

Joint Appraisal report 2017

Country	Angola
Full Joint Appraisal or Joint Appraisal update	Full Joint Appraisal
Date and location of Joint Appraisal meeting	July 3-7, 2017. Luanda - Angola
Participants / affiliation ¹	See Annex 1
Reporting period	September 2016 – June 2017
Fiscal period ²	January – December 2016
Comprehensive Multi Year Plan (cMYP) duration	2016 -2020

1. SUMMARY OF RENEWAL AND EXTENSION REQUESTS

1.1. New and Underused Vaccines Support (NVS) renewal request(s)

Type of support (routine or campaign)	Vaccine	End year of support	Year of requested support	Target (population to be vaccinated)	Indicative amount to be paid by country	Indicative amount to be paid by Gavi
Routine	IPV	2018	2018	975,429	N/A	US\$ 972,000

1.2. New and Underused Vaccines Support (NVS) extension request(s)

Type of Support	Vaccine	Starting year	Ending year

1.3. Health System Strengthening (HSS) renewal request

Total amount of HSS grant	US\$ 3,969,998
Duration of HSS grant (from...to...)	June 2016 – December 2017
Year / period for which the HSS renewal (next tranche) is requested	January 2018 – December 2018 (Extension)
Amount of HSS renewal request (next tranche)	US\$ 2,920,109* <i>*includes the \$1,049,890 of the second tranche of the HSS grant (as per original DL) which is already approved, and the \$1,870,219 (additional HSS funding being made available to countries recommended for approval by the IRC in 2015 and 2016)</i>

1.4. Cold Chain Equipment Optimisation Platform (CCEOP) renewal request

¹ If taking too much space, the list of participants may also be provided as an annex.

² If the country reporting period deviates from the fiscal period, please provide a short explanation.

Total amount of CCEOP grant	US\$ N/A	
Duration of CCEOP grant (from...to...)	N/A	
Year / period for which the CCEOP renewal (next tranche) is requested	N/A	
Amount of Gavi CCEOP renewal request	US\$ N/A	
Country joint investment	Country resources	US\$ N/A
	Partner resources	US\$ N/A
	Gavi HSS resources³	US\$ N/A

1.5. Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future⁴

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
	HPV	2018	2019

In May 2017, during the high level visit, the Minister of Health confirmed his interest to Gavi CEO for the introduction of the HPV vaccine in the national programme, after the first unsuccessful application of 2016.

³ This amount must be included either in an earlier HSS approval or else in the current HSS renewal request in section 1.4 above.

⁴ Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

2. CHANGES IN COUNTRY CONTEXT SINCE LAST JOINT APPRAISAL

On December 23, 2016, Angola's Ministry of Health and WHO declared the end of the yellow fever epidemic, which affected 16 of the country's 18 provinces in 2016, causing thousands of deaths and a great concern about the risk of it being extended to other neighboring countries and continent. In response to the emergency the Angolan Government mobilized its structures and diverted health resources and time for outbreak control. An incident manager was appointed by WHO and experts of WHO, UNICEF, CDC, GOARN, MSF, UNDP were deployed to provide technical support. GAVI contributed to the outbreak response providing US\$ 16,089,805 through the ICG for the procurement of yellow fever vaccine through UNICEF, with co-financing of the Angolan Government at 50%. In 2016 the MoH vaccinated 18 million people (70%) in 85 districts. Efforts to consolidate disease control continued in the first half of 2017; 39 unmet districts were vaccinated, covering 3.2 million more people, reaching 82% of the national population and 122/166 districts (73%). To complete national coverage of Yellow Fever vaccination, a concluding phase of mass vaccination targeting 43 districts is planned for September-October 2017.

The National Response Plan established five components or pillars of action: epidemiological surveillance/laboratory, mass vaccination, integrated vector control, clinical case management and communication and social mobilization. Logistics constituted a cross-cutting component supporting all pillars. The core of the strategy to interrupt transmission of Yellow Fever in Angola was the mass vaccination of the entire national population from 6 months old, supported with the other pillars.

The capacity to plan a vaccination campaign by phases with a short time period to respond to the outbreak as well as the unavailability of adequate quantity of vaccines to respond at national level as soon the outbreak was detected were the main challengers. Some of the lessons learned includes: i) the need to improve the vaccine management in response to an emergency (a regularly functioning cold chain with enough flexibility to adapt the conditions for a higher demand), ii) the need to have response plans capable to be adapted to specific areas (Angola suffered the threat of malaria, Zika and in an cholera outbreak in the north of the country had to respond to, using the experience of yellow fever outbreak), iii) the need to have a strong advocacy at highest level with other Ministries outside health to obtain the necessary resources to attend to the needs of the population in emergencies (reinforcement of cold chain, logistics and supervision and to obtain funds to cover the emergency operational costs).

With only six months to the end of the accelerated transition process of the GAVI support to Angola, the Country is experiencing a deep financial crisis due to the fall in oil prices: the income from oil represented 80% of national income in 2015. The crisis affected all sectors, and more specifically in health sector, it resulted in less available resources for operating costs and response actions to the yellow fever and cholera epidemics. No new investments were made and health infrastructure construction stopped. The EPI building that had begun to be built in 2015 remained unfinished. The EPI team is currently working in container shelters as temporary offices. Also, despite a significant amount (314 million US\$) allocated by GoA to Primary Health Care activities for district level (as decentralized funding arrangement), only 71 million US\$ (23% of execution rate) was disbursed in 2016, and nothing in 2017. Operational cost of the routine immunization intensification plan launched in May 2017 during the high level visit had not yet been released at the time of the report.

Notwithstanding the financial difficulties, MoH guaranteed funds for purchase of traditional vaccines, new vaccines and vaccination supplies. In 2016, the Government of Angola transferred to UNICEF Supply Division US\$ 32 million to cover the co-financing obligations for 2015 and 2016. In 2017 the Ministry of Health, through a Memorandum of Understanding (MoU), decided to purchase traditional vaccines through UNICEF instead of local intermediaries and continues to buy through UNICEF the new vaccines. Savings from the procurement of vaccine through

UNICEF should hopefully be channeled into financing other components of the program, including operations.

In May 2017 the GoA, after special authorization of the President of Republic, transferred to UNICEF USD 22,001,584 to cover the costs of vaccines and injection supplies, which will cover the country needs until April 2018. This amount includes the co-financing obligation of US\$ 2,408,500 for Rotavirus vaccine (last vaccine for which a co-financing is required – the GoA fully self-financing other vaccines). This interim financing for the procurement of vaccine through the Presidential set-aside fund will go a long way to alleviating the current gaps in vaccine financing. However, the country needs to come up with a more sustainable vaccine financing modality as the government takes on the total procurement from 2018.

With the intention of strengthening the immunization system in the area of human resources, in 2017 the Ministry of Health posted 3 new staff to the EPI team (central level): 1 cold chain technician, 1 logistics coordinator and 1 mid-level nurse, which was an important step towards boosting capacity even if yet insufficient given the challenges faced by the central EPI team.

To strengthen the EPI response at district level, thanks to a direct advocacy by the Minister of Health with the President of the Republic, 920 medical doctors and 46 nurses were recruited. This new permanent staff has already been trained on primary health care management including immunization and will be distributed in the 166 districts and start functions in 2018. This is an exceptional situation considering the economic crisis and the freeze on hiring new staff throughout the public sector.

