

Joint appraisal report

When submitting this report, the country confirms that the grant performance framework has been reviewed as part of this joint appraisal. Performance against agreed goals has been analysed, and explained as necessary.

Country	Angola
Reporting period	September 2015 to August 2016
Fiscal period	January to December 2016
If the country reporting period deviates from the fiscal period, please provide a short explanation	The last joint appraisal mission was in August 2015
Comprehensive Multi Year Plan (cMYP) duration	2016-2020
National Health Strategic Plan (NHSP) duration	2014-2017

1. SUMMARY OF RENEWAL APPLICATIONS

Programme	Recommendation	Period	Target	Indicative amount paid by Country	Indicative amount paid by Gavi
Rotavirus in current presentation	Extension	2017	XX	US\$ 2,408,500	US\$ 600,500
IPV in planned presentation	Extension	2017		NA	US\$ 1,783,000
HSS – Tranche 1	Disbursement	2017	XX	NA	US\$ 2,920,109
Tranche 2* transition plan grant	Disbursement	2017	XX	US\$ 375,600*	US\$ 212,400

*See transition plan

Indicate interest to introduce new vaccines or HSS with Gavi support*	Programme	Expected application year	Expected introduction year
	Measles/Rubella	2016	2017
	HPV	2016	2017

2. COUNTRY CONTEXT

In December 2015, an outbreak of yellow fever occurred in Angola, which spread to 16 of the 18 provinces in the Country. The intensity of the outbreak meant that most of the immunisation efforts and resources of the Ministry of Health (MoH) were directed at controlling the epidemic.

Angola is at an advanced stage of the transition process, at less than 18 months from the end of Gavi support in 2017. The country is currently self-financing all traditional and pentavalent vaccines (DPT-HepB-Hib) and in 2018 is expected to additionally self-finance PCV13 and rotavirus vaccines.

The financial crisis resulting from the international drop in the price of oil persists. The impact of this situation on implementation and functionality of immunisation and medium and long-term healthcare services must be evaluated in order to consider the sustainability of immunisation activity conditions. The 2015 budget increased by 1.24% over 2014.

In the second half of 2015 and the first half of 2016, there were stock outs of BCG, penta, measles and yellow fever vaccines due to the delay in payment for co-financing new vaccines obtained with Gavi support and the transition from purchasing traditional vaccines from national companies to UNICEF.

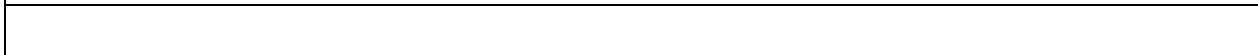
Full payment of outstanding co-financing amounts for 2014 and 2015 and full payment for 2016 and advance payment for traditional vaccines to be purchased by UNICEF will ensure the continuity of immunisation services, with no stock outs of traditional and new vaccines included in the national immunisation scheme.

Cold chain equipment, solar chests and cold rooms purchased using the balance from the PCV and rotavirus grants are currently being installed.

Human resources are one of the weaknesses of the immunisation program. There are human resources for the EPI program at each level of service provision but actually these are not sufficient in quantity and quality.

At national level, the team includes 9 civil servants (2 superiors, 3 medium e 3 support staff with 1 administrative agent) of the National Directorate for Public Health with 3 technical assistant funded by WHO. Two data clerks are in the process of being integrated in the public service for the team. 1 cold chain technician is expected to be integrated as well with 1 logistician to be recruited on a temporary basis by UNICEF.

The recruitment of 1 HSS advisor to the Director of DNSP, 1 logistician, 1 cold chain technician and 1 vaccine procurement specialist for CECOMA are planned within the new HSS grant. The organigram of the EPI team at central level can be found in annex.



3. GRANT PERFORMANCE AND CHALLENGES

3.1. New and underused vaccine (NVS) support

3.1.1. Grant performance, lessons and challenges

Coverage achieved in 2015

	2015 Goals	Achievements	Difference
Penta3 (DTP-HepB-Hib3)	95	80%	-5
PCV-13 (3rd dose)	95	74%	-21
Rotavirus 2nd dose	80	65%	-15

- 39% of municipalities in the country achieved $\geq 90\%$ DTP-HepB-Hib3 coverage.
- The dropout rate between penta1 (DTP-HepB-Hib1) and penta3 (DTP-HepB-Hib3) was 15%.
- 81 municipalities in the country had DTP-HepB-Hib3 coverage below 80%
- 22 municipalities in 7 provinces had DTP-HepB-Hib3 coverage $< 50\%$.

Routine immunisation coverage for all antigens including new vaccines in 2016 dropped significantly in relation to the same period in 2015.

Coverage - 1st half 2015

- Penta3 (DTP-HepB-Hib3): 81%
- PCV-13 (third dose): 72%
- Rotavirus (second dose): 60%
- 68 (41%) municipalities with DTP-HepB-Hib3 coverage $\geq 90\%$
- 85 (51%) municipalities with DTP-HepB-Hib3 coverage less than 80%
- 25 (15%) municipalities in 14 provinces had DTP-HepB-Hib3 coverage $< 50\%$
- The dropout rate between penta1 (DTP-HepB-Hib1) and penta3 (DTP-HepB-Hib3) was 14%

Coverage - 1st half 2016

- Penta3 (DTP-HepB-Hib3): 61%
- PCV-13 (third dose): 54%
- Rotavirus (second dose): 54%
- 32 (19%) municipalities with DTP-HepB-Hib3 coverage $\geq 90\%$
- 118 (71%) municipalities with DTP-HepB-Hib3 coverage less than 80%
- 49 (30%) municipalities in 14 provinces with DTP-HepB-Hib3 coverage $< 50\%$

	1st half 2015	1st half 2016	Difference
Penta3 (DTP-HepB-Hib3)	81%	61%	- 20%.
PCV-13 (3rd dose)	72%	54%	- 18%.
Rotavirus 2nd dose	60%	54%	- 6%.

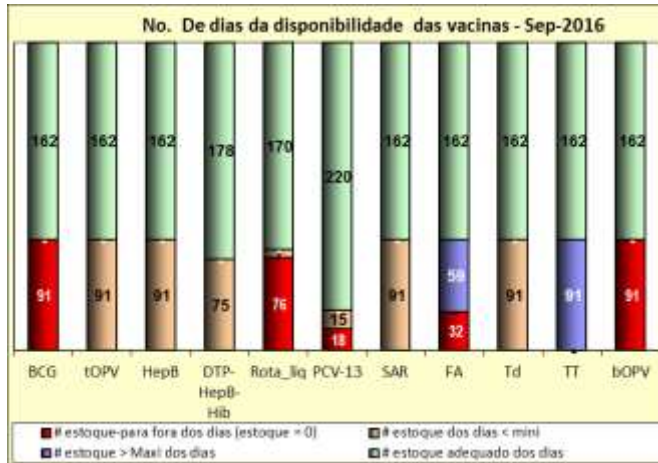
Constraints

- Stock out of vaccines, subject to payment of co-financing for new vaccines. This stock out also affected some traditional vaccines, especially BCG, measles and yellow fever (see details in section on vaccine inventory).
- Concentration of efforts in response to the yellow fever epidemic.
- Limited budget for immunisation activities with mobile and outreach teams, as well as supervision at provincial and municipal levels.
- Insufficient human resources at all levels both quantity-wise and quality-wise.
- Insufficient financial resources for routine immunisation activities.

