Joint appraisal report

Country	Angola
Reporting period	*2014*
cMYP period	2011 – 2015
Fiscal period	*January – December*
Graduation date	*2015 - 2017*

1. EXECUTIVE SUMMARY

1.1. Gavi grant portfolio overview

Cooperation between the Global Alliance for Vaccines and Immunisation (Gavi) and the Ministry of Health has been developing since 2003-2005, during which time Gavi financed training, supervision and immunisation activities in areas not covered by health services.

As of 2006, Gavi began to support the country in the introduction of new vaccines to prevent priority diseases for which previously only curative treatment was available and thus accelerate the reduction of child mortality, and reduce the expenses and overload of hospitals and health centres in treating them.

In 2006, the pentavalent vaccine was introduced nationally, which protects against five childhood diseases: diphtheria, tetanus, whooping cough, hepatitis B and pneumonia/meningitis due to Haemophilus influenza type b. In 2013, the PCV-13 vaccine was introduced, which prevents cases of acute respiratory diseases caused by 13 different strains of streptococcus pneumonia.

For introducing the pneumococcal and rotavirus vaccines, the country received vaccines and US$ 1,741,000 for operating expenses, thus enabling it to conduct supportive supervision, training for technicians involved at all levels, purchasing cold chain equipment, updating and printing immunisation materials and evaluating the introduction of the pneumococcal vaccine.

This support resulted in an increased cold chain capacity and the opening of more immunisation posts, building human resource capacities, and strengthening social mobilisation activities.

The result translated into a substantial increase in penta3 vaccine coverage, from 44% in 2005 to 80% in 2014, the absence of wild poliovirus for more than four years and a reduction in diseases caused by Haemophilus influenza type b and acute respiratory diseases caused by streptococcus pneumonia.

1.2. Summary of grant performance, challenges and key recommendations

Grant performance (programmatic and financial management of NVS and HSS grants)

Achievements

- Penta3 coverage (DTP-HepB-Hib3): 80%.
- PCV-13 (third dose): 61%.
- Rotavirus vaccine coverage (second dose): 18%.
- 47% of municipalities in the country achieved > 80% DTP-HepB-Hib3 in 2014.
- The dropout rate between penta1 (DTP-HepB-Hib1) and penta3 (DTP-HepB-Hib3) was 20%.
- 78 municipalities in the country achieved DTP-HepB-Hib3 coverage below 80%
- 27 municipalities in 11 provinces had DTP-HepB-Hib3 coverage <50%.

Challenges

- Insufficient human resources at all levels in terms of quantity and quality;
- Insufficient financial resources for routine immunisation activities;
- Lack of ground transportation to carry out activities;
- Delay in payment of vaccine co-financing for 2014 and 2015.

Key recommended actions to achieve sustained coverage and equity (list the most important 3-5 actions)

- Guaranteed funding for the immunisation programme and payment of co-financing new vaccines that are late and for upcoming years;
- Human resources capacity building and training; management of vaccines and immunisation materials and coordination between the programme and the centre for procurement and supply (Cecoma);
- Preparation and implementation of a plan to improve immunisation indicators in areas with low coverage;
- Strengthened implementation of mobile and outreach strategies in areas with the greatest number of unimmunised children;
- Cold chain capacity building and increased number of health posts with immunisation activities.

1.3. Requests to Gavi's High Level Review Panel

Grant Renewals

New and underused vaccine support

- *Renewal* of grants for the pneumococcal, rotavirus and IPV vaccines
- Support for purchasing pentavalent vaccine through UNICEF

Health systems strengthening support

- *NA*

1.4. Brief description of joint appraisal process

The joint appraisal was performed by a team consisting of the Ministry of Health, representatives of civil society organisations, domestic and international partners and a representative of the Gavi Secretariat.

The general purpose of the mission is to identify the main challenges that limit the improvement of developing national immunisation programmes in terms of coverage and equity, as well as the major areas where increased investments are needed to improve the performance of these programmes.

The following methodology was used:

- Review of documents related to the joint appraisal by creating a national committee responsible for gathering documentation, consisting of the National Coordinator of the Expanded Programme on Immunisation (EPI), the EPI Focal Point of WHO and UNICEF and representatives of civil society involved in immunisation activities at the national level;
- Seminar to review and analyse the status of the principal EPI indicators and update the various forms of Gavi support. It was attended by Ministry of Health (MoH) technicians, domestic and international partners, Gavi Secretariat;
- Meeting with the Minister of Finance (MoF) and the Secretary of State of the Ministry of Commerce (MinC);
- An extraordinary meeting of the ICC held to present the results of the mission.

2. COUNTRY CONTEXT

2.1. Comment on the key contextual factors that directly affect the performance of Gavi grants.

Leadership and management of the programme

The Angolan government has made significant efforts to improve the economic and social indicators of the country, including making the right to health part of the Constitution.

The country considers vaccines a public asset, so that access to vaccines is offered free of charge to beneficiaries. Funding of traditional vaccines and the corresponding immunisation materials is completely covered by funds from the General Global Budget (OGE), and the purchase of new vaccines (pentavalent, rotavirus and pneumococcal) is supplemented by Gavi co-participation.

An Interagency Coordinating Committee (ICC) exists to provide leadership for the immunisation programme. The National Immunisation Technical Advisory Group (NITAG) is being implemented. As of 2011, Angola entered the graduation process according to Gavi regulations and in 2014, a transition plan was prepared, to be funded by the government and members of the Gavi Alliance.

Unfortunately, there was a delay in implementing the transition plan due to a delay in delivery of Gavi funds, although other sources of funding were used to implement some key activities established in the plan.

The Immunisation Section (EPI) is under the National Public Health Department (DNSP) and has a team consisting of six technicians. At the provincial level, there are immunisation programme management teams in the provincial department of public health. At the municipal level, there are municipal health divisions. At the health unit level, there are immunisation technicians.

In 2014, with Gavi's financial support, the country introduced the vaccine against rotavirus. In addition to introducing new vaccines, Gavi's financial support also helped strengthen the routine immunisation system. Despite these events, there are still some weaknesses in implementing Gavi funding for introducing new vaccines, such as the delay in payment of the government's co-participation, which resulted in postponing vaccine delivery and a reduction in vaccines availability compared to the planned quantities.

Human resources

Human resources exist for the immunisation programme at each level of immunisation service delivery. However, there is also a considerable deficit in terms of both the quantity and quality of technicians for the programme at all levels. Technicians trained in EPI are frequently transferred to other areas and programmes.

Cold chain and vaccine management

All levels have a cold chain, but the capacity at some locations is insufficient to store local needs. There are not enough cold chain and logistical technicians at all levels, which results in a lack of regular maintenance and equipment repair. Some municipalities purchased equipment outside of the standards recommended by WHO.

A system exists for managing vaccines and materials, based on management tools (SMT and DVD-MT). Unfortunately, they are not operational throughout the country. In 2014, the country conducted an effective vaccine management (EVM) assessment, but implementation of the improvement plan prepared after the appraisal has not yet begun.