The HSS/GAVI MoH project started in January 2017, with a 6-month delay with respect to planned start date of activities. It aims to support the increase of immunization coverage and equity in 11 out of 18 selected provinces and 100 of 166 districts. The HSS project was fully integrated with GAVI transition Plan.

3. PERFORMANCE OF THE IMMUNISATION SYSTEM IN THE REPORTING PERIOD

3.1. Coverage and equity of immunisation

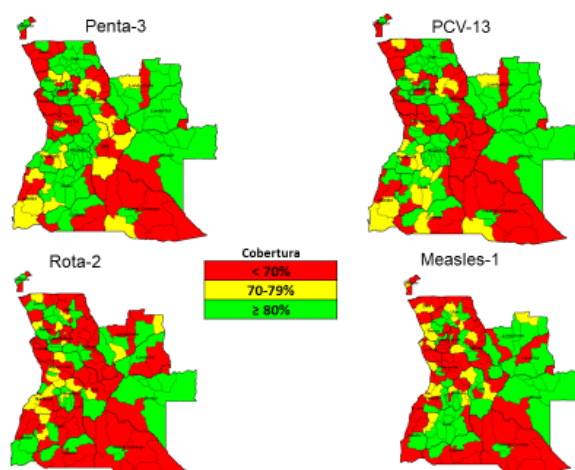
Coverage achieved in 2016

	2016 Goals	Achievements	Difference
Penta3 (DTP-HepB-Hib3)	95	80%	-15
PCV-13 (3rd dose)	95	74%	-21
Rotavirus 2nd dose	80	69%	-11

- 42 (26%) districts with DTP-HepB-Hib3 coverage \geq 90%
- 76 (46%) districts with DTP-HepB-Hib3 coverage less than 80%
- 18 (11%) districts in 14 provinces with DTP-HepB-Hib3 coverage $<$ 50%

In 2016, the administrative routine coverage continued to drop for all traditional and new vaccines comparing with the previous year. About half of the districts did not reach 80% coverage in 2016.

Routine Immunization Coverage by Districts. Angola, 2016



Immunization coverage results from the IIMS-2016 survey show large discrepancies in the coverage estimate (40% for national Penta-3 instead of 80% estimated by administrative method). On the other hand, the WHO / UNICEF national coverage estimates (WUENIC) for Penta-3 vaccine for 2016 was 64%.

According to the IIMS-2016 survey, no gender inequities observed in vaccination; nevertheless very important gaps were observed; by place of residence (26% lower in rural than urban areas), by educational level of the mother (4 times lower in children of illiterate mothers) as compared to the middle or higher education mothers, and 16

times lower immunization coverage in children of women of the first income quintile compared with the fifth quintile. Because of the lack of historical references, it is difficult to understand if there is any declining trend for these extremely high inequities in the immunization status.

The Gavi monitoring mission in March focused on the inequity aspect and recommended that intervention be focused and prioritized in 23 districts where 3 quarters of unvaccinated children were encountered, including 7 districts of the urban province of Luanda. Specific intervention for urban areas where discussed but were not initiated and HSS resources were to be concentrated in these 23 districts?

In May 2017 during the high-level visit of the Gavi Alliance in Angola, the strategy for the intensification of routine immunization was launched in the presence of the Minister of Health and Gavi CEO with the intention to correct gaps in all districts, demonstrating the commitment of the MOH to move forward and improve the situation.

Coverage achieved in 2017

	Jan-May 2016	Jan-May 2017	Jan-May 2016	Jan-May 2017	Difference	
	Coverage		Vaccinated children		Coverage	Vaccinated children
Penta3 (DTP-HepB-Hib3)	65%	76%	366,943	383,381	+11%	16,438
PCV-13 (3rd dose)	58%	73%	326,394	364,785	+11,8%	38,391
Rotavirus 2nd dose	57%	62%	323,892	318,203	+5%	-5,689

In the first 5 months of 2017 the administrative coverage improved comparing with the same period of 2016, but not enough to reach the goal. To note that the National Statistics Institute estimates a population of children under-1 years old of 2017 less than 2016 (Children under-one year old 2016 = 1,156,029 and for 2017 = 986,916). This analysis shows that there was little progress for Pentavalent and no progress for Rotavirus vaccine coverage in 2017. This is partly explained because the information available at the time of the analysis was only from 85% of the districts.

During the visit of the GAVI CO Dr Seth Berkley, the Ministry of Health initiated a routine immunization intensification plan, especially in 23 of 166 districts with the 70% of cumulative number of unvaccinated children with a total of 163,665 unvaccinated children. The implementation of the witnessed some difficulties because Primary Health Care funds were not available at district level.

Constraints

Some bottlenecks and restrictions for routine immunization improvement observed in the previous Joint Appraisal, largely remained in the second half of 2016 and the first half of 2017:

- Lack of or insufficient outreach and mobile immunization activities (63% less than previous year) is affecting districts countrywide
- Stock out of vaccines at local levels; (BCG, Pentavalent, Rotavirus) in many districts for periods more than one month. A situation that the national level was not tracking, but identified at provincial and district levels at the time of vaccines request from the national level
- Competing activities for control of Yellow fever outbreak in 16 provinces and cholera outbreak control in 2 provinces The provinces without yellow fever outbreak 2016 were Lunda Sul and Moxico. The provinces with outbreak of Cholera were Cabinda and Zaire since the end of 2016).
- Lack of or insufficient supervision at all levels; because the national budget for this was reduced to the minimum and was dedicated to supervise the yellow fever activities Insufficient availability of decentralized funds for Primary Health Care activities including immunization; But also lack of skills for planning and budgeting and managing these funds at local level as well as the mechanism to regulate and control these for the MoH
- Insufficient human resources at all levels both quantity-wise and quality-wise.

3.2. Key drivers of low coverage/ equity

HUMAN RESOURCES

- A critical area that largely explains the deficiencies observed in the programme is the human resources issue. Angola has a shortage of HR in quantity and mainly in quality at all levels of the health system. Until now, no inventory of human resources is available at central level, and the MOH does not have any database.
- At national level, the EPI Team is constituted by 9 civil servants that distributed by educational level are: 2 Superior (EPI Manager and logistic coordinator), 4 Medium (3 Supervisors, 1 cold chain technician), and 3 support staff. Additionally 2 Superiors are being paid by HSS/GAVI (Logistician and cold chain Engineer), 1 basic (Routine data clerk) paid by UNICEF.

At the provincial level, there are 18 EPI supervisors (medium level nurses), and at the district level 164 nurses that perform the duties of EPI supervisors and sometimes other health functions. The vaccinators at health facilities usually are technicians with the lowest level of qualification.

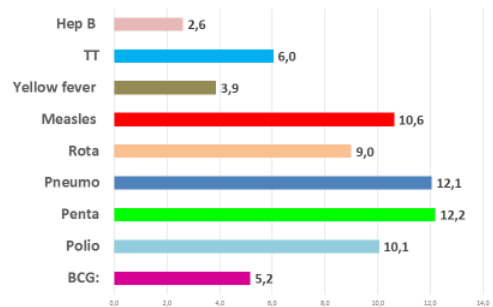
- A Human resources assessment was done in November 2016 and a plan for HR development was proposed to the MOH in the beginning of the year 2017, including institutional aspects. 9 technical assistants from different levels and either put within the EPI team or in the WHO/UNICEF teams were provided in 2017 through TCA with an objective of skill transfer (to further strengthen HR for immunization supply chain management,
- UNICEF recently recruited through the TCA grant, a Supply Chain Logistics Specialist). UNICEF provides additional technical support to the national program in collaboration with the National Health Promotion Department to strengthen demand generation for the immunization program.