Vaccine inventories

Angola began the year with insufficient quantities of vaccines at the central level, which affected availability at lower levels (provincial, municipal and health units).

The graph below shows the number of days of vaccine availability from January to 9 September 2016. It highlights a shortage of vaccines during this period, especially for BCG, rotavirus, PCV and yellow fever.



Currently, the central vaccines warehouse is experiencing a stock-out of measles, BCG and Hepatitis B vaccines, and a high number of tetanus, PCV and rotavirus vaccines corresponding to 17, 13 and 12 months, respectively. The overstocking has to do with Angola receiving vaccines corresponding to past years co-financing, which were paid for in all at the beginning of 2016.

To resolve these problems Angola has ordered, through UNICEF, measles, BCG and Hepatitis B vaccines, which are expected to arrive in the country within the next two weeks. UNICEF was asked to postpone the next order of rotavirus and PCV-13 vaccines.

Response to the yellow fever epidemic

The outbreak of yellow fever in Angola was detected in the last week of December 2015 in the municipality of Viana, province of Luanda. Cases were first confirmed by the NICD laboratory in South Africa on 20 January followed by the IP laboratory in Dakar on 29 January 2016.

By 8 August 2016, a total of 3,867 suspected cases and 879 confirmed cases of yellow fever had been reported. Local transmission of the virus was documented in 44 of the country’s 166 municipalities. Previously, Angola had never conducted a mass yellow fever preventive immunisation campaign. The first phase of the response campaign was conducted in February 2016 in the municipality of Viana, province of Luanda, where the outbreak was first detected.

Since the outbreak was confirmed, and by the 31 July, 15 028 270 doses of yellow fever vaccine were received from the International Coordinating Group (ICG) and a total of 13 113 686 persons over the age of 6 months had been immunized in 74 municipalities. The outbreak took a long time to control due to the limited availability of and delay by the ICG in sending yellow fever vaccine. The country was forced to wait until the virus was transmitted locally before receiving vaccine to immunise a given municipality. Delays in launching the immunisation response enabled the outbreak to spread and increased the resources/ time needed to bring it under control.

Angola has decided to provide immunisation for all of the remaining municipalities, but the challenge is how to mobilise about 10 million additional doses of yellow fever vaccine. Supporting high routine immunisation coverage of children under 1 year of age is also a

challenge due to the unavailability of the vaccines. Gavi's contribution to managing the yellow fever outbreak is significant, with its provision of more than 12 million doses of yellow fever vaccine through the ICG. Graduation funds were also used to cover operational financial gaps with more than US\$ 100,000 channelled to support activities to control the outbreak. Angola proposed sharing the cost of vaccines with Gavi (50%), who bore the expense for purchasing more the doses for a total cost of US\$ 16.2 million.

3.1.2. Future plans and priorities for new and underused vaccines (NVS)

Principal future actions:

- Intensify routine immunisation through mobile and outreach teams.
- Expand health unit network with cold chain and social mobilisation activities aimed at routine immunisation and introducing new vaccines.
- Conduct oversight of adverse events following immunisation, activities to improve data quality and improvement of information for decision-making.
- Strengthen the human resources team at the central level with funds from the General Global Budget (OGE) and support by partners.
- Implement the National Immunisation Technical Advisory Group (NITAG);
- Purchase cold chain equipment.
- Implement new vaccine inventory management tools at the provincial and municipal level (SMT and DVD-MT).
- Introduce the Human papillomavirus (HPV), rubella and measles (MR) vaccines.

Introduction of double viral vaccine: rubella and measles

The general goal for introducing the MR vaccine is to reduce morbidity and mortality from measles and rubella, helping to control rubella and expanding the scope of eradication goals.

Specific goals for introducing the MR vaccine

- Immunise at least 95% of children aged 9 months to 14 years throughout the country with the MR vaccine
- Reduce and maintain the population of those susceptible to measles and rubella in line with control and eradication goals.
- Introduce the MR vaccine in the routine immunisation schedule, replacing the first and second doses of the monovalent measles vaccine.

Introduction of the HPV vaccine

The general goal is to introduce the HPV vaccine nationally in 2017 in a safe and sustainable manner in order to reduce the morbidity and mortality rate from illnesses caused by HPV.

The vaccine will be introduced in phases for a single age group of 9-year-old girls. The target groups for each phase will be: 25% of girls in the first year, 50% in the second year, 75% in the third year and 100% in the fourth year.

3.2. Health system strengthening (HSS) support

3.2.1. Strategic focus of HSS grant

- An HSS project was prepared with Gavi support covering 12 of the country's 18 provinces. It was approved by the Gavi secretariat for the amount of US\$ 3,969,999.

The goals of this project are:

- to strengthen the health system in the area of immunisation, with benefits and sustainability for several years after completion;
- to enable and consolidate capacity building of personnel and health infrastructure (strengthening programme staffing at the central level, improving inventory management and programme data systems, training technicians in basic immunisation concepts);
- to promote change over the long term in various EPI processes;
- to implement specific EPI management control mechanisms at all levels (technical support in coordination, logistics and supply chain, health economics and other areas);
- to ensure that the HSS plan complements the transition plan.

Grant performance and challenges

The HSS plan prepared in 2015 was approved in 2016, but the funds will not be available until September of this year. In relation to implementing some activities funded by health government budget, it is important to note that in view of Angola's yellow fever outbreak, most of the funds for buying routine vaccines and some routine activities were allocated to respond to the epidemic.

3.2.2. Describe any changes to HSS funding and plans for future HSS applications

The budget for HSS 2016-2017 plan has been approved. According to information from the Gavi secretariat, the funds for Angola will be released in September 2016.

3.3. Transition planning

The transition plan was prepared in the second half of 2014 and approved in the first half of 2015. Gavi funds were disbursed in August 2015. Due to the time elapsed between the preparation and start of activity implementation, the transition plan was rescheduled in order to establish new terms. The transition plan was designed around seven core areas, as follows:

- Vaccine funding
- Cold chain
- Communication and social mobilisation
- Vaccine acquisition
- Regulation and inspection
- Data quality
- Decision-making

Activities performed in the transition plan:

Currently, out of a total of 38 activities originally planned, 8 were performed on time, 3 are in progress and 27 have not yet been carried out.