Service delivery

Immunisation service is provided throughout the country by means of fixed posts, outreach and mobile teams, augmented by supplementary immunisation activities (polio, measles, tetanus, Vitamin A).

The number of health units that provide immunisation services increased from 687 in 2010 to 1,323 in 2014, with a total of 2,499 public sector units. Notwithstanding this significant progress, many districts and communities do not have easy access to immunisation. This is why the fixed strategy is being supplemented by outreach and mobile teams. These supplementary strategies were not fully completed due to a lack of ground transportation and a support grant.

Supportive supervision plans exist with supervision procedures and guidelines for all levels, but this was not implemented on schedule due to a lack of financial resources. The quantity and quality of field supervisions performed were not sufficient to resolve the shortcomings of the programme, primarily at the municipal level and the health unit level.

Data management

The Planning and Statistics Office of the Ministry of Health (MoH) and the provinces is responsible for managing health information. All provinces have the support of the Cuban cooperation in collecting information and subsequently sending it to the central level. The immunisation programme has three technicians at the central level for epidemiological and immunisation data management.

At the municipal and health unit level, there is a system for gathering data. However, there is a delay in sending information from the municipal level to the central level due to a lack of resources (transportation, Internet). There is insufficient analysis and use of data to make timely decisions at this level.

Communication and social mobilisation

There is a communication and social mobilisation plan at the central level. Materials for information, education and communication (IEC) were also prepared. This plan was adapted to the reality of each province. Due to financial resource difficulties, implementation of the plan is deficient or non-existent at the municipal and health unit levels.

Co-financing new vaccines

One of the important factors for achieving adequate immunisation coverage is the availability of an adequate level of vaccine stock at central, provincial and municipal levels. In order for this to occur, efficient and timely management of a chain of processes is necessary. The vaccine purchase process co-financed by Gavi was analysed and six principal processes and 26 sub-processes were identified that are under the responsibility of different areas.
The principal processes identified are:

1) Identification and endorsement of Gavi's co-financing obligation
2) Vaccine purchase process
3) Receipt of vaccines
4) Accounting
5) Distribution of vaccines
6) Inventory management

Other factors

The country conducted a population census in 2014 that helped determine the target population for immunisation and planning activities. There is a large discrepancy between the population data from the census and prior estimates in some areas, which makes immunisation coverage difficult to specify.

The drop in the price of oil worldwide caused a drastic reduction in the budget for all sectors, including social sectors. The budget for the immunisation programme for purchasing vaccines was reduced from approximately US$ 20 millionin 2013 to approximately US$ 8 Million in 2014.
The national currency (Kwanza) is dropping in relation to international currencies such as the US dollar.

3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

3.1. New and underused vaccine support

3.1.1. Grant performance and challenges

Angola has received various types of Gavi support since 2003. In 2013, with Gavi's financial support, it introduced the PCV vaccine in phases and in 2014 introduced the rotavirus vaccine. With the same support, the country will introduce the IPV vaccine in the first half of 2016.
For introduction of the rotavirus vaccine, the country had Gavi financial support for a total of US$ 4,355,500 in 2014, and in 2015, it received a total of US$ 3,393,000. Of the total amount for 2014, approximately US$ 882,500.00 was to support the cost of introducing new vaccines.
In terms of vaccine quantity, according to the decision letter, the country was to receive a total of 2,137,200 doses of rotavirus vaccine in 2014, but only received 1,229,500 doses. The difference between what was planned and what was received was due to the government's failure to pay its financial co-participation. Despite the reduced quantity, there was no stockout, because the coverage was very low. The planned coverage for the rotavirus vaccine was 87% but the coverage achieved was 18%.
For PCV-13, the country was to receive 2,561,900 doses in 2014, but only received 1,119,600 with no stockout. For penta vaccines, the country received 2,189,600 doses in 2014.

Results
The planned penta3 (DTP-HepB-Hib3) coverage was 94% and actual coverage was 80%.
For PCV-13 (third dose) the planned coverage was 69% and actual coverage was 61%.
Planned rotavirus vaccine coverage was 87% and actual coverage was 18%.
47% of municipalities in the country achieved > 80% DTP-HepB-Hib3 coverage in 2014.
The dropout rate between penta1 (DTP-HepB-Hib1) and penta3 (DTP-HepB-Hib3) was 20%.
78 Municipalities in the country have DTP-HepB-Hib3 coverage below 80% of the Global Vaccine Action Plan (GVAP).
According to the official EPI data (JRF 2014), of the 166 municipalities in the country, 27 municipalities in 11 provinces have DTP-HepB-Hib3 coverage < 50% in 2014. In the provinces of Cunene and Namibe, most of the municipalities have DTP-HepB-Hib3 coverage < 50%

Progress
Introduced the rotavirus vaccine throughout the country in 2014
Conducted a post-introduction evaluation of the PCV-13 vaccine in 2014
Conducted an external EPI assessment in June 2014
Conducted an effective vaccine management (EVM) assessment in June 2014
A Gavi support transition plan is in the implementation phase
A population census was conducted in 2014, which improved the official understanding of the target population.

Weaknesses
- There is a big difference between the quantities of vaccines planned and those acquired due to the Government's failure to pay its co-participation;
- Decreases were reported in penta, PCV and RV coverage in 2014 in relation to planned coverage due to:
  - insufficient supervision at all levels
  - weakness in implementing the outreach and mobile strategy
  - Cold chain shortcomings, primarily at peripheral levels
- Results of the effective vaccine management (EVM) assessment performed in 2014:
  - none of the eight criteria assessed achieved a satisfactory level
  - the inventory management criterion was the lowest in this assessment (39%)
  - the criterion with the highest rating was storage capacity, reported at 76%
- Insufficient involvement of health technicians with community leaders to promote routine immunisation.

3.1.2. NVS renewal request/ Future plans and priorities

For 2016, the country needs to renew Gavi financial support for the following vaccines:
1. PCV-13, Rotavirus and IPV (introduction)
2. Renewal of financial support for implementation of the transition plan

For the penta (DTP-HepB-Hib) vaccine, the country wants to continue the supply through UNICEF with its own funds

3.2. Health systems strengthening (HSS) support

3.2.1. Grant performance and challenges

Not applicable

3.2.2. Strategic focus of HSS grant

Not applicable

3.2.3. Request for a new tranche, no-cost extension, re-allocation or rescheduling of HSS funding / Future HSS application plans

Not applicable

3.3. Graduation plan implementation (*if relevant*)

Summary of status of implementation of the transition plan

As of 1 September 2015, Angola implemented, on the average, 47% of the activities indicated in the transition plan, some of which are in the process of being implemented. This is a considerable accomplishment, due to the fact that up to this time, the country did not receive the Gavi funding. The funding through UNICEF was only received in July.

The area in which most of the activities were implemented is communication and social mobilisation. Activities for data quality strengthening are in the process of being implemented.

Unlike other areas, few activities were implemented in cold chain strengthening, NITAG creation, and the purchase of vaccine inventory since the necessary funding planned in the transition plan was not received.

As a whole, the transition plan main priorities did not changebut few adjustments are necesssary. For example, we are faced with the situation of paying Angola's co-financing to buy new vaccines, which is a great concern and may cause a vaccine stockout.

