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Maternal and Child Survival Program Engagement in the 2018 Gavi Joint Appraisal and Portfolio Planning Processes

A Summary of Country Experiences

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The Maternal and Child Survival Program (MCSP) is a global, \$560 million, 5-year cooperative agreement funded by the United States Agency for International Development (USAID) to introduce and support | scale-up of high-impact health interventions among USAID's 25 maternal and child health priority countries,* as well as other countries. MCSP is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. 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.

* USAID's 25 high-priority countries are Afghanistan, Bangladesh, Burma, Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen and Zambia.

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Table of Contents

Abbreviations.....	iv
Introduction.....	I
MCSP Participation in the 2018 Gavi JA and Portfolio Planning Processes.....	3
Background on MCSP	3
What Worked Well during the JA and Portfolio Planning Processes?	5
Challenges during the JA and Portfolio Planning Processes.....	6
Key Improvements over 2017 JA and Portfolio Planning Processes	7
Lessons Learned from the JA and Portfolio Planning Processes	8
Suggestions for Future JA and Portfolio Planning Processes	10
Conclusion	11

Abbreviations

EPI	Expanded Program on Immunization
Gavi	Gavi, the Vaccine Alliance
HSCC	Health Sector Coordinating Committee
HSS	health system 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
TWG	technical working group
USAID	United States Agency for International Development

Introduction

Gavi, the Vaccine Alliance (Gavi) supports countries' immunization programs to increase access to new and underutilized vaccines, strengthen health systems, and improve immunization coverage and equity. This support is subject to regular review processes—including either a joint appraisal (JA) or portfolio planning process (previously known as the new country engagement framework).¹

The JA is an annual, country-led process that aims to involve multiple immunization stakeholders, particularly at the country level, in a review of Gavi's support to the country and its contribution to immunization outcomes.² A team composed of senior leadership 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 undertakes this process.³ During this review, which takes place in-country, partners:

- Review the country immunization situation and Gavi grant implementation progress
- Identify where additional, targeted technical assistance is necessary
- Develop recommendations regarding renewal of Gavi grants

While the JA is annual, portfolio planning occurs just once every 3 to 5 years based on and in alignment with the country's health sector strategic plan(s), immunization strategic plan(s), and budgets.⁴ Countries engage in full portfolio planning when they are ready to request new health system strengthening (HSS) funding and develop a program support rationale (PSR) after conducting holistic reviews of the entire Gavi portfolio of support.¹ The resulting PSR serves as a harmonized request for new support spanning the duration of the country's upcoming strategic period.

The ICC, HSCC or equivalent body, and Ministers of Health and Finance in-country are required to endorse the PSR prior to submission to Gavi.⁴ Members of the independent review committee review and make a recommendation to Gavi on the portfolio of support. Because the PSR spans several years, an annual budget review and update occurs, taking into account any implementation progress or new information determined from the JA.

The Maternal and Child Survival Program (MCSP) is a key immunization partner in many countries and a member of the ICC and country technical working groups (TWGs). As such, MCSP joins other immunization partners in-country to participate in the JA and portfolio planning process reviews. This report provides an overview of MCSP country experiences during the recent Gavi JA and portfolio planning processes, which took place in six MCSP-supported country programs from July to November 2018: Madagascar, Mozambique, Nigeria, Tanzania, Uganda, and Zambia. The report complements feedback documented by MCSP in prior years 2017 and 2016.^{5, 6}

MCSP country-level immunization staff responded to surveys, providing information on their experiences, in all six countries where they participated in the JA or PSR. Follow-up on responses to the surveys occurred via email. This report intends to summarize MCSP staff experience and feedback on the JA and PSR processes; it does not present views of other stakeholders who may have also participated in the JA. The report centers on

¹ Gavi. 2018. *How We Work Together: Quick Start Guide for New Members of the Vaccine Alliance*. Geneva, Switzerland: Gavi. <https://www.gavi.org/library/publications/gavi/how-we-work-together/>. Accessed May 20, 2019.

² Gavi. 2018. *Joint Appraisal Report 2018*. Geneva, Switzerland: Gavi. <https://www.gavi.org/library/gavi-documents/guidelines-and-forms/joint-appraisal-report-template/>. Accessed May 20, 2019.

³ Gavi, the Vaccine Alliance (Gavi). 2019. Joint appraisals. Gavi website. <http://www.gavi.org/support/process/joint-appraisals/>. Accessed May 20, 2019.