- The logistical team from the central level EPI team which was strengthened in Q2 2017 is a good example of the positive synergies between government, Gavi and partners efforts in the area of human resources.
- UNICEF Regional Office supported technically via its Cold chain Specialist, the installation of the cold chain temperature control system and the recruitment of a cold chain specialist, as well as a health and immunization specialist.

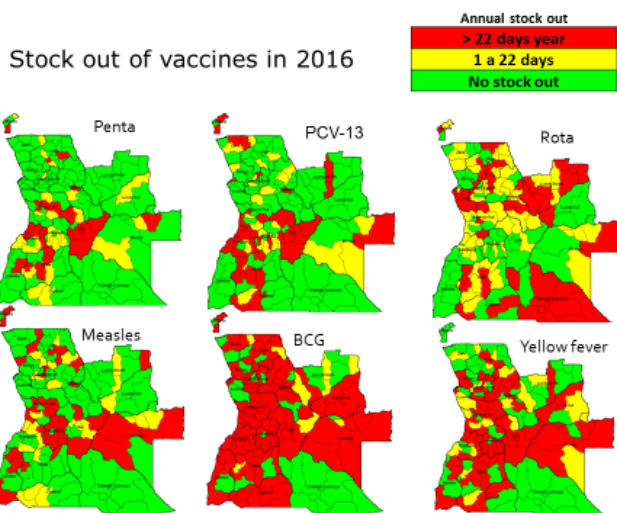
SUPPLY CHAIN

- The effective vaccine management plan (EVMs) consists of 31 activities, which respond to the 17 recommendations made by the national evaluation of July 2014. Of the 31 planned activities 55% have been fully met, 16% have been partially fulfilled and 29% have not yet been met. The main activities performed were: a) Mapping of temperatures in the Central Vaccine Cold rooms depot; B) Acquisition and installation of remote temperature monitoring system in the cold rooms at the Central Vaccine Depot; C) Elaboration of a contingency plan for the cold chain for the central level and elaboration of Standard Operating Procedures (SOPs) for the management of vaccines; D) Updating the inventory of the cold chain; E) Elaboration of the rehabilitation plan and expansion of the cold chain; (F) integration of vaccine management systems into a single central level system; G) Training of the technicians of the 18 provinces in the use of the vaccine management system (SMT) h) Acquisition of computers to install the SMT at the provincial level; I) Centralization of the vaccine distribution system. The funding of these activities is ensured by Gavi HSS, UNICEF, WHO and transition grant.

Estimated number of months of vaccine availability at central level. Angola, June 30th, 2017



Despite the progress at the central level, in 2016



many stockouts of more than 22 days / year were observed at district level, due mainly to failures in the logistics system: 26 districts (16%) reported stock out of pentavalent vaccine, 40 districts for PCV-13 (24%) and 47 for Rotavirus (27%).

In several districts that did not present a stockout of pentavalent and PCV-3 vaccines, like Cuando Cubango and

Cunene, the coverage remain low

Failures in the logistics system contributed to the reduction in coverage. The stock out of the BCG vaccine was due to the global shortage in the availability of BCG vaccine. Similarly, the yellow fever vaccine stock out was mostly driven by shortage in the global stockpile

The payment in advance of EPI vaccines and supplies made by GoA to UNICEF-Copenhagen, guarantees all vaccines and injection supplies for 2017. These goods are gradually arriving to the country. In 2017, there have been no problems of stock out of vaccines at central level and less stock outs of vaccines was observed at the district level.

DEMAND GENERATION

- Routine immunization demand promotion activities in 2016, were practically nil because of the yellow fever outbreak control activities that dominated communication and social mobilization activities at the central and district levels. On the other hand the offer of vaccination services was reduced in the periods of implementation off YF local campaigns that lasted 10 to 20 days, since the vaccinators were in the rural areas implementing the campaigns.
- In the first 6 months of 2017 some radio spots years ago produced, were broadcasted in Portuguese and local languages, and also TV spots were taken up to promote routine immunization. The lack of outreach activities reduced the community involvement. One of the reasons for the reduction of communication activities was the lack of financial resources for produce support materials and new spots and micro dramas.
- Several studies have shown that parents (72%) no longer return to vaccination due to health worker behaviors. In terms of the provision of services, vaccinators and other health workers do not advocate for improved immunization benefits due to lack of training. The lack of human resources in health units able to promote immunization or exploit any opportunities that arise

LEADERSHIP, MANAGEMENT AND COORDINATION

- The management of the program was difficult due to the existence of competing high priority activities (Malaria, Cholera outbreaks) and lack of technical personnel at the central level aggravated by the reduction of 3 technicians of the central team (1 physician transferred to the neglected diseases program and 2 technicians retired). At the request of the EPI manager the central level in 2017 was reinforced with a cold chain technician, logistic coordinator and 2 nurses one of them with background in sociology. The Coordination of the cooperation agencies was also reduced due to the interruption of EPI Interagency Coordination Committee (ICC) meetings.
- Discussion and work around NITAG creation and took place during the whole 2016 year, and the decree signed by the Minister in May 2017.
- The Minister express its interest to reinforce regulatory functions of the MOH, and few consultancies are planned with the transition grant in order to contribute to that. The many changes for the officers in charge of the CECOMA and the Pharmaceutical Department did not facilitate the needs assessment.

IMMUNIZATION FINANCING

Immunization financing on domestic resources continues to be a matter of concern for the Government because of the continuing decline in the prices of oil that is Government's main source of income.

- The Ministry of Health has two budget lines for the immunization financing. One called UNICEF is used for vaccine procurement and the other is used for operational costs. In 2017 Funds allocated for vaccine procurement were lower than needed and the MOH covered all vaccine needs with extra-budgetary funds from the Presidency
 - In this regards, an accurate vaccine quantification and costing is key. This exercise was done with UNICEF Supply Division support in 2016 and 2017 was directly used for the Minister health to advocate for extrabudgetary funds at the highest level.
 - The same information is needed for the every year advocacy for the MINFI to justify vaccines budget allocation. A letter was shared with the MoH to indicate that Angola will continue having access to some of Gavi prices for a certain timeline (see letter in annex N° 1) Getting the information on vaccine prices will be crucial in the budget process of the EPI programme in the post transition period.

- During the JA, discrepancies between various sources of quantification by UNICEF, WHO and Gavi were discussed. The main explaining factors were: a different population basis, inclusion of different vaccines outside of the immunization schedule (like rabies), coverage. Harmonization of parameters and alignment of methodology is needed for the country to have solid basis for advocacy.
- The Municipalities also have a budget line for the primary health care funds but the Health Districts do not often benefit from these funds.
 - In 2017 a study (funded by the transition plan) was conducted to identify the operational costs that can be met from municipal budgets from 2018. The areas to be improved are (i) to train the Health Districts Managers in the preparation planning and budgeting and (ii) to sensitize the administrative authorities of municipalities on immunization financing
 - The focus on public financial management to ensure appropriate budgeting and allocation of funds, including at the decentralized level, remains a priority for Angola.