It is necessary to identify the actions/key measures to be taken in the short term to address these urgent situations, perhaps finding an additional source of funding to cover all activities in the plan:
- reprogramme the transition plan: for example; the budget for activities to strengthen the National Regulatory Authority (NRAÓ) exceeds actual needs and must be reprioritised.
US$ 70,000 was made available.

Other activities that also require urgent reprogramming are training and technical

Modifications to the transition plan

In view of the above, the transition plan was updated during the joint appraisal. The principal changes are described below (Table E.3 below presents details of the changes).

i. The study of immunisation operating expenses was extended over 15 days (instead of one week as originally scheduled) in view of the difficulty in conducting the study.
ii. A task force will be created, the main purpose of which will be to monitor the transition period, ie: to monitor implementation and regular updating of the transition plan; to monitor and ensure payment of co-financing; and to coordinate within the Ministry of Health and ministries and other technical partners.
iii. A technical assistant will be made available to the EPI for EPI capacity-building during the transition period, with the same functions as the task force described above, and will report to it regularly, at least every other meeting of the ICC.
iv. The activities in the action plan to strengthen the NRA (developed after the NRA appraisal in July 2015) were integrated into the transition plan. The cost of these activities is US$ 95,000 and will be covered by the Gavi transition grant.
v. Lastly, the WHO (HQ) must review CECOMA strengthening activities that, because they were unclear, were poorly translated into Portuguese. This made analysing the transition plan implementation difficult

In summary, the Gavi “transition” grant is unchanged (US$ 1,120,450) but the total cost of the transition plan increased by US$ 100,000, for a total of US$ 4,403,950. This additional cost should cover the technical assistant for the last two months of 2016 and for 2017. Either the government or another partner may cover this cost, or the additional Gavi technical assistance will cover this urgent requirement.

In conclusion, implementation of the transition plan is well underway, with most of the activities completed or in progress. The greatest challenge in this transition phase involves payment of the co-financing. Thanks to the payment process monitoring tool developed during the joint appraisal and the support to be provided by a technical assistant and a monitoring committee, the EPI should have greater capacity to monitor and ensure that co-financing payments are made on time. Nevertheless, if the situation does not improve by the end of 2015, it may be necessary to review the priority activities and reschedule the transition plan to a support plan for immunisation funding only.

3.4. Financial management of all cash grants

In 2013, the Republic of Angola received a total of US$ 1,741 000 in Gavi financial support to introduce new vaccines: US$ 858,500 for PCV and US$ 882,500 for rotavirus vaccine.
Financial support for the rotavirus vaccine was not received until the end of 2013, and expenses for 2013 were covered with part of the funds for introducing the PCV.
The procedures for Gavi fund expenditures are as follows:

- The funds are transferred directly to the EPI bank account with Banco Fomento de Angola (BFA).
- The account is managed by three Ministry of Health officials: the Minister of Health, the National Director of Public Health and the Head of the Immunisation Section.
- The activities begin by drafting an action plan with the corresponding budget, which is in turn discussed and approved by the ICC (government and partners).
- A minimum of two signatures are required in order to release the funds: the National Director of Public Health and the Head of the Immunisation Section, or the Minister of Health and the Head of the Immunisation Section.

According to this procedure, expenses incurred in 2013 were related to training, strengthening the cold chain, supervision, and appraisal. Total expenses for 2013 were US$ 391,972, as detailed in the following table.

Funds received and expenses incurred in 2013 (US$)

Funds received and expenses incurred	Amounts in US$	Total Expenses	Balances by end of 2013
➢ Funds received for PCV ➢ Expenses incurred • Training • Cold chain strengthening • Supervision • Evaluation	858,500 391,972 177,511 181,461 14,000 19,000	391,972	466,528
➢ Funds received for rotavirus vaccine at end of 2013	882,500	0	882,500
Total balance available at end of 2013			**1,349,028**

At the beginning of 2014, the balance in the PCV fund was US$ 466,528, to which US$ 882,500 was added for the rotavirus fund at the end of the year, for a grand total of US$ 1,349,028.
Of this amount, approximately US$ 731,718 were expenses throughout 2014: US$ 18,112 from the fund for PCV and US$ 713,606 from the fund for introducing the rotavirus vaccine. The 2014 expenses are reported in the following table.

Funds received and expenses incurred in 2014 (US$)

At the end of 2014, approximately US$ 731,718 was spent to introduce new vaccines: US$ 18,112 from the PCV grant and US$ 713,606 from the rotavirus vaccine grant.

Funds received and expenses incurred	Amount in US$	Total	Balances
Funds and expenses for PCV	466,528	466,528	
Expenses incurred: Post-introduction evaluation of PCV in 5 provinces, 15 municipalities and 48 health units	18,112	18,112	
Total expense for PCV in 2014		18,112	
Balance			448,416
Funds for rotavirus vaccine	882,500	713,606	
Expenses for: • Cascade training ("train the trainer") for introducing the rotavirus vaccine throughout the country (20 three-day seminars for 18 central-level supervisors, 38 provincial-level personnel and 332 municipal-level personnel) • National seminar for training 24 logistics specialists in cold chain management and maintenance • Purchase and distribution of seven solar refrigerators and procurement of three cold rooms for Cuanza Sul, Uíge and Huambo • Supervision in nine provinces to monitor rotavirus vaccine training	156,671 13,500 535,835 7,600		
Total expenses for rotavirus vaccine		**731,718**	
Balances at the end of 2014 for rotavirus vaccine			**168,894**
Balances total of grants at the end of 2014			**617,310**

	Amounts in US$	Total	Balances

Grants and expenses in 2015			
Grant total at the beginning of 2015	617,310		
Expenses incurred Supervision Training Bank charges	 36,550 172,085 1,086.75		
		208,635	
Balance in first half of 2015			408,675

The balance at the beginning of 2015 was US$ 617,310. Of this amount, US$ 208,635 was spent during the first half of 2015 and the balance at the end of July from all sources was US$ 408,675. This total will be used to cover the expenses for some activities scheduled by the end of 2015.

Principal difficulties in grant management
The principal difficulties encountered in managing Gavi grants for introducing new vaccines were related to procuring durable goods (cold chain, vehicles, etc) from outside the country due to some laws in effect in the country.

Challenges:
How to implement scheduled activities within the context of insufficient funds.