⁴ Gavi. 2018. *2019 Programme Support Rationale*. Geneva, Switzerland: Gavi. <https://www.gavi.org/library/gavi-documents/guidelines-and-forms/programme-support-rationale/>. Accessed May 20, 2019.

⁵ 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.

⁶ Bagshaw K, Olayinka F. 2018. *Maternal and Child Survival Program Engagement in the 2017 Gavi Joint Appraisal and Country Engagement Framework: A Summary of Country Experiences*. Washington, DC: Maternal and Child Survival Program.

the processes themselves—from MCSP’s perspective—and highlights key strengths, challenges, and improvements in the processes over years past. It then presents recommendations that could be helpful in improving the overall processes in the future.

MCSP is sharing this information with a view toward:

- Strengthening the JA and PSR processes
- Supporting countries to identify gaps in progress and technical assistance needs
- Ensuring greater inclusion of all partners’ inputs in-country
- Better leveraging and complementing the significant investment of the United States 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—Gavi’s most important stakeholders.

MCSP Participation in the 2018 Gavi JA and Portfolio Planning Processes

Background on MCSP

MCSP is a global, \$560 million, 5-year cooperative agreement funded by USAID to introduce and support scale-up of high-impact health interventions among USAID's 25 maternal and child health priority countries, as well as other countries. MCSP is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, HSS, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

In immunization, MCSP works to build institutional and human capacity to:

- Manage routine immunization programs
- Strengthen routine immunization systems
- Implement innovative and tailored approaches in countries for sustainable and equitable access to immunization

MCSP brings its learning from the field to influence policy and strategy formulation at the global and regional levels and adapts those global approaches to field use.

Table 1. MCSP country participation in 2018 Gavi review processes*

Country	Date of JA	Type of review
Madagascar	July 2018	Full JA
Mozambique	August–September 2018	Tailored JA
Nigeria	September–November 2018	Full JA
Tanzania	October 2018	Portfolio planning†
Uganda	November 2018	Full JA
Zambia	August 2018	Full JA

Abbreviations: Gavi = Gavi, the Vaccine Alliance; JA = joint appraisal; MCSP = Maternal and Child Survival Program.

* In 2018, MCSP country participation in the Gavi review processes decreased from previous years due to MCSP country program closeout.

† Rather than conducting a JA in 2018, Tanzania participated in portfolio planning (formerly the country engagement framework) as part of its Gavi health system strengthening 2 application. From the early planning stages—including participating in the planning team, defining the program and agenda, and participating in group discussions—to updating the partners' engagement framework and developing plans for new vaccine introductions, campaigns, and draft operational plans and budgets, MCSP played a valuable role.

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 review processes in six countries (Table 1) between July and November 2018.

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

Figure 1. The JA process

Planning	Conducting	Post-JA follow-up
<ul style="list-style-type: none"> • Add inputs into the timing of the JA. • Design the methodology of the JA. • Define the JA team and agree on roles and responsibilities. • Review the timeline and resource requirements. • Discuss ways to engage ICC/HSCC members. • Define the JA 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 JA findings. • Participate in debrief with national coordinating mechanism. • Finalize JA with relevant stakeholders. • Develop operational plan for the coming year. 	<ul style="list-style-type: none"> • Follow up on recommended actions. • Participate in the ICC meeting. • Finalize JA report.

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

Abbreviations: HSCC = Health Sector Coordinating Committee; ICC = Interagency Coordinating Committee.; JA = joint appraisal.

MCSP engaged in the 2018 Gavi JA at all three stages of the process in four of the five 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 assistance are needed, and informing Gavi's decision on the renewal of its grants. MCSP country programs and staff made the following key contributions to the 2018 JA processes in their countries:

- **Four** MCSP country programs contributed to **defining** the JA **program** and **agenda**.
- **Four** MCSP country programs **contributed to a desk review** of the relevant documents and **data analysis**.
- MCSP immunization advisors participated in multistakeholder **discussions on grant performance and consolidated JA findings** in all **five** countries undergoing JAs.
- **Four** MCSP country programs participated in **JA report development**.⁷

⁷ Madagascar did not participate in any follow-up after the JA due to MCSP country closeout.

What Worked Well during the JA and Portfolio Planning Processes?

Feedback from MCSP country programs that participated in these processes highlighted leadership and coordination, expanded partner and stakeholder engagement, and the different channels through which partners could share their expertise (see Box 1) as key practices that worked well during the processes and enhanced the understanding of the partnership landscape in each country.