Status of implementing activities funded by Gavi in the transition plan (as of August 2016):

Degree of activity completion	Done	In progress	Not done	Total
Vaccine funding	1	1	3	5
Cold chain	0	0	5	5
Communication and social mobilisation	4	1	1	6
Vaccine acquisition	0	0	9	9
Regulation and inspection	1	1	1	3
Data quality	2	0	3	5
Decision-making	0	0	5	5
Total	8	3	27	38



Status of implementing activities funded by Gavi in the transition plan in relation to total scheduled (as of August 2016):

	Number	
Activities performed on time	8	21%
Ongoing activities	3	8%
Activities not performed on time	27	71%
Total scheduled activities	38	100%

Main obstacles to not performing pending activities in graduation plan

- Work overload due to the reduced number of technicians in relation to EPI challenges;
- Delay in carrying out inter-related activities, compromising implementation of scheduled activities dependent upon the key activity;
- Lack of quorum for decisions about launching activities;
- Deficient monitoring of scheduled activities due to work overload resulting from the yellow fever epidemic;
- Delay in allocating funds for some activities and insufficient funds for implementing them.

Vaccine financing

Advocacy was conducted for payment of co-financing and a draft Standard Operating Procedure (SOP) was prepared. The SOP plan for information management was drafted to improve data quality.

Still to be implemented:

- Recruit a consultant and determine immunisation operational costs (February 2017).
- Identify other partners to support immunisation in order to mobilise funds (December 2016).

Cold chain

- An inventory of the cold chain was undertaken, reporting a total of 1,889 refrigerator freezer units as well as 9 cold rooms and 5 freezer rooms. The inventory also included 2,625 chest coolers and 11,643 vaccine carriers. The results of the inventory are as follows:
 - 80% of the equipment installed throughout the country (1,599 units) is functional and in good condition for preserving vaccines. Nevertheless, a high number of non-functioning items was reported (403 units or 20%).
 - The reasons for equipment not functioning are related to the length of service (2%), lack of spare parts (8%) and non-operation due to a lack of power source (10%).
 - 44% of municipalities in the country have a shortage of space in which to properly preserve vaccines. As an alternative, vaccine supply was increased from once a month to twice a month, a measure that has caused other problems, including lack of transportation.
 - High equipment disparity: in one province alone, the 135 units inventoried were supplied by 19 different manufacturers. This situation makes it difficult to design a master plan for cold chain maintenance.
 - The Luanda cold room, with a capacity of approximately 200 litres for preservation at positive temperatures, is not in operation due to damage to the refrigeration units. The provincial warehouse is operating with a refrigerated container that has deficiencies.
 - The Malange cold room also has operational problems and needs to be replaced.
- Cold rooms were acquired and installed in the provinces of Cuanza Sul, Huambo and Uíge and cold chain solar equipment was purchased and installation begun.
- Computers were acquired to monitor inventory management.
- Remote temperature control devices were acquired.
- A plan to strengthen the cold chain was prepared and is being finalised.
- A training of trainers in EPI management was held at the intermediate level with the participation of national and international technicians.

Still to be implemented:

- Completion of the cold chain rehabilitation and expansion plan (October 2016).
- Installation of the remote temperature control system in the rooms (by December 2016).
- Procurement of the temperature control system for the provincial level.
- Training of personnel in inventory management and SMT installation at the provincial level (by December 2016)
- Development of training materials, manual and guidelines on cold chain operation.
- Strengthening of vaccine management supervision (by December 2016).

Communication and social mobilisation

Materials were produced, pre-tested and disseminated to different channels and target groups to support routine immunisation. The materials were also distributed to ADECOS, health personnel and partners. The strategy was officially launched on 1 September 2016.

Still to be implemented:

- Monitor KAP study (low immunisation coverage in communities - implications of access and procurement of immunisation services) on health workers, healthcare providers and community workers (in selected provinces).

Vaccine procurement

The vaccine procurement system was evaluated and the report will be shared by UNICEF. A UNOPS consultant was hired for the evaluation. UNICEF had to top up the budget, which was not sufficient. More funds are needed. CECOMA must identify someone to be trained. Needs may require to be updated to take into account the MoH's new policy to purchase vaccines and essential drugs from UNICEF.

Still to be implemented:

- Determine EPI and CECOMA roles and responsibilities in vaccine and immunisation materials management, with UNICEF support, and evaluate capacities in order to identify needs for strengthening each institution in agreed areas.
- Register vaccine suppliers.
- Develop management procedures and matrix for vaccine suppliers/seller performance.
- Strengthen vaccine supplier management.

Regulation and Inspection

- A National Regulatory Authority assessment mission was conducted in July 2015 and the report distributed in the fourth quarter of that year.

Data quality

- Data management SOPs for vaccine preventable diseases were prepared and are ready, pending validation.
- Thirty computers and printers were acquired for data management.

Still to be implemented:

- Train central level team and all provincial EPI supervisors on implementing DQS at the local level (focusing on priority districts) to improve routine data.
- Train data managers in data management, analysis and commentary (central, provincial and key districts).

Decision-making

- Two EPI appraisal meetings were held in order to improve routine immunisation performance.
- Regional training meetings were held with national coverage, attended by provincial and municipal level officials.
- Professionals from universities and technical schools were trained during the mid-level management course.
- Meetings were held with the Public Health Department of the School of Medicine to update the curriculum of health institutions. This activity is not yet completed – it will be monitored in the fourth quarter of 2016.
- Documentation for training the Immunisation Advisory Group was prepared.

Pending or deferred activities

Vaccine financing

- Recruit consultant and determine immunisation operating costs (February 2017).
- Identify other partners to support immunisation in order to mobilise funds (December 2016).

Cold chain

- Complete the cold chain rehabilitation and expansion plan (October 2016).
- Install the remote temperature control system in the rooms (by December 2016).
- Acquire the temperature control system for the provincial level.
- Train personnel in inventory management and SMT installation at the provincial level (by December 2016).
- Develop training materials, manual and guidelines on cold chain operation.
- Strengthen vaccine management supervision (by December 2016).

Communication and social mobilisation

- Perform the KAP study (July 2017).

Vaccine procurement

- Strengthen the structure of the vaccine procurement team, primarily in CECOMA (by December 2016).
- Develop best practices for vaccine acquisition and management (by December 2016).
- Support a clear and effective definition of functions of each stakeholder in the vaccine acquisition and preservation process (by December 2016).

Regulation and Inspection

- Strengthen logistics (transportation) for supervision, active inspection and logistics/cold chain (November 2016).

Data quality

- Develop SOP for data management and adapt DQS tools (October 2016).
- Develop DQS management training strategies (November 2016).
- Perform DQS activities in all selected provinces and municipalities (November 2016).

Human resource training

- Review curricula of health personnel training institutions in the country to support occupational training in schools (May 2017).

Decision-making

- Create a NITAG to support immunisation decision-making in Angola (by January 2017).

For more information, see attached file "Activity appraisal support 2016.xlsx"

3.4. Financial management of all cash grants

Introduction grant (rotavirus and PCV vaccines: balance US\$ 408,675)

Funds for introducing the rotavirus and pneumonia vaccines were managed directly from the DNSP. During the joint appraisal for 2015, the remainder of US\$ 408,675 for rotavirus and pneumonia vaccines was presented to the Interagency Coordinating Committee (ICC). Rescheduling was recommended for implementing EPI activities.