Recommendations

1. Consider procurement from abroad using UNICEF/Angola purchasing mechanisms
2. Reprogramme use of the balance for activities and implement them by the end of 2015

3.5. Recommended actions

Actions	**Responsibility** (government, WHO, UNICEF, civil society organizations, other partners, Gavi Secretariat)	Timeline	Potential financial resources needed and source(s) of funding
Transition plan: - Reprogramme some of the NRA budget line - Review activities with CECOMA (translation and contents) - Create a task force to facilitate monitoring implementation of the transition plan and send regular reports to the ICC - Reschedule activities not yet implemented in 2015 to Q2/2016 Programme performance - The country must prepare and implement a plan to improve routine immunisation coverage based upon the RED strategy	MoH, UNICEF, WHO, SIVAC, Gavi		

- Prepare/update microplans to improve coverage in 78 municipalities with low coverage - Implement microplans and ensure monitoring of activities using a table including the key indicators - Improve the information system for inventory management and training personnel on the use of DVD-MT in all municipalities - Update and distribute the improvement plan (EVM) - Implement communication and social mobilisation activities in municipalities and health units <u>Logistics and vaccine management</u> - Invest in a single inventory management system at all levels (national, provincial, municipal) to be used by EPI and CECOMA - Train technicians in inventory management - Document and formalise the role and responsibilities of various participants in the following processes: 1) vaccine budget, 2) purchase scheduling, 3) approval of payment for purchases 4) receipt and distribution of vaccines 5) inventory control - Develop procedure manuals (SOP) - Create a work group with the MoH/SG, MoF and EPI/DNSP to streamline the process of transferring available amounts for co-financing	MoH, UNICEF, WHO, Gavi MoH, UNICEF, WHO, Gavi, MinC, MoF,		
<u>Financial Management</u> *Use the UNICEF mechanism to procure cold chain equipment, ground transportation and other logistics* *Reprogramme use of the fund balance for implementation of activities by the end of 2015*	MoH, UNICEF, WHO, Gavi, MinC, MoF,		

4. TECHNICAL ASSISTANCE

4.1 Current areas of activity and agency responsibilities

In 2014, WHO provided technical assistance
- Assistance for routine immunisation and logistics
- Assessment of effective vaccine management
- Assessment of data quality
- Programme evaluation
- Epidemiological disease surveillance
- Post-introduction evaluation for PCV
- Basic training aimed at focal points in monitoring and immunisation
- Support for health promotion department for communications
- Supportive supervision
- Training community agents

- Communication and social mobilisation inquiries

UNICEF
- Cold chain
- Communication and social mobilisation
- Vaccine procurement
- Data quality self-assessment (DQS) training and implementation in some municipalities
- Quarterly supportive supervision
- Training community agents
- Communication and social mobilisation inquiries

CORE GROUP

- Training and monitoring of 2,710 community agents in 41 municipalities
- Community social mobilisation
- Identifying unvaccinated children and guiding them to routine immunisation
- Logistical support
- Joint training supervision for health units at the provincial and municipal level
- Integration of immunisation teams in fixed posts and outreach and mobile teams
- Financial and technical support for holding transborder and technical meetings.
- Independent monitoring of the quality of National Immunisation Days.

4.2 Future needs

Hiring:

- One national technician for logistics
- One technical assistant for the transition plan coordination and implementation
- One person to coordinate and implement the EVM post-assessment improvement plan
- One advisor to the National Director of Public Health
- One advisor for the head of immunisation section
- Two data managers, one for monitoring and one for immunisation

5. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

The interagency coordination mechanism was deemed pertinent for joint appraisal since it allowed an in-depth analysis of all issues related to the immunisation programme, specifically service delivery, cold chain and logistics, communication, management and funding of the programme.
It is in line with the shortage of human resources at all levels and clarified that financial limitations resulted in technicians not being hired at the national level for more than three years.
It was highlighted that a great opportunity for minimising these challenges is localisation of health services at the municipal level.
On the other hand, it recognises the weaknesses of routine immunisation indicators and that the sustainability of the goals achieved entails the increase in immunisation posts and strengthening strategies for providing services through the RED strategy.
Considering the economic situation of the country due to the decrease in the price of oil, the ICC members recognise the need for technical and human resources support for the country to implement and monitor the transition plan.

Issues discussed during debrief of joint appraisal findings to national coordination entity:
The principal issues discussed during the information meeting were:

- the co-financing of the government of Angola for the introduction of new vaccines for 2014 and 2015;
- vaccine procurement and management;
- human resources ;
- routine immunisation indicators.

Conclusions

- Create a mechanism for monitoring co-financing disbursement
- Sign the memorandum of understanding
- Strengthen and ensure funding for the immunisation programme
- Increase the number of fixed immunisation posts
- Pay past-due co-financing and present an application for a HSS grant to Gavi
- Prepare a plan to improve immunisation coverage in low-performing areas

Additional comments by partners:

WHO:

Taking into account the specific goals of the joint appraisal, we can say that:

- The national immunisation programme is a priority for Angola and has shown improvements in coverage and the introduction of new vaccines and increased coverage levels, however the Ministry of Health is currently experiencing a drastic decrease in funding to implement all of its programmes. The immunisation programme has managed to cover its basic needs despite the overall reduction in the budget, but payment of financial obligations for 2014 and 2015 with Gavi is still pending, with the risk of compromising Gavi support in the next few months.

- The national immunisation programme still does not have universal coverage in terms of routine immunisation, which is the result of the still insufficient number of fixed posts created for this purpose. In 2014, coverage was 20% through outreach activities that were not always systematic and entailed higher costs. The number of health units providing routine immunisation increased from 687 health units in 2010 to 1,323 in 2014. Despite this figure, it is still largely insufficient because only 53% of health units in the country have a fixed immunisation post.
  We must implement a policy to expand the number of fixed immunisation posts to ensure the continuity of this service and thus increase demand in communities.

- WHO has been advocating, not only with the Ministry of Health, but also to the 7th Commission of the National Parliament in charge of Social Affairs, informing them of the need to ensure that the national immunisation programme must continue to be a priority for the country and therefore, adequate funding must be guaranteed, despite the financial crisis that the country is currently experiencing.

- The offer for additional technical assistance for the programme will allow it to overcome the problem of insufficient qualified human resources, especially at the central level. The adjustment to the transition plan for this purpose would be a good option.

UNICEF:

The Supply Division has specific technical assistance guidelines for forecasting and procurement of cold chain and spare parts; all other vaccines are prepaid by the government to support the expansion of fixed immunisation posts and ensure universal access to routine immunisation.

The introduction of the IPV and HPV vaccines, and the change from tOPV to bOPV must also be incorporated into technical assistance packages for communication, even though not addressed separately in this guide.
Additional technical assistance is offered in four important communications components for development that need to be taken into consideration in the transition plan:

- designate and implement social mobilisation initiatives focused on routine immunisation equity (for example, populations living in hard-to-reach areas, migrants, ethnic minorities, poor urban configurations, populations affected by disasters or conflicts)
- documentation and exchange of knowledge of case studies in best practices and lessons learned in communication and social mobilisation for immunisation; causal analysis of reasons for non-immunisation and dropouts
- enable mobile technologies or other information and communication technologies (ICT) to provide or monitor services, improving the quality of strategic planning, more intelligent positioning, funding and implementation
- strengthen community-based platforms and approaches for communities to become involved and assume responsibility for a series of health and immunisation issues

6. ANNEXES

- **Annex A. Key data** (this will be provided by the Gavi Secretariat)
- **Annex B. Status of implementation of the key actions from the last joint appraisal and any additional High Level Review Panel (HLRP) recommendations**