Leadership and Coordination

MCSP country programs considered leadership and coordination of national institutions and/or Gavi as strong in three countries: Tanzania, Madagascar, and Uganda. The three country programs highlighted the leadership of the government in the planning and organization of the JA and portfolio planning processes. In Tanzania, MCSP cited MOH leadership and coordination as very important given the number of technical partners involved in supporting the national EPI. Madagascar and Uganda noted strong coordination support from Gavi, particularly the provision of analysis guides and tools well in advance to support the country programs' planning for the JA review sessions themselves.

Partner and Stakeholder Engagement

The approach most commonly cited by communities as effective 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 both 2016 and 2017, MCSP country programs highlighted partner and stakeholder engagement as either improved from previous years or a recommended best practice.^{5,6} Continuing this trend, in 2018, five of the six countries highlighted stakeholder engagement as a best practice and noted that involvement of a broader group of partners helped to present a fuller picture of country-specific realities. For example, MCSP Nigeria highlighted that expanded partner participation—and more specifically, participation from the subnational (State and Local Government Authority) levels—allowed for all stakeholders to understand better the challenges impeding routine immunization at the lowest levels of the health system as well as lessons learned on how to overcome such barriers.

One way in which partners engaged in the JA and portfolio planning processes was by contributing to TWGs organized during the JA to support analysis of results and report writing. Three MCSP countries noted that assigning the appropriate technical partners to small TWGs benefited the reviews overall and facilitated partner involvement. Box 2 includes specific examples of this approach from MCSP countries.

Box 1. Providing space for partner engagement

The JA process aims to involve all stakeholders in a review of the grant implementation to strengthen performance and accountability. Broader involvement of partners not only helps to gain a fuller picture of what is happening in a country but can also improve the technical approach identified to address any gaps faced by the national EPI. Some examples of partner engagement with Gavi in 2018 include the following:

- In **Madagascar**, USAID—with support from MCSP—developed a presentation detailing the approaches and results of USAID-funded organizations to present at a Gavi side meeting.
- In **Tanzania**, Gavi and the Immunization and Vaccine Development Program arranged a meeting where technical partners, including MCSP, provided an oral update on their portfolios as well as any plans for future technical assistance.
- In **Nigeria**, MCSP arranged a side meeting with Gavi to brief the country support manager on technical assistance provided through MCSP.

These opportunities allow for a broader understanding of the technical assistance supporting the national EPI in-country and signify Gavi's increased interest in engaging all partners in the JA process. They also provide firsthand sharing on what works and how to scale up partner and stakeholder engagement.

Abbreviations: EPI = Expanded Program on Immunization; Gavi = Gavi, the Vaccine Alliance; JA = joint appraisal; MCSP = Maternal and Child Survival Program; USAID = United States Agency for International Development.

Box 2. Examples of partner participation in TWGs

- In **Mozambique**, JA participants divided into TWGs focused on demand, data quality, logistics, and cold chain. Thus, while not all organizations participating in the JA had the opportunity to share their experiences in plenary discussions, their contributions were captured in TWG discussions and report outs.
- In **Tanzania**, the Immunization and Vaccine Development Program led the establishment of TWGs and assigned individuals from partner organizations to specific groups based on their technical expertise. MOH led the discussion, a partner acted as a note taker, and groups presented their work in plenary at the end of their discussions.
- In **Madagascar**, the EPI organized TWGs 1 month in advance of the JA to focus on specific technical components of the JA. The TWGs were tasked with analyzing data, developing recommendations, drafting report content, and then presenting to the larger plenary their findings.

EPI = Expanded Program on Immunization; JA = joint appraisal; MOH = Ministry of Health; TWG = technical working group.

Review of Technical Assistance Provided under the Partners' Engagement Framework (PEF) in the Previous Year

A common component of JA and portfolio planning discussions is a review of technical assistance provided through the Gavi PEF in the previous year when specifying technical assistance priorities for the coming year. In both 2017 and 2018, all MCSP countries confirmed a review of technical assistance provided through the PEF took place. In Uganda, for example, all technical partners that received funding for implementation through the prior year's PEF provided a brief presentation in plenary on their progress. In addition, MCSP in Mozambique identified this part of the review as a best practice of the JA. Reviewing the technical assistance progress allows participants to take stock of progress made since the previous year, identify where gaps remain and where additional technical assistance is necessary, and adjust priorities.