3.3. Data

IMPROVING DATA QUALITY

- Denominators were modified twice in 2015 and in 2016, making comparison difficult for coverage. Issue was that the initial 2014 census data were corrected in 2016. At this time, the new census population per districts were not communicated.
- Concerning data quality and survey requirement:
- Angola carried out an external review of the activities of the Expanded Program on Immunization (EPI) in June 2014. Within the routine immunization information subsystem, the results showed deficiencies in the timeliness, integrity and quality of the data, as well as in the monitoring system at all levels of the health system, and it was recommended to implement a quality improvement plan of data.
- A national plan for improving the quality of routine vaccination data for 2017 was developed in the framework of MoH National Information System based in DHIS2 platform. This plan is intended to a) ensure that data management policies and standard procedures are followed and consistently applied in the system, b) updating basic data (including the implementation of surveys) and ensuring consistency through different sources (databases, demographic data, shapefiles), c) Make available the tools for collection recording, managing, analyzing and monitoring and sharing of data; d) Ensure accuracy of data at source (health facilities) and e) Ensure the availability of complete, timely and consistent data at all levels of the information system (Data flow, deadlines, reporting systems).
- The main activities developed are the following: a) Elaboration of Standard Operational Procedures on Data Management in process of updating to include in the DHIS2 platform coordinated by GEPE and GTI (MINSA), b) Support the elaboration of provincial data improvement plans for: Benguela, Bengo, Huambo, Cuando Cubango, Huila, Bié and Moxico. These provinces already are implementing activities in 2017, c) Utilization of national census data projections in all districts of the country, d) Development of the administrative structure and data collection instruments in the DHIS2 platform; e) Integration of the instrument and import of routine vaccination data from the last 10 years for the DHIS2 platform; f) Trained 2 WHO technicians and 5 GEPE/MoH technicians in DHIS2 platform with GAVI support.

- A national 5 years plan to improve data quality is planned for November 2017 with the support of support given at regional level, and the activity contribution of the TA in the TCA WHO.

3.4. Role and engagement of different stakeholders in the immunisation system

The Inter-Agency Coordination Committee (ICC) was the body responsible for coordinating, monitoring and approving immunization plans, programs and projects in the period 1996 to 2015, playing a leading role in the Elimination of the Wild Poliovirus, Measles Control and introduction of new vaccines. As of 2008, the scope of the ICC has expanded to include other health programs of the National Directorate of Public Health. The ICC meetings was chaired by Minister or Vice Minister of Health and held regular meetings (13-20 per year) with broad membership participation including WHO, UNICEF, USAID, CORE, RED CROSS between others. Currently the ICC interrupted his meetings, waiting for the decision of reactivation by the Minister of Health.

- Even without a HSCC, the National Directorate of Public Health put efforts towards coordination of funding from different donors, including Gavi, World Bank. Global Fund is currently discussion the next round of funding at the same level and investment in coordination will be made coordination . The TA at the DNSP played a key role to allow a good coordination between World Bank and Gavi for the investment in cold chain. The World Bank through the Project of Revitalization of Municipal Health Services is investing in 2017, 2,039,805 dollars in cold chain equipment in a complementary way to the HSS project of GAVI and will contributed to extend the fix post immunization services in about 150 health facilities.
- EU (till October 2018), World Bank (US\$ 100 million from January 2018), USAID (US\$ 62 million from January 2018), Global Fund (US\$ 90 + 58 million) are potential partners with whom post transition activities could be coordinated at the DNSP/GEPE level, thus the interest to maintain a Gavi TA at this level over the first semester of 2018 in order to facilitate coordination and formulation of post transition activities.
- The CORE group which was instrumental in all demand generation activities ceased to function in Dec 2016 (?) following the termination of USAID funding of the polio programme. Attention to civil society opportunity could be interesting in this phase especially to support districts with adequate, evidence-based and sound urban strategies to reduce equity gaps.
- WHO gather donors in health on a regular basis, including in for a like the Harmonization for Africa group (one meeting happened during the joint appraisal and Gavi was invited to participate).
- With the MoU between UNICEF and MoH for the procurement of traditional vaccines and supplies, UNICEF has taken a key role in this area, ensuring timely issuance of cost estimates, ordering, procurement and custom clearance of these commodities.
- UNICEF continues to play key roles in the area of immunization supply chain management, including the procurement of vaccines and cold chain equipment, as well as the installation of equipment and continuous temperature monitoring devises.

4. PERFORMANCE OF GAVI GRANTS IN THE REPORTING PERIOD

4.1. Programmatic performance

GAVI TRANSITION PLAN - GRANT

The activities of the Transition Plan 2015-2017 are mainly aiming to support the country to achieve conditions of long term sustainability to purchase vaccines, as well as to improve the immunization system including quantity and quality of human resources for EPI. The transition plan 2015-2017 is closely linked to the HSS Project and focuses on strengthening technical capacity of front line immunization officers (including on health and immunization financing project management, cold chain monitoring, etc), expanding the cold chain and increasing the demand for vaccination services. The Transition Grant to support the MoH amounts US\$ 1,008,450(US\$ 608,325 managed by WHO and US\$ 400,125 by UNICEF). MoH funded supervision of activities (US\$ 350,600).

- Implementation of the GAVI / MoH transition plan activities for 2015-2017 had a higher priority in 2017 compared to the previous 2 years, with 23 activities completed of the 33 activities considered relevant (70%). From the 41 activities initially planned, 8 activities related to vaccine procurement were not implemented because no longer relevant due the decision to continue procuring vaccines from UNICEF SD.
- 5 activities are in process: preparation of cold chain manual, printing of forms, definition of standard operating procedures for data management and elaboration of strategic plan for improving the quality of vaccination data.
- Five activities have not yet been initiated: 3 activities for NITAG are delayed because the NGO AMP in charge providing the support did not complete the assignment; 1 activity for reinforcement of the National Regulatory Authority for vaccines and 1 activity regarding the revision of the curriculum of EPI teaching in the medical and nursing schools are pending. All these activities should start in the next 2 months to be completed before the end of the year.