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation
The country is encouraged to share an update with regard to the disaggregated reporting format currently under development as well as any information emerging from the national coverage cluster survey that collected information on sex. The survey's analysis will be stratified on this variable.	The 2014 coverage survey has been validated recently and shared
The country is encouraged to share more details on the ICC representation and composition. The country is encouraged to establish a NITAG to help with the strategic decision making process. Such activity is part of the graduation and transition plan.	Partially done. ICC guidelines and composition to be documented. NITAG preparation initiated
The country is requested to share the final report of the EPI external review, the coverage survey and DQS.	Done
Key actions from the last appraisal or additional HLRP recommendations	**Current status of implementation**

The cMYP should be updated to integrate the IPV	Done in the new cMYP 2016-2020 which is being developed
The country needs to provide the external audit related to VIGs disbursed by Gavi in 2013, as per the Gavi audit policy.	The audit will be done by a private firm Using the remaining cash balance
Gavi urges the Government of Angola to complete full payment of all co-financing arrears, with as a matter of utmost priority, the payment of the 2012 and 2013 PCV arrears to avoid the risk of Gavi's support suspension.	2012 and 2013 co-financing arrears have been paid, but 2014 only partially and nothing for 2015: US$ 21,5 Million
Graduation Transition Plan to be finalized.	Done

- **Annex C. Description of joint appraisal process** (eg team composition, how information was gathered, how discussions were held)

The mission was composed of:
- external members: Gavi, WHO, UNICEF, UNICEF SD
- local members: MoH (Sec. Gen., DNSP, CECOMA), MoF, MINCOM, WHO, UNICEF, Core Group

The methodology used was:
- review of documents related to the joint appraisal by creating a National Committee responsible for collecting documentation, consisting of the National EPI Coordinator, the EPI Focal Point of the WHO and UNICEF and representatives of civil society involved in immunisation activities at the national level;
- seminar for reviewing and analysing the situation of the principal EPI indicators and updating various Gavi support. The seminar was attended by technicians from the Ministry of Health, domestic and international partners, and the Gavi Secretariat;
- meeting with the Minister of Finance and the Secretary of State of the Ministry of Commerce;
- holding an extraordinary meeting of the ICC to present the results of the mission

The activities completed during the mission were:
- analysis of the elements of the Angolan context that impact Gavi programmes;
- review of Gavi grant performance (PCV, rotavirus, pentavalent vaccines);
- review of financial management of grants to introduce PCV and rotavirus vaccine;
- review of implementation and update of the transition plan;
- high-level process map of funding, acquisition, management and distribution of vaccines;
- monitoring the July mission related to the delay in co-financing three vaccines for 2014.

- **Annex D. HSS grant overview**

General information on the HSS grant							
1.1 HSS grant approval date							
1.2 Date of rescheduling approved by IRC, if any							
1.3 Total grant amount (US$)							
1.4 Grant duration							
1.5 Implementation year			month/year – month/year				
(US$ in million)	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
1.6 Grant approved as per Decision Letter							
1.7 Disbursement of tranches							
1.8 Annual expenditure							
1.9 Delays in implementation (yes/no), with reasons							
1.10 Previous HSS grants (duration and amount approved)							
1.11 List HSS grant objectives							
1.12 Amount and scope of rescheduling (if relevant)							

- **Annex E. Transition plan**

Annex E.1 Transition plan for Angola

1	Has the country conducted a transition assessment before the graduation assessment?	Yes, 2011
2	Dates of the graduation assessment mission	13-21 October 2014
3.1	What are the Graduation plan dates? (a) Graduation plan start month/year	Jan-15
3.2	(b) Graduation plan end month/year	Dec-17
4	What is the Graduation plan total cost?	$ 4,318,950
5	What is the Gavi graduation grant amount?	$ 1,140,450
6	Has the graduation plan been validated yet (date if yes / Not yet / Not Applicable):	
6.1	(a) By the country? (Ministry of Health and ICC)	March 2015
6.2	(b) By implementation agencies (WHO & UNICEF and others)?	March 2015
6.3	(c) By the Gavi CEO?	May-2015
7.1	Decision letter and grant agreement sent to WHO and UNICEF CO for signature	09 July 2015
7.2	Grant agreement signed by WHO / UNICEF CO?	13 July 2015
8	When was the graduation grant received in the country?	$471,790 disbursed to WHO on 4th of August - not received yet (07-09-2015) UNICEF Received in July
9	How much of the graduation grant has been spent?	47% of activities done or on-going (7-9-2015) rescheduling of NRA initially planned activities towards HR support to EPI
10	In general, is there any delay in the implementation of the graduation plan (is the graduation plan implementation on track or off track?) (see instructions above)	overall small delay but mainly because of delay in validation and reception of the Gavi graduation grant
11	Are there any changes to the graduation plan needed? (see tab 3.)	Yes, rescheduling of $70,000 from NRA strengthening (165,000 planned but 95,000 needed) towards the EPI capacity building (AT for 1 year)
12	When is the joint appraisal planned?	*31 August- 4 September 2015*

Annex E.2. Monitoring of the Transition plan implementation (details on results and expected actions to implement other activities are in the Excel spreadsheet entitled:"*ANGOLA_Graduation plan 2015-2017_monitoringAugust2015_7-9-2015.xlsx*")

Detailed Activity	Status (01/09/2015) (green=completed; yellow=in progress and orange=not completed)
Funding	
Analyse costs and financial forecasts and disclose financial and economic forecasts in an official memo to make the MoF aware	completed –see graduation report, Annex 1 (18/03/2015)
The MoH studies immunisation expenses	Not completed contact Dr. Alda and Secretary General
1) Hire a consultant; 2) Assess the operating expense of immunisation (transportation, logistics, awareness, etc) at the subnational level (1 consultant - 7 days)	Not completed
Annual meeting with deputies and budget manager of the MoF and MoH to provide/raise awareness for resources	Completed in June 2015;
1) Develop a strategy for mobilising resources with partners/private entities, such as oil, gold and diamond companies and other private entities (1 consultant – 7 [days]); 2) Implement the strategy	Not completed
TOTAL ACTIVITIES COMPLETED AND IN PROGRESS	40%
Cold chain	status
1) Update the electronic temperature sonitoring system (continuous electronic alarm system) at the national and provincial level	Not completed
(i) Hire consultant (ii) Develop training materials (iii) Develop manuals	In progress
Personnel training (i) learn the computerised temperature recorder; (ii) Vaccine management	Not completed
Print materials	Not completed
Perform a cold chain inventory, develop a system to regularly update the inventory status and develop a multi-year rehabilitation plan	Not Completed
TOTAL ACTIVITIES COMPLETED AND IN PROGRESS	20%
Communication & Social Mobilisation	status
Develop CIP training materials, provide training for trainers, and support the training of immunisation personnel in four HR provinces, work in conjunction with community leaders	Completed
Workplace training on immunisation schedule	Continue training supervision in target provinces
Develop training materials and work tools for CHWs	Completed - materials exist (18/03/2015)
Production, pre-testing and dissemination of materials to different channels and target groups to support routine immunisation	Completed
Monitor KAP study (low immunisation coverage in communities - implications of access and procurement of immunisation services) on health workers, health care providers and community workers (in select provinces - 4)	In progress
Production, pre-testing and dissemination of materials to different channels and target groups to support routine immunisation	Completed
TOTAL ACTIVITIES COMPLETED AND IN PROGRESS	100%