Challenges during the JA and Portfolio Planning Processes

Overall, in 2018, MCSP country programs did not cite many major challenges, an improvement over years past. The few challenges shared can fit in the following four main categories: country ownership, preparation for the JA, duration of the JA or portfolio planning processes, and follow-up.

While Tanzania highlighted country ownership as a best practice, other MCSP country programs suggested that partner involvement was uneven and government was not seen as fully driving the process. In Madagascar, the MOH welcomed partner participation but the understaffing and insufficient availability of MOH staff led to heavy reliance on partners to organize the JA; collect, analyze, and interpret data; and make recommendations.

Another challenge cited by MCSP country teams was the inadequate preparation of documentation, including analysis of data, which ended up taking time away from in-depth discussions of gaps and recommendations during the JA itself. For example, in Zambia, different departments within the MOH delivered presentations on the same subject area but with contradicting information. As a result, JA participants discussed (and resolved) the contradiction in plenary, delaying the rest of the JA process.

Another common challenge cited by MCSP country teams was the duration of the JA or portfolio planning process. In Zambia, for example, the time allocated for the JA process was not adequate and the JA team added a full additional day to discuss and identify recommendations. In Nigeria, on the other hand, the JA process—from preparation to finalization of the report—lasted 2 months. MCSP associated the longer timeframe with the need to collect data and best practices from the subnational level as well as inadequate human resources within the National Primary Health Care Development Agency to carry out the data collection and documentation.

A final challenge noted links to the JA follow-up, and more specifically, the PEF. Zambia noted that the “One TA [technical assistance] Plan” template was, in general, understandable, but time should have been allotted at the beginning of the JA to explain the template and address any clarifications. Gavi provided the instructions

later but did not adequately explain how to identify and set milestones; as a result, the expectations for partners were unclear.

Key Improvements over 2017 JA and Portfolio Planning Processes

Gavi only recently introduced its JA and portfolio planning processes in 2015 and 2016, respectively. Therefore, partner feedback can be helpful in strengthening the overall process in the future. MCSP country programs participating in the 2018 JA and portfolio planning processes noted the following key improvements over 2017.

Overall Planning and Management

Several countries noted that the overall planning and management of the JA and portfolio planning processes improved in 2018. For example, in Mozambique and Madagascar, better planning and early access to tools allowed preparatory work to take place prior to the JA, unlike in previous years. Access to tools and templates assisted countries and stakeholders to understand the process and expected outcomes of the JA, and contributed to timeline planning. As a result, the depth of discussion on identified topic areas improved because the country EPI team and partners

prepared the majority of the work prior to the JA itself, thus reducing the length of the JA. In Madagascar, the EPI organized thematic TWGs and assigned technical partners to review key documents, perform the Gavi-requested data analyses, and draft sections of the JA report 1 month in advance of the JA. This preparation in small TWGs allowed for advanced, yet efficient, technical discussions during the JA. In Uganda, MCSP cited “progressive improvement in transparency of the process.”

“This year the instructions were clear and precise, and JA participants are becoming more familiar with Gavi expectations.”

—MCSP Madagascar immunization officer

Nigeria observed that key planning and management ensured increased data availability leading up to the review process. In particular, Nigeria planned its national EPI review prior to the JA, which allowed for timely analysis of data and priority setting for routine immunization in 2019. Aligning these processes brought focus to all aspects of the EPI and limited gaps and missing components.

Engagement with Subnational Implementers

Similar to 2016 and 2017, MCSP countries highlighted involving relevant implementation partners at subnational levels as an approach that worked well during the JA process. In Nigeria, MCSP noted that the process considered subnational-level experience in discussions during the JA at the national level. All partners providing technical assistance at the subnational level, including MCSP, provided materials and delivered presentations on this work. In addition, the JA team in Nigeria organized field visits to four States to understand on-the-ground realities of implementing routine immunization. In Uganda, MCSP also noted discussions on fieldwork in this year’s JA and a planned optional field trip for partners. Overall, engaging those partners that utilize Gavi support at subnational levels of the health system enriched the conversation and resulted in JAs that are more comprehensive.

Involvement of an Expanded Group of Partners

Since 2016, many MCSP country programs have either cited partner involvement as a best practice or identified it as improved over time. In these cases, partner involvement usually means immunization partners (e.g., World Health Organization, UNICEF, or other technical implementation partners). However, in 2017, MCSP recommended expanding the partners involved with the JA and portfolio planning processes even further to include those partners that indirectly contribute to immunization support in countries. In 2018, MCSP country programs in Nigeria, Tanzania, and Madagascar all noted the participation of such partners in the JA and portfolio planning processes. Table 2 shows key examples of additional partner participation in MCSP countries.