Degree of Transition Plan activities completion January 2015 to June 2017

Degree of activity completion	Total	Situation in August 2016			Situation in June 2017			Total
		Done	In progress	Not done	Done	In progress	Not done	
1.Vaccine funding	5	1	1	3	5			5
2.Cold chain	5			5	3	2		5
3. Com. & social mob.	6	4	1	1	6			6
4.Vaccine acquisition	9			9	1	8 activities cancelled		1
5. Regulation & Surv.	3	1	1	1	2		1	3
6.Data quality	5	2		3	3	2		5
7.Human Resources	3	1		2	1	1	1	3
8.Decision-making	5			5	2		3	5
TOTAL	41	9	3	29	23	5	5	33

- The TP main impact is currently mostly tangible in the cold chain/supply chain, data quality (even if investments does not translate yet into visible progress) and human resources (MLM training).
- In particular, progress was made to ensure the safety and potency of centrally stored vaccines with the installation of a second contingency generator, the installation of a continuous temperature control system and the definition of contingency procedures.
- Vaccine procurement systems activities were impaired by the fact that CECOMA role changed during the implementation period as procurement was taken out of its responsibility.
- The NITAG related activities are the most delayed due to a combination of factors (contract issues with AMP, but also delay for the official decree to be signed by the Minister).
- Consultancy findings on immunization financing by WHO were presented during the JA. The presentation was made in presence of the World Bank mission team who presented as well wider perspectives and diagnosis related to the health sector financing, and outlines the main features of the new WB project for health of US\$ 90 Million starting from January 2018.
- Training of trainers on EPI Mid-Level Management course was completed

HEALTH SYSTEM STRENGTHENING PROJECT - GRANT

The HSS project aims to support the increase of vaccination coverage and equity in 11/18 selected provinces with risk criteria and its respective 100/166 districts. The implementing entity is the Ministry of Health. The total budget of the project is 3,969,998 Dollars (218.803 USD for administrative costs). Resources are managed by WHO (\$ 1,562,189) for technical activities and by UNICEF (\$ 2,189,006) for cold chain, social communication and contracts.

The Project began in January 2017, with a 6-month of delay with respect to planned. The first transference of funds to WHO consist in USD 978,836 (63 %) made in October 2016, and for UNICEF were \$ 1,783,576 (82 %) in February, 2017. With the funds received from GAVI in the first semester the emphasis was done to purchase goods.

Degree of HSS project activities completion. January to June 2017

Activities	Activities supported by WHO			Total	Activities supported by UNICEF			Total
	Done	In progress	Not done		Done	In progress	Not done	
Activities objective 1. expand coverage	3	2	3	8	N/A	NA	NA	0
Activities objective 2. Cold chain	NA	NA	NA	NA	0	3	3	6
Activities objective 3. Soc. Comum.	NA	NA	NA	NA	0	0	5	5
Activities objective 4. Data Quality	0	1	5	6	NA	NA	NA	0
Activities objective 5. Management			2	2	2			2
Total	3	3	10	16	2	9	8	13

- From the activities supported by WHO, 3/10 activities were done corresponding to the purchase of cars, motorcycles and computer equipment that recently arrived to the country and are in the customs. The activities in progress are: supervision and data analysis meetings. The training of front line technicians in the package Immunization in practice waiting the training of provincial EPI supervisors in MLM course funded by TP.
- From the activities supported by UNICEF, 2/13 were implemented, these activities correspond to hiring of 1 logistician and 1 cold chain technician posted at the national level of the Ministry of Health). In process the purchasing of 227 solar refrigerators and 1 cold room. The training of cold chain technicians, has not yet been made. Funds for social mobilization activities were not yet transferred by GAVI.
- To complement the GAVI support, 164 refrigerators and 5 cold rooms are in the process of purchasing through UNICEF with Municipal Revitalization project funded by World Bank.
- The delay in the long processes of goods purchasing and the bureaucratic processes of transfer of funds for the execution of the activities, did not facilitate budgetary execution

4.2. Financial management performance (for all cash grants, such as HSS, vaccine introduction grants, campaign operational cost grants, transition grants, etc.)

The summary of status of financial implementation of GAVI Grants are showed in the following table:

Status of implementation of GAVI grants

Grants	Total approved U\$D	Total disbursed by GaviU\$D	Balance in country June 30th 2017 U\$D
Transition Plan	1 199 966	786 842	224,187
HSS	3 969 999	2 571 052	1 398 947
MR VIG	1 117 393	0	1 117 393
MR vaccines	7 977 074		7 977 074
IPV VIG	734 112	734 112	535,000
IPV vaccines	1 783 000	1 783 000	0
Rotavirus vaccines	600 500	600 500	0
PEF/TCA OMS 2016	245,875	245,875	
PEF/TCA UNICEF 2016	252,300	252,300	
PEF/TCA OMS 2017	641,511	481,133	
PEF/TCA UNICEF 2017	534,658	500,994	
PEF/TCA World Bank 2017	200,000	0	0
Other TA	97 200	65,800	00
Grand Total	18 743 091	4 746 506	13 996 585

Notes: The IPV VIG was partially used for the OPV switch in April 2016. At the time of the report, the World Bank was still in discussion with Gavi about the PEF/TCA funded activities for 2017.

Transition Plan activities degree of budget implementation. Jan 2015 - June 30th 2017

Critical Areas	Funds managed by WHO			Funds Managed by UNICEF			Total Balance USD	%
	Budget	Expenditure	Balance	Budget	Expenditure	Balance		

1. Funding	38 298	38 298	0	0	0	0	0	0%
2. Cold chain	33 867	33 867	0	138 577	138 577	0	0	0%
3. Com. & social mobilization	0	0	0	133 000	133 000	0	0	0%
4. Vaccine acquisition	0	0	0	13 000	13 000	0	0	0%
5. Regulation and surveillance	220 000	174 058	45 942	0	0	0	45 942	21%
6. Data quality	191 614	157 917	33 697	0	0	0	33 697	18%
7. Human Resources	127 125	98 125	29 000	115 548	0	115 548	144 548	60%
8. Decision-making								
Total USD	610 904	502 265	108 639	400 125	284 577	115 548	224 187	22%
Total implemented			786 842 USD					
Percentage of implementation	82%		78%		71%			

Source: WHO, UNICEF

The Objective 8 relates entirely to the NITAG creation and follow up and an amount of US\$ 112,000 was allocated to SIVAC of which US\$ 78, 945 were disbursed lately in November 2016 with a current balance with Gavi of US\$ 35,810. Given the end of activity of SIVAC, all options are assessed so as to use at least the balance with Gavi to initiate activities (NITAG members training, first meeting, first report) before the end of the transition period. NITAG activities in 2018 could be funded through the HSS grant if a no cost extension is granted.

HSS/GAVI/MINSA project degree of budget implementation. Oct. 2016 -June 30th 2017

Activities	Activities supported by WHO			Activities supported by UNICEF			Total Balance USD	%
	Budget	Expenditure	Balance	Budget	Expenditure	Balance		
Activ. Objec. 1. Quality immunization & Expand Coverage	1 149 485	509 684	639 801				639 801	56
Activ. Objec. 2. Cold chain (*)				1 857 926	1 503 987	353 939	353 939	19
Activ. Objec. 3. Soc. Com.				287 080	0	287 080	287 080	100
Activ. Objec. 4. Data Quality (*)	378 304	218 678	159 626				159 626	42
Activ. Objec. 5. Strengthening management	34 400	0	34 400	44 000	12 430	31 570	65 970	84
Total	1 562 189	728 361	769 051	2 189 006	1 516 417	672 589	1 506 417	40
% of implementation		47%			69%			
Total implemented USD		2 244 778 (60%)						

Source: WHO, UNICEF.

(*) Was considered as expenditure 1,764114 USD committed for cold chain equipment in final process of purchasing.

(**) Funds transferred to MoH (145,764USD) in process of implementation by MoH

The country requires a one year no cost extension for the HSS grant (till December 2018).

Follow up on audit for the two Rota and PCV VIGs:

At the time of the report, the country had responded to the letter on the audits findings which was sent by the secretariat in Q3 2016.