Procurement	status
Assign (mark) or hire dedicated immunisation personnel only for vaccine procurement planning in CECOMA.	Not completed
1) VPTC to review the current process for creating customised materials for procurement training and complete training module; 2) Create and prepare reference manuals and consolidated tools for procurement related to best practices and global procurement procedures, improve vaccine procedures; 3) Provide information on the vaccine market	In progress
Printed documents (reference manuals, training brochures, PONs, visual posters)	Not completed
Complete procedures for identifying and indicating the basic result of the vaccine supplier register, assessment criteria on vaccine history (knowledge of storage infrastructure, vaccine supply capacity, vaccine handling, trained human resources)	Not completed
Prepare an agreement on service levels with vaccine suppliers to assess the parameters/ objectives of the services rendered (example: arrival and transfer of vaccines, term of delivery, quantity of vaccines, shipping delays, proactive communication upon arrival, damage to vaccines during transportation due to temperature / storage, customer support service)	Not completed
Procurement consultant to support complete manual and processes	Not completed
The Ministry of Health also strengthens the process for closely integrating both systems (person, processes and procedures / EPI + CECOMA)	Completed
The above signed documents will be sent to all 18 provinces and 166 municipalities	Not completed
Jointly prepare the agenda for inter-functional meetings, frequency of meetings (bimonthly or monthly), desired result / expectations, desired information, formats, results, any other procurement information	Completed
TOTAL ACTIVITIES COMPLETED AND IN PROGRESS	22%
Regulation and Inspection	Status
Include essential activities in graduation plan	Not completed
Perform ARN assessment and present recommendations at the end of 2014	Completed
Include essential activities in graduation plan	In progress
TOTAL ACTIVITIES COMPLETED AND IN PROGRESS	67%
Data quality	Status
Conduct national surveys of EPI groups in 2017	In progress
Develop and validate PONs for immunisation and vaccine-preventable disease inspection data for the central, provincial, district and health unit level	In progress
1) Central level and 18 provinces with technicians trained in data quality self-assessment methodology; 2) Implementation of two phases of DQS in select districts	In progress
Conduct year-long training for data managers in provinces and key districts	Not completed
Procurement of 30 computers and printers	Not completed
TOTAL ACTIVITIES COMPLETED AND IN PROGRESS	60%
HR capacity building	Status
1) Hire a consultant, 2) Adapt and print technical materials, 3) Organise training, 4) Implement two-week training sessions (two in 2015, two in 2016)	In progress
1) Hire a consultant, 2) Organise a meeting with academic authorities, 3) Review immunisation curricula, 4) Print and distribute technical materials	Not completed
TOTAL ACTIVITIES COMPLETED AND IN PROGRESS	50%
Decision-making	Status

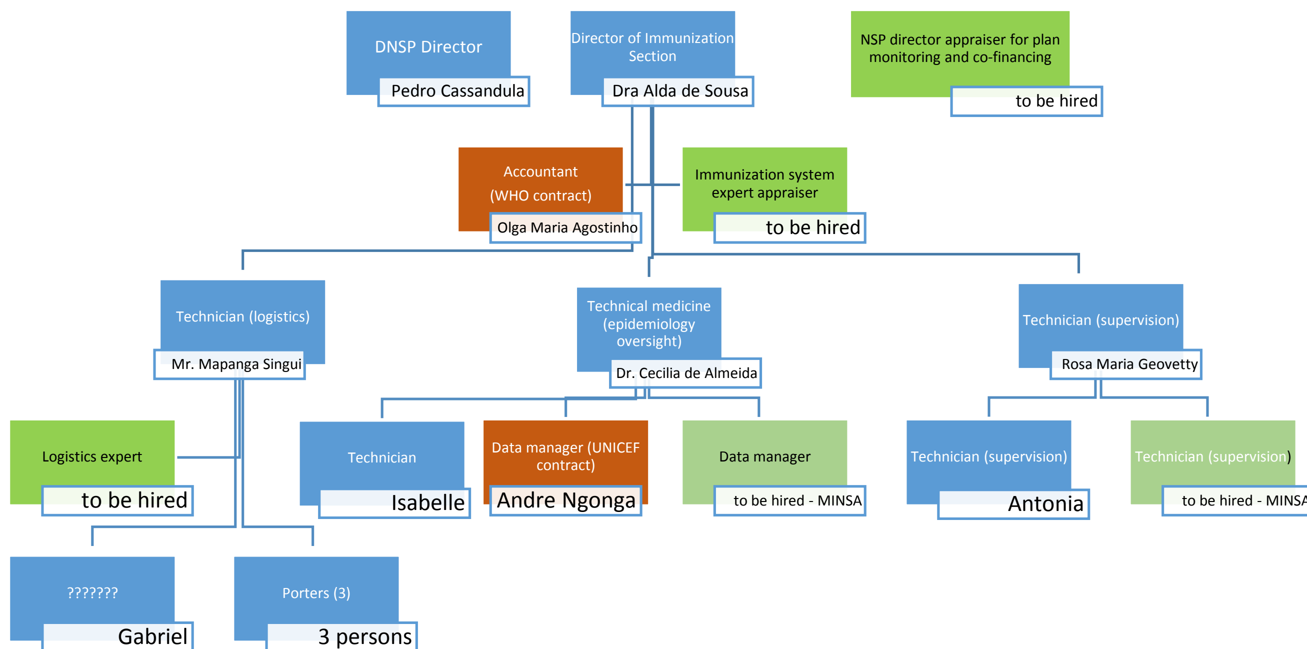
1) Organise a study visit for 2 or 3 Angolans to a developed NITAG in operation; 2) Develop a concept paper on NITAG that describes all aspects of the NITAG process	Document exists but visit not completed
1) Organise training workshops for members and secretariat; 2) Provide technical assistance to the secretariat	Not completed
Support the process of developing recommendations scheduled in the 2016-17 NITAG work plan	NA
Support periodic evaluations of NITAG development and functioning, and acceptance and implementation of their recommendations on the basis of the guidelines developed by SIVAC and WHO	need NITAG to be implemented but assessment report will be done (qualitative)
Support Angolan participation in regional workshops and meetings	Not completed
TOTAL ACTIVITIES COMPLETED AND IN PROGRESS	20%
GRAND TOTAL COMPLETED AND IN PROGRESS	**47%**