Table 2. Examples from MCSP countries with participation from an expanded group of partners in 2018

Country	Additional partners
Madagascar	<ul style="list-style-type: none"> • World Bank • Project Coordination Unit, Minister of Public Health's Office • Directorate of Administrative and Financial Affairs • Human Resources Department, MOH
Nigeria	Ministry of Budget and Planning/Finance
Tanzania	<ul style="list-style-type: none"> • President's Office of Regional Administration and Local Government • Ministry of Finance, Department of Health Promotion • Department of Planning

Abbreviations: MCSP = Maternal and Child Survival Program; MOH = Ministry of Health.

Overall, additional partners enrich the conversation and result in appraisals that are more comprehensive as well as foster greater stakeholder involvement in monitoring technical assistance identified in the JA and portfolio planning processes.

Quality of Partner Participation

In 2018, five of the six MCSP countries highlighted increased partnership involvement as a best practice. This is a big jump from the previous years, when MCSP country programs identified this as an emerging improvement. In particular, MCSP country programs highlighted the improved quality of the engagement. For example, in Zambia, MCSP staff noted that the “environment was quite open to everyone’s contribution” on different issues and cited the various mechanisms (i.e., PowerPoint presentations, plenary discussions, and group discussions on thematic areas) through which partners could contribute to discussions as key to quality engagement. In Nigeria, MCSP described the process as “more inclusive in 2018” and noted greater transparency and access to information and documents. In particular, the use of Google Docs in Nigeria provided access to and contributions from all partners. Finally, Uganda described the broad involvement of partners as well as candid and open discussions as a best practice in the 2018 JA.

“Active participation of all partners improved this year compared to previous year. Only a few partners actively participated in the process last year, but this year, all partners actively participated from the very beginning to the end of the process.”

—MCSP Tanzania immunization officer

Lessons Learned from the JA and Portfolio Planning Processes

Essential lessons learned from JA and portfolio planning processes center on thoughtful planning and preparation, creating opportunities to see all immunization work within the country, and ensuring data for decision-making is readily available.

Thoughtful Planning and Preparation

Thoughtful planning and preparation resulted in more inclusive and technically sound JAs and portfolio planning in MCSP countries. Evidence of thoughtful planning and preparation includes:

- In three countries, the MOH divided partners into TWGs and assigned them different sections of a report or technical area to review in advance of the JA. Assigning roles and responsibilities from the start of the process clarified expectations; allowed for data collection, analysis, and validation prior to the JA; and

“A developed agenda for working groups allowed partners to more easily integrate into different priority areas based on their scope of technical work.”

—MCSP Mozambique technical director

resulted in evidence-based and efficient identification of genuine gaps during the JA. Where this did not take place, countries noted delays in the JA process (Zambia).

- Tools and templates shared in advance of the JA—such as in Madagascar, Mozambique, Nigeria, and Uganda—assisted countries and stakeholders in understanding the process and expected outcomes of the JA and contributed to agenda setting and timeline planning. In Madagascar, for example, MCSP noted that both the analysis guide and report template helped facilitate discussions in the TWGs. Nigeria described the templates provided by Gavi as straightforward and user-friendly while Uganda noted that the report template was clear, with the key areas to report on particularly well defined.
- In Zambia, the JA team designed the process so that partners could share their experience, technical knowledge, and expertise through different mechanisms, such as PowerPoint presentations, plenary discussions, and group discussions on thematic areas.
- In Nigeria, the country planned for the JA to follow the national EPI review, which brought focus to all aspects of the EPI—rather than those just of interest to donors—and set the stage for country-led priority setting for the next year.

Ultimately, thoughtful planning resulted in space for expanded partner involvement and quality engagement as well as increased country ownership over the processes as well as resulting recommendations and plans.

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. The limited timeframe for the JA and portfolio planning processes can make this understanding difficult to gain. However, linking the JA to the EPI review as well as involving all partners, particularly subnational implementers, can provide additional insights into how Gavi engagement materializes on the ground. Two ways to gain these insights are to include field visits as an integral part of the processes and for technical partners to contribute evidence generated from subnational-level program implementation to JA and portfolio planning process discussions at the national level. Nigeria first implemented its EPI review, which fed into the JA, including support for subnational-level involvement in the JA and highlighting that this practice provides valuable insight into other aspects of the country immunization program, not just those funded by Gavi. Providing partners the chance to meet with Gavi directly (e.g., in side meetings) also provides a deeper understanding of the technical assistance available to support improvements to national EPI performance.