4.3. Sustainability and (if applicable) transition planning

SUSTAINABILITY

Last year of the accelerated transition period with cofinancing and perspective

Angola had difficulties in the past to co-finance vaccines are required in the Gavi co-financing policy, nonetheless in 2016, in the middle of crisis, managed to cover all needed purchases. In 2017 the government fulfilled the annual needs of all vaccines, and guaranteed availability of vaccines up to the first quarter of 2018. Currently the Country is implementing macroeconomic reforms to mitigate the impact of the severe economic crisis which is due to the fall in oil prices and is affecting financing of health and of the EPI programme.

The government funding was facilitated by a needs assessment exercise conducted with support from UNICEF SD, which organized two in-country missions (with PEF funding), and thanks to the interface played by the technical assistant placed at the DNSP. However, the main challenges remain the budget allocation, which was insufficient to cover all needs, and its timely execution (as delays in budget execution largely impact immunization-related activities)

While the government has been able to meet its vaccine co-financing commitments for the remaining period of Gavi support, it is not clear what measures are in place for vaccine financing sustainability as the country completely transitions from Gavi support as from 2018

Transition plan

The implementation of the plan is described in the paragraph 4.1. The plan will end in December 2017.

Polio transition

Due to the drastic reduction on financial resources of the Global Polio Eradication Initiative, WHO technical support in the provinces is in process of phasing out. The Angola Polio Transition Plan states that the jobs of surveillance technicians of 18 provinces that currently are supporting the surveillance and immunization activities will be eliminated in the next 3 years. In 2020 there will be no WHO Technical support in the provinces. Discussion were initiated between WHO and the MOH at the beginning of the year, the subject was evoked during the debriefing of the High level mission, and the country attended a workshop in April to facilitate the polio transition plan making which is expected in Q3 2017. Although the plan has not yet been designed, funds cutting started and positions were terminated. The Minister of Health indicated clearly that the surveillance network would be funded by the government after the transition but the modalities are yet to be determined with WHO.

Through funds from GPEI, UNICEF is in the process of recruiting an external consultant to document advocacy, communication and social mobilization activities in support of the polio eradication in the country. Lessons learned through this process will also be transitioned through the plan. UNICEF has concluded with MOH and other technical partners the conduct of a workshop on Standard Operating Procedure (SOP) for responding to polio outbreaks or events

Learning Network for Countries in Transition (LNCT).

Angola has agreed to integrate the Learning Network for Countries in Transition (LNCT), and although could not participate in the launch in May has expressed interest in the initiative.

Post transition:

During the high level visit, Gavi CEO made clear to the Minister that Gavi would not abandon the country at the end of the year but would continue to support interventions in order to preserve the investments made. Following the visit, and the discussion with the technical committee in country, three areas were identified as strategic ones in the post transition period:

- Data quality and information systems
 - Decentralized PHC funding to ensure financing of operational costs
 - Human resources
- A post transition note was being developed at the time of the report on the basis of the initial discussions undertaken during the JA.
 - In terms of funding, the balance of HSS funds and the TCA 2017 (going up to June 2018) will allow to continue to support activities till the Gavi board decision towards a potential funding for post transition (decision expected in December 2017). Once the potential support and related funding will be better determined, an in-country mission in Q1 2018 will allow to the post-transition support in Angola. It will be more extended than in other countries in post-transition because of the current in-country situation (economic crisis impact and remaining external challenges), but will remain catalytic, time-limited and results-oriented, focusing on a few main areas of works (for instance, could be aligned with Gavi Strategic Focus Areas (SFAs): supply chain, leadership management and coordination, data quality, financial and programmatic sustainability) – to be determined.
 - The additional HSS funding was communicated to the country in August and the country intends to do additional investment in cold chain (including solar powered cold rooms for 4 provinces), means for supervision, and also catalytic funding for the routine intensification strategy which suffers from the lack of PHC funds till which impairs the expected gains. (see budget in annex 2)

4.4. Technical Assistance (TA)

The current 2017 TCA funds (\$1.3m) will expire on 30 June 2018, after which all unspent funds will have to be returned to Gavi., Angola received a significant increase in TCA allocation between 2016 and 2017 due to the transition challenges and updates were provided during the JA to monitor progress.

Key points that were raised in terms of technical assistance during the JA:

- Capacity: Angola has serious concerns in the area of human resources and capacity, notably in logistics and data management. TCA is currently funding staff at WHO and UNICEF who are providing technical expertise, but there are serious concerns around what technical assistance is going to look like long-term and how the country can be supported in capacity-building in the post transition period.
- Loss of Polio assets: a number of WHO staff, some of whom are providing technical assistance in the areas of surveillance and data, for example, are currently supported through Polio funds which will expire in 2019. The Polio transition plan is not being put

in place until August 2018 and there is concern that this will create a gap in technical assistance and expertise that cannot be filled if the country will lose TCA.

WHO and UNICEF both provided updates on TCA activities (2016 and 2017) which included the reporting submitted via the Partner Portal (both partners achieved 100% reporting completeness prior to the JA).

UNICEF Key TA through TCA

Area	Activity	Level of completion
Financial management	<p>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.</p> <p>2. Successful access to commercial financing instruments and deployment in supply financing (or other financing sources to improve fiscal space, based upon the recommendations.</p>	<p>On track</p> <p>Support was first provided to the Ministry of Health through SD / UNICEF technical assistance on the quantification of medium - term pre - financing and budget deficit requirements, including formal recommendations on funding options.</p> <p>On track</p> <p>Follow-up with the Director of the Directorate of Public Health to determine whether the Minister has approved the exploration of these instruments. It would be interesting to schedule an SD mission in Luanda to finalize the process.</p>
Country planning management and monitoring	<p>4. Support national cold chain inventory; implement multi-year rehabilitation plan and logistics, including roll out of SMT tool.</p>	<p>An evaluation of the refrigeration equipment was carried out in 2016, a rehabilitation plan was drawn up by the MOH and the EPI team. Support was given for the installation of 2 cooling systems in Luanda, awaiting the arrival of the other equipment for their installation in the programmed provinces.</p> <p>The recruitment process for a Cold Chain Logistician has been finalized and is scheduled for July.</p>
	<p>5. Support supervision and monthly compilation of RI data and entry at all levels of the health system.</p>	<p>Minor delay</p>

WHO Key TA through TCA				
	Programmatic Area (2017)	Activity	Status of implementation as of 30 of June	Comments
1	Financial management	Technical support for advocacy with districts administrators for sustainable financing of out reach vaccination activities	On track	Multiple advocacy meetings conducted with the MOH and MOF authorities and some municipal government administrators released funds for intensification of routine immunization, Used high level external missions to advocate with MOF and MOH for monitoring proper use of the primary health care funds at local level
2	Financial management	Hire consultants to evaluate the operating cost of immunisation (transportation, logistics, awareness, etc.) at the provincial and municipal level .	Completed	The activity was completed and the final results will be presented during the July JÁ mission. Two consultants (one national and the other international) were hired with a short term contract for the implementation of this activity. Technical support was also provided from WHO/IST
3	Data	Two data clerks to support routine immunization and surveillance data management at EPI/MOH	On track	TOR prepared, Potential candidates identified and CV collected, in process of recruitment
4		International immunization data manager	On track	The data manager already recruited and supporting the MOH in preparation and implementation of data quality improvement plan, On the job training of MOH staffs, supporting pilot implementation of the web based DHIS2 plate form. Also supporting routine immunization data compilation, analysis and sharing with all stake holders. The data manager is also involved in mentoring the MOH data management team.