Annex E.3. Changes to graduation plan

Necessary changes to the graduation plan	Reason for changes	Associated cost (US$)	Associated source of funding for changed activities	Associated implementation agency	Outcome expected	Action needed
Extend the term for studying operating costs of immunisation	The budget allocated to NRA activities initially recorded = 165,000. The plan developed in July 2015 provided for a total cost of 95,000. A review of the plan provided for using the $70,000 not used for other activities, among others, 10,000 to strengthen this activity	10,000	budget initially allocated to strengthen NRA	WHO and MoH	Study of immunisation operating costs is available by the end of 2015	TO BE CONFIRMED BY MoH (EPI)
Create a task force consisting of representatives of the following agencies: DNPS / EPI / Secretariat General of Health (?) / Ministry of Finance (MoF) / Ministry of Commerce (MinC)/ PBC / Banque Nationale the main purpose of	Many significant roadblocks were identified during the joint appraisal mission in the payment process, the lack of clarity and accountability and communication between various stakeholders	0	0	MoH / PNDS	MoU reviewed and corrected and/or procedure manual that includes all detailed steps of the payment process, the responsible persons, the documents to	DEVELOP TERMS OF REFERENCE

the task force will be to facilitate and regularly monitor the co-financing payment process, and to monitor implementation of the transition plan and other EPI action plans					be signed/ produced, the timeframe of each phase, the expected outcomes, etc	
Provide technical support (1 person) to the DNPS for capacity building, with the specific main duty of monitoring co-financing payment (regular monitoring, communication and advocacy) and monitoring implementation of the transition plan (for 1 year)	The budget allocated for NRA activities initially recorded = 165,000. The plan developed in July 2015 provided for a total cost of 95,000. The review of the plan provided for using the $70,000 not used for other activities, among others the remaining 60,000 of this activity. Nevertheless, the estimated cost for this additional support is 80,000. The available 60,000 may fund the first 10 months, for example.	80,000	Budget initially allocated for strengthening NRA (60,000) **and government funding (20,000)**	WHO and MoH/DNPS	The country is no longer in default for co-financing	TO BE CONFIRMED BY MoH **(EPI)**
Integrate activities from the action plan developed during the NRA appraisal	The budget allocated for NRA activities initially recorded = 165,000. The plan developed in July 2015 forecast a total cost of 95,000	95,000	Transition plan: budget initially allocated for strengthening NRA	WHO	NRA strengthening and autonomy	Have endorsed by NRA and EPI
Review the translation of CECOMA strengthening activities	During the joint appraisal, the participants had trouble understanding the CECOMA strengthening activities because of language errors (from the initial English and not the translation)	0	0	WHO	Better understanding of the transition plan and activities involved	WHO to review the description of activities in English

Annex F. Organisational chart of immunisation section and technical assistance proposal



Annex G. Analysis of joint appraisal workgroup of logistics & co-financing

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Status of vaccine procurement with Gavi co-financing

The payment status of vaccine co-financing on 1 September 2015 was as follows:

Year	Co-financing to be paid	Transfer made	Balance to be transferred	Draft to be approved	Total balance payable
2014	10,134,967	873,510.50	9,261,456.10	6,429,674	2,831,782.32
2015	12,642,000*		12,642,000.00		12,642,000.00
Total	**22,776,967.00**	**873,510.50**	**21,903,456.10**	**6,429,674**	**15,473,782.32**

Notes:
* - Amount subject to change, since it only includes cost of vaccines.

After meetings with the MoH and MoF held during the joint mission, the government indicated that the drafts issued by the MoH would be approved and transferred to UNICEF SD on 7 September, but as of 8 September, no communication was received from the government confirming the funds transfer.
Since available amounts were not released for co-financing until 1 September, the government did not procure the necessary vaccines for 2014 and 2015, resulting in extremely low vaccine inventory levels at the end of August, indicating an [imminent] stockout.
During the mission, requests were prepared for estimated costs of vaccines related to co-financing in 2015, whereas the status of vaccine procurement related to co-financing in 2014 at the end of August was as follows:

Vaccine	Co-financing obligation (doses)	Already procured CE 10016131 (doses)	To be procured CE 10015615 R1 (doses)	Total
Penta	1,821,600	215,100	1,606,600	1,821,700
Rota	407,700		408,000	408,000
Pneumo	1,443,000		1,443,600	1,443,600

High-level mapping of vaccine management

One of the important factors for achieving adequate immunisation coverage is the availability of an adequate level of vaccine inventory at the central, provincial and municipal level. For this, efficient and timely management of a chain of processes is necessary. Therefore, the process for procuring vaccines with Gavi co-financing was analysed, and six main processes and 26 sub-processes were identified, which are under the responsibility of different stakeholders.
The main processes identified were:

1) Identification and endorsement of the Gavi co-financing obligation
2) Vaccine procurement process
3) Receipt of vaccines
4) Accounting
5) Distribution of vaccines
6) Inventory management

Mapping of stakeholders in vaccine management

Various participants are involved in the process of vaccine procurement and management. Therefore, in order to streamline and simplify the various processes, it is important for the roles and responsibilities of the various participants to be clear, with efficient coordination of their actions, uniformity and documented procedures.

The principal stakeholders identified in vaccine procurement and management are:

1) Ministry of Finance (MoF)
2) Ministry of Health (MoH) /Secretary General (SG)
3) Ministry of Health (MoH)/ National Director of Public Health (DNSP)

Challenges identified in vaccine management

The main challenges identified in the sub-processes are:

1. Need to improve EPI administrative, financial and inventory management

2. Need to improve vaccine procurement planning:
    a. Data quality of target population
    b. Data quality of national, provincial and municipal inventory (use and distribution of vaccines)
    c. Planning for budgeting and releasing funds allocated for procuring vaccines

3. Need to improve and formalise the general flow of communication in the main processes analysed, and more specifically in regard to the following sub-processes and participants:
    a. Processes
        i. Budget preparation
        ii. Budget planning for vaccines
        iii. Planning of inventory level and distribution of vaccines
        iv. Release of allocated funds from vaccine budget
        v. Approval of payment of estimated cost of vaccines
        vi. Release of payment of estimated cost of vaccines
        vii. Receipt of vaccines
        viii. Issuance of VAR
        ix. Distribution of vaccines
        x. Inventory management

    b. Participants
        i. Ministry of Finance and Ministry of Health (head of offices)
        ii. Ministry of Finance and MoH Accounting Division
        iii. MoH Accounting Division and EPI Accounting Department
        iv. EPI Accounting Department and EPI Manager of the EPI

v. CECOMA and DNSP-Logistics
vi. DNSP-Logistics and UNICEF

Recommendations

The following recommendations apply to general management of the EPI immunisation programme for traditional vaccines as well as the penta, pneumo and rota vaccines, since shortcomings were identified in the coordination of these two programme components.

Improve EPI administrative management

Documentation and formalisation of roles and responsibilities of stakeholders, primarily in the following areas:

a. Planning of vaccines
b. Planning and budget monitoring of vaccines
c. Procurement of vaccines
d. Distribution of vaccines
e. Inventory management

Documentation and formalisation of procedures using procedure manuals

f. Planning of vaccines
g. Planning and budget monitoring of vaccines
h. Procurement of vaccines
i. Distribution of vaccines
j. Inventory management

Improve coordination between CECOMA and EPI

- Study to analyse possible streamlining of the planning, procurement, storage and distribution of traditional vaccines and Gavi co-financing under the responsibility of a single stakeholder to obtain productivity and information gains as a result of improved inventory management, distribution of vaccines and use of the physical cold chain space.