The account is currently managed by three MoH officials: Secretary General, National Director of Public Health and the Head of the Immunisation Section.

A minimum of two signatures is required to release 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. Rescheduled funds will be used to cover the following activities:

Designation of expenses	Balance (US\$)	Expenses (US\$)
Previous Balance	408,675	
Reproduction of routine immunisation registration material		134,938
Consulting and financial audit of funds allocated by Gavi		9,920
Training trainers to take cold chain inventory and implementation thereof		125,850
Meeting with Gavi appraisal team		7,200
Acquisition and installation of cold chain equipment (37 chests and 21 mini-chests)		130,609
Bank charges		158
Total	408,675	408,675

HSS Grant (US\$ 3,969,999)

- Financial management will be performed by presenting a DFC/DCT, to be submitted to WHO/UNICEF and prepared based upon a pre-established project.
- Batch purchases will be made directly through WHO and UNICEF.
- Grant utilisation will be audited and documented in a final report prepared by the auditors.

2015-2017 Gavi transition plan grant (US\$ 1,120,450)

Financial management is performed through WHO, UNICEF and SIVAC. The amounts for 2015-2016 were sent in July 2015 to WHO and UNICEF. The grant for SIVAC was delayed for administrative reasons. The second tranche will be released in the fourth quarter of 2016.

	WHO	UNICEF	SIVAC (AMP)	Total
Total allocated*	\$608,325	\$400,125	\$112,000	\$1,120,450
Received (tranche 1)	\$440,925	\$390,742	\$76,383**	\$908,050
Expense (31/7/2016)	\$296,994	\$398,344	0	\$767,469
In % of total	67%	99%		68.5%
Balance of tranche 1	\$143,931	-\$7,602	\$76,383**	\$307,981
Receivable (tranche 2)	\$167,400	\$9,383	\$35,617	\$212,400
Total balance	\$311,331	\$1,781	\$112,000	\$352,981

* without administrative expenses **released in September 2016

Because of Angola's yellow fever epidemic (since January 2016), some activities were not implemented as initially planned. Nevertheless, WHO was able to obtain a budget utilisation of 67%, as illustrated in the table above. Since the yellow fever epidemic is diminishing, most of the pending activities will likely be performed in the last quarter of the year.

With regard to UNICEF, the high budget utilisation compared to the low planned utilisation is related to the fact that Gavi funds were allocated for activities that ended up being more expensive; pending activities will be performed with UNICEF's own funds.

Technical assistance – TCA plan grant (US\$ 550,550)

Financial management is performed through WHO and UNICEF. The amount was released on March 2016.

Amount	WHO	UNICEF
Budgeted	US\$ 278,066	US\$ 253,665
Received by Angola office	US\$ 184,406	US\$ 189,364
Expense in country (31/7/2016)	US\$ 152,538	US\$ 189,088
Balance in country	US\$ 31,868	US\$ 276
Balance with Gavi	US\$ 93,660	US\$ 64,301
Total balance	US\$ 125,528	US\$ 64,577

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised strategic actions from previous joint appraisal/HLRP process	Current status
Transition plan:	
- Reprogramme some of the NRA budget line	Not completed
- Review activities with CECOMA (translation and contents)	Pending
- Create a task force to facilitate monitoring implementation of the transition plan and send regular reports to the ICC	The transition plan is monitored by the technical immunisation group
- Reschedule activities not yet implemented in 2015 to Q2/2016	Completed
Programme performance	
- The country must prepare and implement a plan to improve routine immunisation coverage based upon the Reach Every District (RED) strategy	Plans to improve coverage were prepared at the municipal and provincial levels but it was not possible to implement them due to the yellow fever epidemic
- Prepare/update microplans to improve coverage in 78 municipalities with low coverage	Completed. Nevertheless, due to the response to the yellow fever outbreak, most of the funds were directed at controlling this epidemic
- Implement microplans and ensure monitoring of activities using a context including the key indicators	Programme indicators are appraised at the national level monthly, and a report is shared with the highest level
- Improve the information system for inventory management and training personnel on the use of DVD-MT in all municipalities	Computers were acquired to process inventory management; personnel training was rescheduled to the last quarter
- Update and distribute the improvement plan (EVM)	Update and share with central team

Prioritised strategic actions from previous joint appraisal/HLRP process	Current status
- Implement communication and social mobilisation activities in municipalities and health units	Mobilisation activities were performed to control the epidemic and strengthen routine immunisation, such as discussions, disseminating messages through communications bodies, training ADECOS, etc
Logistics and vaccine management	
- Invest in a single inventory management system at all levels (national, provincial, municipal) to be used by EPI and CECOMA	In implementation phase
- Train technicians in inventory management	Completion date pending
- Document and formalise the role and responsibilities of various participants in the following processes: 1) vaccine budget	The vaccine budget is prepared by the technical immunisation group
2) purchase scheduling	Purchases are planned by the technical immunisation group and currently acquired through UNICEF
3) approval of payment for purchases	The Ministry of Finance (MoH) approves payments for purchases
4) receipt and distribution of vaccines	Vaccines are received and distributed by the MoH through CECOMA
5) inventory control	Inventory control is performed by EPI logistics and CECOMA
- Develop procedure manuals (SOP)	This is in the process of preparation
- Create a work group with the MoH/SG, MoF and EPI/DNSP to streamline the process of transferring available amounts for co-financing	The transfer process is currently being monitored by the MoH Secretary General
Transition plan:	

For more information, see attached file "Activity appraisal support 2016.xlsx"

Financial Management	
Use the UNICEF mechanism to procure cold chain equipment, means of transportation and other logistics	Currently being implemented (part of the cold chain equipment was already acquired through UNICEF and other resources are being acquired)
Reschedule use of the fund balance for implementation of activities by the end of 2015	The balance was scheduled and used to reproduce materials, for grant hearings, cold chain inventory, acquisition and installation of cold chain equipment and during the joint appraisal

5. PRIORITISED COUNTRY NEEDS¹

¹ Planning and discussions on Technical Assistance will take place later - details on the process will be shared in May 2016.