5		Training of provincial and central surveillance and vaccination supervisors on the basics of MS office (Word, Excel & Powerpoint) and basic data analysis	On track	One training already implemented and in preparation phase for the remaining
6		Technical support for assessment of District health data management system for pilot implementation of DHIS2 & web plate form	Completed	Two WHO data managers received training in Kenya in DHIS2 plate form. They are currently supporting the MOH in preparation phase for nationwide implementation and piloting of the DHIS2
7		Technical support for the elaboration and implementation of data quality improvement plan	Completed	3 WHO and 2 MOH staffs participated in the Kigali immunization information system and data quality improvement workshop. The data quality improvement plan for 2017 is available and validated, in the process of developing multi year strategic data quality improvement plan that will be integrated with the c-MYP 2016-2020
8	Country planning Management and Monitoring	Technical support to develop SOP for immunization and surveillance technicians at all level	On track	In process of identification and recruitment of local consultant
9		Technical support for PIE for rotavirus vaccine and MCV 2	Major Delay	Delay in implementation of the activity due to competing priority activities and the upcoming national election
10	Leadership Management and Coordination	Participation of national staff in regional and global meetings, workshops and trainings	On track	The EPI manager and WCO staff participated in regional JRF workshop, Sub regional working group meeting, data quality improvement workshop
11	Health System Strengthening	Technical support for immunization in practice training (prepare materials and organize the	Minor delay	Delays because of delay in implementation the second round MLM

		training using available funds from HSS)		
12		Technical support for the implementation of MLM training for the remaining provinces	Major delay	Delays due to competing priority activities in the MOH
13	Health System Strengthening	Immunization officer, International P4	On track	One international immunization officer already supporting on temporary bases until the recruitment process is completed. Supporting the national EPI manager and other members of the program. Also involved in mentoring of the national EPI team.
14	Country planning Management and Monitoring	Technical support for the implementation of coverage survey	Reprogrammed	This activity was cancelled

In addition to the TCA, Gavi funded directly a TA at the DNSP level in order to facilitate coordination between HSS and transition grant, coordinate with TCA TA and other partners at DNSP. The TA facilitated greatly the different mission, and also the high level visit in May 2017, especially concerning the visa process.

Possible areas of collaboration within the framework of 2017 TCA were discussed with the WB during the JA, and at the time of the report, the first proposal was still expected.

5. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
1. Review and finalize the Comprehensive Multiyear Plan (cMYP) taking into account the different plans and activities already planned or ongoing	Ongoing. The cMYP 2016 -2020 is updated taking into account the different plans and activities planned as a transition plan, RSS project, acquisition of vaccines and materials. Costing tool yet to be updated
2. Prepare the Annual EPI Plan 2017 aligned with the cMYP	Done
3. Implement an integrated tracking plan of Transition Plan, RSS and TCA	Done. A unique tool was created integrating all existing projects. The follow-up is done monthly during the TC to assess the level of implementation and find solutions to overcome the problems encountered

<p>4. Coordination of activities between partners</p>	<p>Done. Continuous activity The Coordination of activities between partners is facilitated by the Local GAVI consultant who always interacts between WHO, UNICEF and the Ministry of Health, also with GAVI.</p>
<p>5. Conduct a quarterly follow-up of the planning, approval, disbursement and budget execution process</p>	<p>Done. Continuous activity. Follow-up is done monthly and discussed during Teleconferences</p>
<p>6. Carry out a mapping of human resources needs at all levels (central, provincial, municipal, health unit, community) for adequate management and implementation of immunization activities, including planning, supervision, management of vaccines, social mobilization, surveillance</p>	<p>Not done. The Human Resources Division has not yet mapped the human resource needs needed at all levels. A 2014 draft of a National HR development plan has not yet been validated. The MOH does not have any HR database. At the central level, reinforced EPI team format has been proposed during the JA (annex 3)</p>
<p>7. Define the organogram of the EPI at national level for the time horizon up to 2020, including the detailed definition of terms of reference for each function, level and recruitment plan.</p>	<p>Ongoing. There is only the national level organigram updated. The rest of the activities are in progress</p>
<p>8. Identify the operational costs of EPI for each level</p>	<p>Done. A study of the analysis and estimates of routine vaccination operational costs at the central, provincial and district levels was carried out. The results of the study were discussed during the joint assessment mission and the results will be utilized in the preparation of OGE 2018 EPI budget</p>
<p>9. Improve processes</p> <ul style="list-style-type: none"> • Draft Memorandum of Understanding and elaboration of Standard Operational Practices (POPs) between CECOMA and PAV on the identification of tasks and responsibilities of each institution in the supply chain management for immunization (routine, campaigns, emergencies) from the airport to the health unit • Immediate implementation of the recommendations of the Plan of Improvement of temperature control and stock management • Elaborate a SOPs of the acquisition of vaccines and vaccination materials between the Government of Angola, UNICEF Angola and UNICEF Copenhagen in order to speed up the process and clarify tasks, deadlines and responsibilities • TCA to support the vaccine management process 	<p>No relevant. By decision of the Minister of Health CECOMA no longer purchases vaccines, these are carried out through UNICEF. CECOMA only implements the vaccine and material distribution plans and stores the vaccination material in coordination with the PAV.</p> <ul style="list-style-type: none"> • Done. Training on the use of SMT and DVDMT made. The temperature remote control system is installed centrally. Mapping of the central chambers carried out • Done. A high level UNICEF Mission clarified procedures and timelines. Report discussed with authorities • Done. Two consultants recruited to support the cold chain and Logistics with HSS funds
<p>10. Information management Elaborate Data Quality Improvement Plan (DQIP), containing activities, deadlines, responsibilities, estimated costs and source for implementation</p>	<ul style="list-style-type: none"> • Done. The (DQIP) is prepared and approved. Its implementation is ongoing. The elaboration of the strategic plan is pending

Additional significant IRC / HLRP recommendations (if applicable)	Current status

6. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND TECHNICAL ASSISTANCE NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

Overview of key activities planned

MR campaign/introduction and IPV introduction

The schedule of activities for the last 4 months of the year is packed with activities, given the delays accumulated due to the electoral campaign and elections themselves.

The JA mission debated to assess to which extent it was feasible to achieve everything with a high degree of quality. The country estimated that it was possible on the basis of a revised calendar after the elections time.

One of the key issue is to know if the current Minister will be reconducted. If so, things will go smoothly, if not, adjustments would have to be made. The current calendar is the following in the option that Minister Sambo stays:

- 25-28 September EPI annual evaluation, MR campaign microplan, IPV training
- 4-13 October Last Yellow fever mass campaign
- 16-20 Novem

Transition Plan

- Finalize all TP activities before the end of the year 2017.
- Create a national technical group of MINSAs to train in the estimation of needs and budgets for purchase of vaccines. DNSP-CECOMA WHO-UNICEF.
- Hire a consultant to update the cold chain manual and print out forms with RSS features. DNSP-UNICEF.
- Finalize the Standard Operational Procedures for EPI Data management adjusted to the DHIS-2 system.
- Implement workshop to prepare the Strategic Plan for Data Quality Improvement. EPI-GEPE-WHO
- Distribute as soon as possible the 35 computers purchased by WHO in coordination with the GEPE-Information Technology of MINSAs.
- Accelerate the hiring of consultants to review the training curriculum in medical and nursing schools. EPI-WHO.
- Accelerate the contract of consultants for reinforcement of pharmacovigilance and regulation of vaccines. DNM-WHO.
- Elaborate a proposal to submit to GAVI to request funds, in order to develop the technical-scientific capacity of the team of the National Advisory Group on Immunizations (NITAG). EPI-WHO.

