expertise available to support improving the performance of the national EPI.
- 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 valuable insight into how Gavi engagement affects activities on the ground.
 - Involvement of partners that indirectly contribute to immunization support in countries—such as the Ministry of Education, the Ministry of Finance, or civil society organizations—can ensure monitoring and quality of immunization services, and push for engagement of influential community leaders to support local immunization programs.
- Include field visits as part of the JA/CEF agenda:
 - Scheduling field visits in the middle of the JA/CEF process allows time for findings from the field visit to be discussed.
 - Extend the duration of the JA/CEF to ensure multiple field visits by participants to provinces/districts supported by Gavi to gain perspective on the implications of Gavi support. Furthermore, consider including visits to programs not directly supported by Gavi. Expanding field visits to include different stakeholders further enhances the understanding of the partner landscape and TA provided to a country; partner technical staff at this level can provide great insight into the gaps and opportunities for future Gavi support.
- Dedicate a period away from normal places of work to ensure full engagement of partners.
- Consider greater involvement of external partner support during the JA/CEF processes; external advisors, including from headquarters offices of partners, may identify issues glossed over by the internal team. Headquarters' participation in the JA or CEF can be an added advantage to the country because they can highlight other country experiences and success in supporting national immunization programs.

Conclusion

The JA and CEF are key review processes that inform Gavi's grant renewal process because they document Gavi grant performance, and identify implementation challenges, areas for improvement, and where greater national investments, efforts, and technical support are needed to improve immunization outcomes. 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. Such involvement of all stakeholders fosters stronger collaboration between the government and partners. The involvement of such partners also encourages a deeper analysis of the current state of national immunization programs. Technical implementers' additional critical thinking and contributions result in a clearer understanding of opportunities, gaps, and critical needs where targeted investment will result in improved coverage and equity. These processes provide space for critical analysis of a country's national immunization program and further facilitate country engagement, ownership, and oversight of their program. USAID's and other donors' interests in improving the JA and CEF processes will serve to enhance the effectiveness of their sizable investments in Gavi and foster a continuous improvement process to ensure Gavi's objectives are fully realized. Most importantly, improving the processes will strengthen country immunization programs, which will ultimately result in healthier and more productive lives for children and their families.