External appraisal recommendations:

1. Review and finalise the cMYP taking into account the various scheduled plans and activities already under way, such as:
 - Transition plan
 - HSS
 - Technical coordination assistance (TCA)
 - Social communication plan
 - Supervision plan
 - Acquisition of vaccines and materials
 - Vaccine management improvement plan
 - Information system plan
 - Polio transition plan
 - Budget
2. Prepare the 2017 EPI Annual Plan aligned with the cMYP.
3. Implement an integrated system to monitor the transition plan, the HSS and the TCA.
 - Periodic (quarterly) meeting to monitor the progress of the transition plan, the HSS and TCA by the EPI technical team and Public Health
 - Prepare a quarterly report on the implementation status of the transition plan
 - Budget utilisation of partners
4. Coordination of activities between partners.
5. Perform quarterly monitoring of the planning, approval, disbursement and budget utilisation process.
6. Map human resource needs at all levels (central, provincial, municipal, health unit, community) for proper management and implementation of immunisation activities, including planning supervision, vaccine management, social mobilisation and oversight.
7. Provide a detailed organisational chart at the national level between now and 2020, including a detailed definition of terms of reference for each function, level and hiring plan.
8. Identify operating expenses at each level: Central, Provincial, Municipal, Health unit, Community
9. Improve processes:
 - a) Prepare a Memorandum of Understanding and SOP between CECOMA and EPI regarding the identification of duties and responsibilities of each institution in managing the immunisation supply chain (routine, campaigns, emergencies) from the airport to the health unit.
 - b) Immediate implementation of recommendations for temperature control and the inventory management improvement plan
 - c) Prepare a SOP for acquiring vaccines and immunisation materials between the Government of Angola, UNICEF Angola and UNICEF Copenhagen to speed up the process and clarify duties, terms and responsibilities.
 - d) TCA to support the vaccine management process.
10. Information Management: Prepare the Data Quality Improvement Plan containing activities, terms, responsibilities, estimated costs and funding source for implementation.

Prioritised needs and strategic actions	Associated timeline for completing the actions	Does this require technical assistance?* (Yes/No) If "Yes," indicate the type of assistance needed
Review and finalise the cMYP, taking into account the various scheduled plans and activities already under way, such as:	Q4	
Prepare the 2017 EPI Annual Plan aligned with the cMYP.	Q4	
Implement an integrated system to monitor the transition plan, HSS and the TCA.	Q4	
Identify operating expenses at each level	Q4	
Prepare a Memorandum of Understanding and SOP between CECOMA and EPI regarding the identification of duties and responsibilities of each institution in managing the immunisation supply chain (routine, campaigns, emergencies) from the airport to the health unit.	Q4	
Implement with immediacy the recommendations of the temperature control and inventory management improvement plan.	Q4	
Prepare a SOP for acquiring vaccines and immunisation materials between the Government of Angola, UNICEF Angola and UNICEF Copenhagen to speed up the process and clarify duties, terms and responsibilities.	Q4	
TCA to support the vaccine management process.	Q4	
Information Management Prepare the Data Quality Improvement Plan containing activities, terms responsibilities, estimated costs and source for implementation.	Q4	

See attached file "Angola TCA 2016 WHO&UNICEF activities point – 25 August 2016 with comment.xlsx"

**Technical assistance not applicable for countries in final year of Gavi support*

6. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT AND ADDITIONAL COMMENTS

The interagency coordination mechanism considered the joint appraisal pertinent since it enabled the analysis of all fund issues related to immunisation programme performance, implementation status of the transition plan, discussion of human [resources] for the programme, and support and analysis of MR and HPV introduction plans.

It reconciled some weaknesses of the programme related to failure to implement some activities due to the response to the yellow fever epidemic and a shortage of human resources, especially at the central level. It emphasised that the continuity of immunisation services depended on the availability of safe vaccines.

It also recognised the weaknesses of routine immunisation indicators and that sustaining the goals achieved requires an increase in immunisation posts and strengthened strategies for providing services through the RED strategy.

In consideration of Angola's economic situation due to the fall in the price of oil, the ICC members recognise the need for technical and human resource support for the country to implement and monitor the transition plan. Issues discussed during the debrief of joint appraisal findings to the national coordination entity were as follows:

- Vaccine funding and the acquisition process
- Routine immunisation indicators
- Quality of training of technicians as well as degree of responsibility
- Introduction of HPV and MR vaccines

Conclusions

Ensure funding and acquisition of vaccines through UNICEF

Prepare a plan to improve immunisation coverage in low-performing areas

Review training of technicians in conjunction with MoH human resources.

Submit the MR and HPV vaccine introduction proposal to Gavi

Additional comments by partners

WHO:

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

- Despite the country's financial crisis, the national immunisation programme is a priority for Angola, which is why it has ensured the purchase of all traditional vaccines and co-financing payment of new vaccines.
- Routine immunisation coverage fell and other EPI indicators experienced a decline due to Angola's serious yellow fever epidemic, which resulted in a large portion of actions and funding being directed at outbreak control.
- Another situation that prevented the programme from achieving its overall goal was insufficient funding for implementing complementary immunisation strategies.
- WHO continues to advocate for continued prioritisation of immunisation in Angola and therefore sufficient funds must be guaranteed despite the current financial crisis.
- The offer of additional technical assistance for the programme will allow it to overcome the problem of insufficient qualified human resources, especially at the central level. Adjustment

of the transition plan and the existence of a health system strengthening plan is an opportunity.

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 MR and HPV vaccines must also be incorporated into technical assistance packages for communication, even though they are not addressed separately in this guide.

Additional technical assistance is offered in three important communication for development components that need to be taken into consideration in the transition plan:

- Design and implementation of social mobilisation initiatives focused on equity for routine immunisation in areas with the greatest number of non-immunised children (for example, documentation and exchange of knowledge of case studies regarding best practices and lessons learned in communication and social mobilisation for immunisation; causal analysis of reasons for not immunising and dropping out).
- Enabling 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.
- Strengthening community-based platforms and approaches for communities to become involved and assume responsibility for a series of health and immunisation issues.

7. ANNEXES

Annex A. Description of joint appraisal process (e.g. team composition, how information was gathered, how discussions were held)

The appraisal team was composed of a representative of the Gavi secretariat, a Gavi economist, a regional UNICEF representative, technicians from the MoH, DNSP, CECOMA, WHO, UNICEF, Core Group and a member of the Paediatrics Society.

The goal of the appraisal was to identify the principal constraints hindering the improvement of national immunisation programme performance in terms of coverage, equity and sustainability, primarily based upon implementation of the transition plan.

Methodology used

Creation of a national technical committee responsible for compiling documentation, composed of the following members: EPI supervisor, EPI focal point from WHO, EPI focal point from UNICEF, representative of the Core Group (civil society involved in immunisation activities at the national level), Director of CECOMA and the Gavi Representative for Angola.

Document review related to the joint appraisal and preparation of an initial draft of the report before the joint mission.

Seminar attended by all immunisation programme partners with an agenda aimed at reviewing the situational analysis conducted in 2015 and the status of implementation and updating the various kinds of Gavi support in Angola: support for introducing new vaccines (pentavalent, rotavirus and pneumococcal) and the transition plan (see Annex 2 and implementation monitoring tools).

A **partners meeting** was held with Gavi and different entities including the Ministry of Trade, the US and Italian Embassies, WHO, UNICEF and the Core Group.

A meeting took place to validate the **joint appraisal report** by ICC/HSCC.