“The portfolio planning process brings a sense of transparency and gives chances to all partners to learn and understand what other partners are doing and hence join forces where they can accomplish common goals.”

—MCSP Tanzania
immunization officer

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 Nigeria, for example, the recently completed EPI review greatly contributed to the JA discussions and report. In Madagascar and Mozambique, tools, templates, and guides provided by the JA team in advance of the meeting allowed for much of the preparation to take place in advance of the JA itself. In particular, these tools, as well as the division of technical partners into TWGs more than a month in advance, ensured data collection and analysis were possible prior to the start of the JA. When data validation occurred in advance, it allowed for deeper discussions during the Gavi reviews, whereas when validation did not take place, inefficiencies were noted (Zambia). Review of data prior to the JA also improved country ownership of the data and decision-making.

Suggestions for Future JA and Portfolio Planning Processes

The main suggestions for future review processes centered on building from previous experience and best practices to further improve preparation for the JA and portfolio planning process, providing adequate space for partners to contribute to the process, and country ownership. Box 3 highlights key suggestions for future JAs and the portfolio planning process.

Box 3. Key suggestions for future Gavi JA and portfolio planning processes

Planning and management

- Consider and communicate the JA timeline well in advance to ensure adequate planning and preparation.
- Put the MOH/EPI in the driver's seat of the JA and clarify partner roles and responsibilities in advance. Partners support the JA but priority setting and recommendations should come largely from the MOH.
- Ensure key focal points within relevant ministries and departments involved in decision-making, planning, and finances are available for the entirety of the JA or portfolio planning process.
- As much as possible, allow time for country review and validation of data analyses prior to the JA/portfolio planning process to avoid confusion and time wasted on clarifying questions from internal stakeholders in plenary and to show a clear understanding of country realities to external stakeholders.
- Where possible, align the JA processes with other in-country multipartner reviews and ensure time for data analysis is included in the planning stages of the JA or portfolio planning process. In particular, combining the processes 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.
- Encourage review of previous year's technical assistance provided through the PEF during the JA.

Partnership engagement

- Involve all relevant players, including partners at the subnational level and those partners that may indirectly contribute to immunization support in countries, to ensure the monitoring and quality of immunization services as well as provide valuable insight into how Gavi engagement affects activities on the ground.
- Ensure involvement of all immunization technical partners—including all partners not funded by Gavi—to share best practices and promote a comprehensive approach to country planning.
- Consider greater involvement of external partner support during the JA/portfolio planning processes; external advisors, including from partners' headquarters offices and donors, may identify issues glossed over by the internal team. Headquarters' participation in the JA or portfolio planning process can be an added advantage to the country because they can highlight other country experiences and success in supporting national immunization programs.
- Encourage partners to collaborate when preparing for the JA (e.g., rather than having each partner present in plenary, ask partners to prepare one joint technical assistance presentation that speaks to the technical areas of focus).
- Provide partners the chance to share their experience and country support with Gavi directly (e.g., in side meetings) to give a comprehensive view of the country issues, interventions, and technical expertise available to support improving the national EPI performance.

Development of a responsive technical assistance plan

- Conduct subnational field visits to understand the country context and variations better and to develop a more responsive TA plan.
- Develop a targeted country assistance plan in light of the HSS plan and monitor implementation together.
- Review periodically implementation of the One TA [technical assistance] Plan with all partners between the annual JA process to identify any gaps and make adjustments, as necessary.

EPI = Expanded Program on Immunization; Gavi = Gavi, the Vaccine Alliance; HSS = health system strengthening; JA = joint appraisal; MOH = Ministry of Health; PEF = partners' engagement framework.

Conclusion

The JA and portfolio planning approaches are key review processes that inform Gavi's grant renewal process because they document Gavi grant performance and identify:

- Implementation challenges
- Areas for improvement
- Needs for greater national investments, efforts, and technical assistance to improve immunization outcomes

Key to identifying the critical needs for support and technical assistance 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 and improves coordination with other technical assistance efforts in the country; it 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. However, greater partner involvement should not detract from the role of the country's national immunization program in taking ownership and providing oversight to the program planning, implementation, monitoring, and problem-solving. USAID's and other donors' interests in improving the JA and portfolio planning 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.