Improve EPI financial management

Create a work group with the Ministry of Finance, MoH/SG and MoH/DNSP in order to ensure an ongoing flow of funds for procuring vaccines:

- **Vaccine procurement planning in terms of doses and financial resources**
- **Develop a monthly payment plan for vaccine budget of the MoF for the MoH**
- **Identify alternative forms of funding vaccines**
- **Inventory status, forecasting financial and quantity requirements, and**
- **Update and formalise SOP to streamline bank transfers**

Improve EPI inventory management

Data systems and security

- Investment in the area of inventory management to implement a single computerised inventory management system in order to regularly obtain the vaccine inventory status at the national, central and provincial level and for data security at the central, provincial and municipal level.

Formalisation of reports and alert mechanism

- Prepare frequent reports on inventory level and alert mechanism when inventory reaches critical levels, to be prepared by the DNSP-Logistics Section and submitted for instruction by EPI, MoH and ACC.

Necessary investments in EPI human resources area

Financial Management

- Hiring a professional in the finance and budget area, responsible for budget development, identification of gaps in funding and financial management of the EPI in relation to the budget, release of allocated funds and procurement of vaccines, and the use of vaccines. (Liaison between the MoF, MoH and EPI)
- Training technicians in the EPI accounting department
- Training dispatchers in accessing the invoice authorisation system (SICOEX)

Inventory Management

- Training a professional in central, provincial and municipal inventory management
- Hiring a professional in the logistics area, responsible for vaccine planning and budgeting

EVM assessment recommendations from August 2014

The EVM assessment report conducted in August 2014 also identified similar challenges in the area of inventory management, and recommendations 4, 5, 6, 8 and 12 in the same report are considered to be extremely relevant for EPI improvement.

Annex

Mapping main processes

EXCEL spreadsheet attached

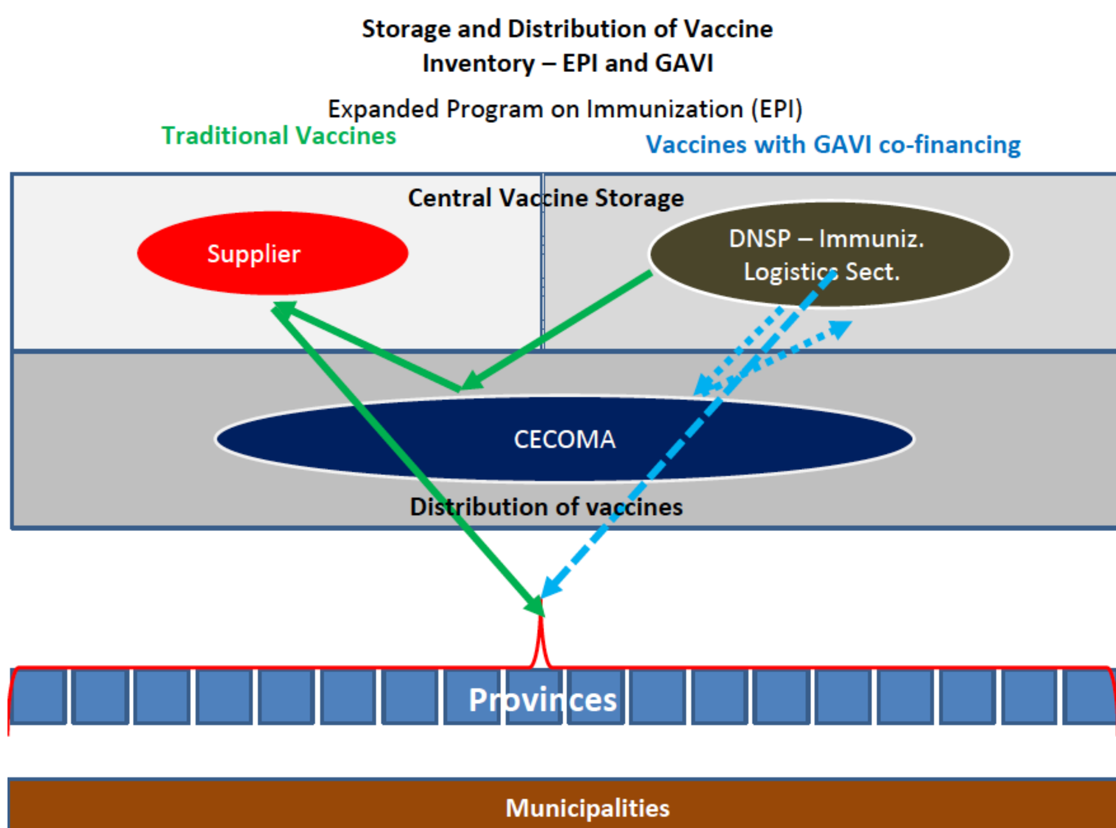

Illustration of inventory distribution and management

Inventory Management and flow of Vaccine Information– EPI and GAVI

Expanded Program on Immunization (EPI)

Traditional Vaccines

Vaccines with GAVI co-financing

National Inventory Management

DNSP – Immun. Logistics Section

Central Inventory Management

CECOMA

DNSP – Immun. Logistics Section

Inventory Management - Provinces

Municipalities

Illustration of flow of release of funds allocated for procuring vaccines

EVM assessment recommendations related to mission results

4. Use the updated version of the SMT and better utilization of this tool to improve stock management of vaccines and consumables;
5. Enforce and strengthening the concept of keeping vaccine stock between maximum and safety stock at all level. This recommendation wills improve the stock management and avoid over stock or stock out of vaccines and materials;
6. Develop and distribute SOPs to all lower vaccine stores and generate contingency/guidelines for emergency posted on the wall in each vaccine stores;

8. Update the stock registration books and voucher forms to include the missing needed information about vaccine and diluents and the feedback on the received shipment for each level;

12. Conduct training courses in vaccine management and supportive supervisions for all levels.

List of identified challenges

1) Low quality of statistical data and inventory level information for planning the national EPI budget
2) Budget limitations due to the limit imposed by the Ministry of Finance
3) Delay in the administrative process for budget approval and releasing funds
4) Lack of uniformity and automation in inventory management
5) Lack of information on consolidated inventory level at central and provincial level
6) Need to obtain permit before company is authorised to import
7) Difficulty in accessing the system (SICOEX) by the dispatcher for invoice authorisation. Lack of allocated funds?
8) Delay in the administrative process for transferring funds abroad
9) Lack of available funds in MoH financial allocations
10) Lack of communication between MoF and MoH to obtain confirmation of payment of transfer requests
11) Lack of communication between MoF, MoH and EPI for budget and payment planning
12) Requests for including additional documentation
13) Lack of activation mechanism for receiving vaccines
14) Cumulative balance to create significant balance for future purchases
15) Lack of uniformity in submitting inventory data by provinces and CECOMA
16) Delay in the process of submitting confirmation for delivery of vaccines by CECOMA
17) Manual compilation of inventory data received by CECOMA and provinces
18) Little regularity in the frequency of providing inventory information at all levels
19) Poor data quality due to manual compilation and lack of uniformity of procedures