Annex B: Changes to Transition Plan (if relevant)

Changes required	Rationale for changes	Related cost (US\$)	Source of funding for amended activities	Implementation agency	Outcome expected

Attached files

"Activity appraisal support 2016.xlsx"

"Angola TCA 2016 WHO&UNICEF activities point - 25 August 2016 with comment.xlsx"

Summary of implementation status of the transition plan

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
	Financing						
1	Present financial projections for vaccines based upon different price scenarios (with prices forecast by Gavi and non-Gavi prices)	Analyse costs and financial forecasts and disclose financial and economic forecasts in an official memo to make the MoF aware	Gavi	WHO / UNICEF	Forecast performed with UNICEF 2016 budget prices of the government, validated EPI budget. Secretary-General: request July budget	Need 2016 budget information requested and the budget actually allocated. Gavi will share the 2017-2020 forecasts with the Secretary General.	
2	The MoH appraises the budget as necessary for operational immunisation expenses.	The MoH studies immunisation expenses	MoH	WHO / UNICEF	2016 budget done		
3		1) Recruit a consultant; 2) Assess the operating expenses of immunisation	WHO	UNICEF	Still not done--the funds are allocated within the primary health care package, transferred	Request a description of the basic health service package and costs and	February 2017

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
		(transportation, logistics, awareness, etc) at the subnational level (1 consultant - 7 days)			directly to the municipalities. 2016 portion to be sent to the municipalities. The immunisation line is not defined. Each municipality has a health plan. The municipality budget was already forwarded by the Secretary General. Activity or not expected? See in JA what World Bank is doing (check with them). There is a proposal to calculate the share in relation to the 2017 population of the municipality.	scope per package. Verify the level of participation in immunisation activities in this package and its budget. Budget allocation and source of funds. Strengthening localisation at the municipal level. Dr Helga Freitas. Activity to be reviewed after cMYP presentation	
4	Increase awareness of MoF/MoH according to immunisation and operational requirements	Annual meeting with deputies and budget manager of the MoF and MoH to provide/raise awareness for resources	WHO	UNICEF	The 2016 budget was approved by the deputies. Additional funds were easy to mobilise because, despite the financial crisis, Health	Activity not performed: Meeting with deputies should take place at the Ministry of Health level	September 2016

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility				
			Agency 1	Agency 2	Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
5	Identification of strategy for mobilising resources with partners/private entities, such as oil, gold and diamond companies and other private entities	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	WHO	UNICEF	Not done, but within the context of yellow fever, private sector funds were mobilised for the response.	Activity not performed. Transferred to new term	December 2017
Cold chain							
6	Digital Temperature Monitoring System at provincial level	1) Update the electronic temperature monitoring system (continuous electronic alarm system) at the national and provincial level	UNICEF	WHO	Standard cold room equipment was ordered (central and provincial/regional levels) It arrived in march. Installation and training to be performed.	Activity not completed and transferred to new implementation term Updated financial situation to be provided by UNICEF	Fourth quarter 2016

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
7	Recruit consultant to develop training materials, manual and guidelines	(i) Recruit consultant; (ii) Develop training materials; (iii) Develop manuals.	UNICEF	WHO	There will not be a consultant, but rather the ESARO regional team. Installation expected by 4Q-2016	Activity not completed and transferred to new implementation term.	Fourth quarter 2016
8	Leadership capacity building for vaccine management at all levels.	Personnel training (i) learn the computerised temperature recorder; (ii) vaccine management.	UNICEF	WHO	There will not be a consultant, but rather the ESARO regional team. Installation expected by 4Q-2016	Activity not completed and transferred to new implementation term.	Fourth quarter 2016
9		Print materials	UNICEF	WHO		Activity not completed and transferred to new implementation term.	Fourth quarter 2016
10	Cold Chain Equipment Status	Perform a cold chain inventory, develop a system to regularly update the inventory status and develop a multi-year rehabilitation plan	UNICEF	WHO	Inventory taken in February, rehabilitation plan under way (draft - to be presented in Joint Appraisal in July). Chivale may contribute if	Inventory taken Draft of Rehabilitation Plan completed and must be validated by the	September 2016

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
					authorised to allocate time for this.	technical group A system to regularly update the inventory status still must be developed	October 2016
Communication and social mobilization							
11	Training in inter-personal communications skills (IPC) for front-line immunisation personnel and community leaders - train the trainers.	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	UNICEF	WHO	Done in Bie, Huila, Benguela and Luanda	Financial situation still to be performed.	
12	Routine immunisation and social mobilisation support workplace supervision, including the	Workplace training on immunisation schedule	UNICEF	WHO	Not yet, but routine supervision will be included in yellow fever supervision activities.	Activities were performed according to the current plan.	

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
	introduction of new vaccines and community inspection.						
13	Develop training materials and work tools for CHWs		UNICEF	WHO	Materials on immunisation for ADECOS - 4Q	The strategy was officially launched on 1 September 2016.	
14	Production, pre-testing and dissemination of materials to different channels and target groups to support routine immunisation	Production, pre-testing and dissemination of materials to different channels and target groups to support routine immunisation	UNICEF	WHO / CSO and NGO partners	The materials were distributed to ADECOS, health personnel and partners.	The strategy was officially launched on 1 September 2016.	
15	Monitor KAP study (low immunisation coverage in communities - implications of access and procurement of immunisation services) on health		UNICEF	WHO	Planned for July 2017	Activity not performed and transferred to July 2017	July 2017

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
16	workers, health care providers and community workers (in select provinces - 4) Production, pre-testing and dissemination of materials to different channels and target groups to support routine immunisation	Production, pre-testing and dissemination of materials to different channels and target groups to support routine immunisation	UNICEF	WHO	The materials were distributed to ADECOS, health personnel and partners.	Activity performed	
	Procurement						
17	Strengthen the structure of the Vaccine Acquisition team (for CECOMA).	Assign (mark) or recruit dedicated immunisation personnel only for vaccine procurement planning in CECOMA.	CECOMA	UNICEF/WHO	There is no cost, because someone within CECOMA must be selected. The HSS will arrange for an international technical assistance for training.	Activity not performed. With UNICEF support, discuss with EPI and CECOMA to define each of their roles and responsibilities in the vaccine and inputs management	Schedule to be defined Proposed completion by the end of the year

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
						chain Evaluate capacities in order to identify needs to strengthen each institution in agreed areas.	
18	Get a short-term specialised training consultant for vaccine acquisition (for training in acquisition + support for vaccine acquisition system development)	1) VPTC (vaccine procurement consultant) 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	WHO	EPI/CECOMA/UNICEF	No consultant, not done. Appraisal was performed. The report will be shared by UNICEF. A UNOPS consultant was hired for the evaluation (two-month contract?). UNICEF completed the budget, which was not sufficient. More funds are needed. CECOMA must identify someone to be trained. Needs may require updating, taking into account the new policy of the Ministry to purchase vaccines and	Implementation of all components to be confirmed	

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
		and global procurement procedures, improve vaccine procedures; 3) Provide information on the vaccine market			essential drugs as a priority from UNICEF.		
19		Printed documents (reference manuals, training brochures, PONs, visual posters)	CECOMA	UNICEF/WHO	Not done yet	Implementation of all components to be confirmed	
20	Process of registering vaccine suppliers.	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	UNICEF	WHO	Not done yet - perhaps it will not be considered a priority activity if the Ministry purchases through UNICEF (to be discussed with JA in July).	To be evaluated on 24 August with CECOMA.	

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
		handling, trained human resources)					
21	Develop management procedures and matrix for vaccine suppliers/seller performance.	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)	CECOMA	UNICEF/ WHO	Not done yet - perhaps it will not be considered a priority activity if the Ministry purchases through UNICEF (to be discussed with JA in July).	To be evaluated on 24 August with CECOMA.	

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
22	Strengthen vaccine supplier management	Procurement consultant to support complete manual and processes	CECOMA	UNICEF/WHO	Not done	To be evaluated on 24 August with CECOMA.	
23	More clarification on functional role, responsibility to strengthen interdepartmental coordination (EPI + CECOMA)	The Ministry of Health also strengthens the process for closely integrating both systems (person, processes and procedures / EPI + CECOMA)	MoH	UNICEF/WHO	Not done, but close coordination between CECOMA and EPI was confirmed.	To be evaluated on 24 August with CECOMA.	
24		The above signed documents will be sent to all 18 provinces and 166 municipalities	MoH	UNICEF/WHO	Not done	To be evaluated on 24 August with CECOMA.	
25		Jointly prepare the agenda for inter-functional meetings, frequency of meetings (bimonthly or monthly), desired result /	MoH	UNICEF/WHO	Not done, but close coordination between CECOMA and EPI was confirmed.	To be evaluated on 24 August with CECOMA.	

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
27	Perform NRA assessment and present recommendations in graduation plan	Perform NRA assessment and present recommendations at the end of 2014	WHO	UNICEF	The mission was conducted in July 2015 and the report distributed in 4Q of 2015.	The mission was conducted in July 2015 and the report	

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
						distributed in 4Q of 2015.	
28		Include essential activities in graduation plan	WHO	UNICEF	Done during joint appraisal in September 2015	WHO to confirm the available financial balance within "NRA Strengthening" line. Continue complying with mission recommendations with Dr Jean Marie Kipela	
Data quality							
29	Validate coverage data through EPI surveys	Conduct national surveys of EPI groups in 2017	WHO	UNICEF	Next year 2017	Results anticipated in 2017 Begin planning activities by the end of 2016	Sept 17
30	Develop PONs for data management (by level) and adapt DQS tools.	Develop and validate PONs for immunisation and vaccine-preventable	WHO	UNICEF	Procedures already done. They have not yet been discussed and validated by the technical	Vaccine management component, cold chain and	October 2016

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
		disease inspection data for the central, provincial, district and health unit level			committee. It will be done by July (JA).	immunisation waste management. The SOPs for managing immunopreventable illnesses are ready, pending validation	October 2016
31	Training central level team and all provincial EPI supervisors on implementing DQS at the local level (focusing on priority districts) to improve routine data	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	WHO	UNICEF	After validation of SOPs	Activity not performed, pending validation of SOPs	November 2016
32	Training data managers in data management, analysis and	Conduct year-long training for data managers in	WHO	UNICEF	Not done After validation of SOPs Likewise, there is not a clear vision of the SIS. Select temporary	Activity not performed, pending	November 2016

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
	commentary (central, provincial and key districts).	provinces and key districts			software solutions in cooperation with WHO/UNICEF.	validation of SOPs	
33	Equipment (computers) in select districts to implement a computerised data management system (HMIS system)	Procurement of 30 computers and printers	WHO	MOH	They were purchased - arrived, still to be distributed. This will be coordinated with the new HSS project that has computer hardware. Distribution map to be done	They were purchased - arrived, still to be distributed. A distribution plan must be developed that takes into consideration that the hardware will be acquired with the HSS project. They will be delivered during DQS training.	November 2016
	Capacity building						
34	Implement 4 "Central Level EPI Managers" training sessions, two in Luanda, one in	1) Recruit a consultant, 2) Adapt and print technical materials, 3) Organise training,	WHO	UNICEF	WHO organized the first part. Fifty-four people were trained at the central and provincial level. Course planned for	Verification of budget utilisation report by WHO	Second course planned for October 2016

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
	Benguela and one in Huila to train a total of 100 EPI supervisors.	4) Implement two-week training sessions (two in 2015, two in 2016)			sub-regional level (UNICEF).	for the first course.	
35	Technical support for immunisation training curricula by medical and nursing schools.	1) Recruit a consultant, 2) Organise a meeting with academic authorities, 3) Review immunisation curricula, 4) Print and distribute technical materials	WHO	UNICEF	This has not been discussed for many years. Request advice from the DGSP, Dr Oliveira, who is an academic professional, on the approach. To also be coordinated with activities in the HSS plan	Pending the meeting with Universidade Agustino Neto authorities. Review the contents of the curriculum modification proposal to be finalised and validated. Ensure that a dialogue is maintained with other relevant participants, like the Ministry of Education and the Ministry of	Consulting contract. Immediate Administrative legal act anticipated by May 2017

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
						Higher Education	
	Governance						
36	Support the country team to develop a concept note on Angolan Advisory group	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	SIVAC	WHO	A new key person was identified, instead of Dr Fátima (indicate name). AMP hired a national consultant and drafted another concept paper and ToRs of NITAG. They should have been validated in May but the session was postponed due to the yellow fever response.	1) Prepare a memo by Dr Alda Morais with a status update for Dr De Oliveira to reinstate the process 2) Identify the legal processes to formalise operation of the committee. 3) Validate proposed NITAG ToR by a consensus group. 4) Identify the	September 2016 December 2016 November 2016 December 2016 January 2017

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
						<p>legal processes Implement the legal act to begin committee activities</p> <p>5) Hold first NITAG meeting.</p>	
37	Capacity building for the secretary and members by means of training to increase the sustainability of NITAG.	1) Organise training workshops for members and secretariat; 2) Provide technical assistance to the secretariat	SIVAC	WHO	Still not done.	Plan a SICAV/AMP mission to organize a training workshop and monitor the first NITAG meeting.	January 2017, according to the term for holding the first NITAG meeting.
38	Support the process of establishing initial recommendations by NITAG and facilitate networking with similar countries that have already established a	Support the process of developing recommendations scheduled in the 2016-2017 NITAG workplan	SIVAC	WHO	Still not done.	The workplan will be developed when the NITAG will be operational for the first SIVAC mission in 2017.	January 2017, according to the term for holding the first NITAG meeting.
39		Support periodic evaluations of NITAG	SIVAC	WHO	Still not done, but the AMP concept paper is available.	To be performed once NITAG is operational.	To be defined in 2017

Joint Appraisal 2016

	Activity	Detailed Activity	Responsibility		Status of implementation on 21/06/2016	Programme and financial situation August 2016	New term for implementation
			Agency 1	Agency 2			
	NITAG in the AFRO region.	development and functioning and acceptance and implementation of their recommendations on the basis of the guidelines developed by SIVAC and WHO					
40		Support Angolan participation in regional workshops and meetings	SIVAC	WHO	Still not done.	To be performed once NITAG is operational.	To be defined in 2017

Joint Appraisal 2016

Joint Appraisal 2016

PEF TCA Angola 2016

Partner	Countries	Programmatic area	Activity	Output				
			Submission	Submission	Situation on 25/8/2016	What will be done by Q4 2016	What is to be shifted to 2017	
	Targeted country assistance							
	Choose from the list	Choose from the drop-down menu that best	Activities reported to GAVI	Outputs reported to GAVI				
WHO	Angola	Sustainability	Resources mobilisation advocacy to secure the sustainable funding of New vaccines Monitoring of previous reviews and give technical assistance for the implementation of the graduation plan activities.	Graduation plan available, resource mobilization activities clearly defined	Advocacy for the payment of the co-financing Follow up of implementation of the transition plan. Adequate support provided for the YF response	Insure immunization financing and go on with the implementation of the plan , and control of the YF outbreak		
WHO	Angola	Data	Training on Data Quality. EPI assistance manager to supervision, epidemiological and routine surveillance. Develop PONs for data management (by level) and adapt DQS tools. Train team at central level and all provincial EPI supervisors on implementing DQS at the local level focusing on priority districts) to improve routine data. Train data managers in data management, analysis and comments (central, provincial and key districts).	Data quality related activities conducted	Support for the YF response (microplanification, campaign, training, supervision) Drafts of PON Purchase of 35 computers	Training on data quality planned in Q4 2016 for 35 high risk districts Validation of PON in Q4 2016 Training on DQAS at central and provincial levels in Q4 2016		
WHO	Angola	Supply chain	Implementation of EVM improvement plan.	EVM and Cold chain inventory in 2017	Improvement plan of the cold chain designed, and at implementation phase	Finish planned activities for this period; training for the SMT introduction (stock management) Temperature mapping of the cold rooms at central level. Finish the CC rehabilitation plan		

Joint Appraisal 2016

WHO	Angola	Vaccine sub-groups	<p>Rotavirus vaccine and IPV Post Introduction Evaluation.</p> <p>Support for commitment, policy statement and development plan to implement a quality management system relevant to all regulatory functions - awareness workshop conducted - 15 staff to be trained Define organisational chart and responsibilities to implement the quality management system. Marketing authorisation required for all product for which NRA is being assessed.</p>	Rota and IPV PIEs implemented, plan for quality management system developed	<p>Rotavirus. Post introduction evaluation not yet undertaken. IPV still not introduced</p> <p>To be done</p> <p>Not yet done</p>	<p>Redefinir a intenção da actividade, responsáveis Coordenação com a ARN para realizar a definição de actividades e conhecer os resultados de cada actividade</p> <p>Verificar com ARN as actividades em seguimento da missão ano 2015. OMS acompanhará esta pesquisa</p>	Rotavirus. 1 trimestre 2017
WHO	Angola	HSS	To support the development of the HSS application, in case it is confirmed such option.		HSS application sent to Gavi and clarifications were sent	Waiting for the funds to start implementation	
WHO	Angola	Coverage & Equity	<p>Capacity Building (cascade training on MLM Course)</p> <p>Provide training of MoH staff to increase immunization coverage</p> <p>Support provided so a adequate qualified staff (number, education, training, skills, experience) to perform pharmacovigilance activities.</p> <p>Implement 4 "Central Level EPI Managers" training courses, 2 in Luanda, 1 in Benguela and 1 in Huila to train a total of 100 EPI supervisors.</p>	<p>Capacity building (cascade training on MLM Course)</p> <p>Provide training of MoH staff to increase immunization coverage</p>	<p>The training of trainers was done in May 2015 for 57 persons Two evaluation meeting were done in order to improve the routine EPI performance. Regional meeting were realized for all provinces with the participation of agentes from districts and provincial levels. University and technical school personnel were trained during the MLM course. Meeting done to identify the content of school curriculum.</p>	<p>Phase 2 to be realized in October 2016 National EPI evaluation will be done in November 2016 Validar as propostas de cambio 4 trimestre</p>	
WHO	Angola	Coverage & Equity	Develop a strategy for mobilising resources with partners/private entities, such as oil, gold and diamond companies and others, TA for implementation of the strategy.		To be done	A	<p>Planned for 2017 The YF outbreak did not allow to undertake the activity. All funds mobilized were for the control of the outbreak</p>

Joint Appraisal 2016

			Activities reported to GAVI	Outputs reported to GAVI	Situation on 25/8/2016	What will be done by Q4 2016	What is to be shifted to 2017
UNICEF	Angola	Finance	Support for quantification of immediate and medium-term pre-financing and budget gap needs, including formal recommendations on supply financing options and way forward for accessing commercial markets or other mechanisms Successful access to commercial financing instruments and deployment in supply financing (or other financing sources to improve fiscal space, based upon the recommendations)	Desk review and deployment of the UNICEF "Integrated Forecast Model" to assess magnitude of pre-financing and normal financing needs and financing options available. HQ (CPH) support in advocating of mechanisms. In-country budgetary and process quantification / mapping support. Negotiation and support to CO with MoH / MoF in design and operationalization of commercial financing structures with counterparty banks (or other structures, including	Em processo Iniciou-se conversações com bancos locais e empresas para obter financiamento de vacinação Apresentação ao MINSA da proposta de oportunidades de negociação com empresas nacionais no mês de Abril	Participação na reunião sobre financiamentos em imunização, nutrição e HIV/SIDA" acompanhar a finalização do orçamento para 2017	
UNICEF	Angola	Coverage & Equity	Coordination of quality planning, implementation, monitoring and evaluation of immunization program	90 Health staff trained in MLM in southern, central and northern regional level. 30 low performing municipalities are using DQS data, LQAs for decision, planning, and implementation of RED		Realização da segunda fase no mês de Outubro 2016 O analise vai a ser finalizado para Novembro de 2016. O relatório será incluído	
			Support national cold chain inventory; implement multi-year rehabilitation plan and logistics	Cold chain improvement plan implemented in at least 11 low performing provinces. Vaccine inventory tool used at municipality level for efficient redistribution of vaccines New vaccine procurement plan designed and implemented by CECOMA	O inventário já está realizado A distribuição 30 equipos de computo já foi realizado a 27 CECOMA e 3 PAV O relatório está disponível do estudo através do Plano de Transição	Implementação do plano em coordenação com OMS A estabelecer o software para a gerencia de vacinas además de SMT Realização de POP em coordenação com PAV e CECOMA	
			Support monthly compilation of RI data and entry at all levels of the health system	RI data made available at each trimester for analysis and decision making at municipal, provincial and National levels			

Joint Appraisal 2016