HSS Project

- The country requests that the implementation period of the HSS grant be extended without cost until December 2018, taking into consideration the current level of implementation, the

<p>priority to complete the Transition Plan and the overloading of activities, including Measles Rubella and Polio Vaccination Campaigns to be carried out in 2017.</p> <ul style="list-style-type: none"> • The HSS GAVI project activities should complement and reinforce the Transition Plan investments. • Accelerate the hiring of consultants with HSS Project resources to prepare a proposal to regulate the use of decentralized financial resources to Municipalities (Primary Health care Funds). • Maintain the monthly monitoring of activities and expenditures of the HSS project <p>Post transition support</p> <p>3 main areas already identified: HRH, data management and sustainable financing of health and immunization including at decentralized level. An in-country mission to be organized in Q1 2018 to identify and agree on the post transition support (see section above).</p>

Key finding 1	Ensure the annual budget for vaccines on the basis of quality quantification;
Agreed country actions	To organize technical group DNSP-CECOMA for estimation of needs and budgets for purchase of vaccines.
Associated timeline	September 2017
Technical assistance needs	WHO, UNICEF
Key finding 2	Continue to add the PAV team at least 3 technicians with higher education for data management, accounting and supervision
Agreed country actions	To elaborate proposal for HHRR
Associated timeline	December, 2017
Technical assistance needs	WHO
Key finding 3	Improve access to decentralized Primary Health Care funds to municipalities according to the needs and context of each municipality;
Agreed country actions	To hire consultants with HSS Project resources to prepare a proposal to regulate the use of decentralized financial resources to Districts (Primary Health care Funds).
Associated timeline	December, 2017
Technical assistance needs	WHO

Key finding 4	Strengthen the vaccine distribution system and regular stock control to ensure continued availability of vaccines and injection supplies at the health facility level
Agreed country actions	To organize and support the provincial and districts logisticians training in vaccine management and stablish systematic monthly stock control
Associated timeline	December, 2017
Technical assistance needs	WHO, UNICEF
Key finding 5	Improve the demand and use of vaccination services by improving the quality of care in health facilities and strengthening interpersonal communication.
Agreed country actions	To implement the training of front line health technicians in “Immunization in practice” WHO package and in “Interpersonal communication” module.
Associated timeline	June, 2018
Technical assistance needs	WHO and UNICEF
Additional priorities	
Action 6	<i>Strengthen the linkage of health units with communities and its organizations.</i>
Agreed country actions	To include community leaders in the EPI social communication trainings and in the planning of outreach activities
Associated timeline	June, 2018
Technical assistance needs	UNICEF
Action 7	<i>Concentrate the actions and resources of the program on municipalities with more unvaccinated children in order to improve equity and access to services.</i>
Agreed country actions	To realize quarterly analysis of unvaccinated children and reinforce the supervision and support for mobilize the Primary health Care resources for outreach.
Associated timeline	June , 2018
Technical assistance needs	WHO, UNICEF
Action 8	<i>Gradually extend the network of fixed vaccination posts with standardized cold chain equipment taking into account local priorities</i>

Agreed country actions	To distribute cold chain purchased by GAVI, World Bank, OGE funds in order to expand the fixed vaccination network, not only for replace equipment's.
Associated timeline	June, 2018
Technical assistance needs	WHO, UNICEF, GAVI
Action 9	<i>Link the data management tools of the EPI with the DHIS2 system.</i>
Agreed country actions	To finalize the Standard Operational Procedures for EPI Data management adjusted to the DHIS-2 system and implement workshop to prepare the Strategic Plan for Data Quality Improvement. EPI-GEPE-WHO
Associated timeline	June, 2018
Technical assistance needs	WHO, UNICEF, GAVI
Action 10	<i>Update the data collection and supervisory tools to the current status of the EPI activities.</i>
Agreed country actions	To develop or update tools in coordination with GEPE IT team
Associated timeline	June, 2018
Technical assistance needs	WHO, UNICEF
Action 11	<i>Expand the continuous temperature control system to all vaccine storage points' equipment particularly at provincial cold rooms.</i>
Agreed country actions	To install continuous and remote temperature control system in all cold rooms and equipment's
Associated timeline	December, 2018
Technical assistance needs	WHO, UNICEF, GAVI
Action 12	<i>Carry out the activities planned for National Technical Advisory Group on Immunization (GTCNI) to be functional.</i>
Agreed country actions	To prepare a proposal to submit to GAVI to request funds, for initial training of Angolan NITAG members and for train in decision making based in evidence
Associated timeline	October, 2017
Technical assistance needs	GAVI, WHO

7. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

- The date of the JA was agreed upon with the MoH and technical partners, and was postponed one time due to the 7th round of yellow fever immunization preventive campaign which was overlapping with the first time proposed and most expected participants from the MOH had been involved in supervision (initial date was 19-23 June).
- Background documents including guidelines for analysis were made available to the participants through email.
- Three teleconferences were conducted on 30.05., 13.06. and 27.06.2017
- The country team had prepared a set of presentations around the main issues included in the agenda, which had been elaborated during the second teleconference.
- The sessions were held in the premises of the Ministry of Health (National Institute of Health) and gathered around 30 people. Simultaneous translation services (Portuguese - French) were provided (individual equipment).
- After two days of presentations and discussions in plenary, 2 working groups were set up to discuss in depth about 1) the transition plan activities to implement up to December 2017, and 2) the focus areas in the post transition period
- On day 2, the World Bank team presented the results of the Public Expenditure Tracking during the session on immunization financing where the study on immunization operational costs were discussed.
- Half a day was dedicated to visiting the vaccines central store (sanatorio).
- Due to the election period, no ICC had been organized during the

8. ANNEX

Compliance with Gavi reporting requirements

	Yes	No	Not applicable
Grant Performance Framework (GPF) reporting against all due indicators	x		
Financial Reports			
Periodic financial reports			
Annual financial statement	X (UNICEF, WHO)		
Annual financial audit report	x		
End of year stock level report			
Campaign reports			x
Immunisation financing and expenditure information			
Data quality and survey reporting	x		
Annual desk review			x
Data quality improvement plan (DQIP)	x		
If yes to DQIP, reporting on progress against it			
In-depth data assessment (conducted in the last five years)	x		
Nationally representative coverage survey (conducted in the last five years)	x		
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	x		
Post Introduction Evaluation (PIE)		X (Rota)	
Measles-rubella 5 year plan	x		
Operational plan for the immunisation program	x		
HSS end of grant evaluation report			x
HPV specific reports			x
Transition Plan	x		

In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.

The ICC minutes with the validation of the JA report will be communicated by the end of September when the report is translated in Portuguese.

Annex 1



Reference: 2017

H. E. The Minister of Health
 Ministry of Health
 Rua 10 Congresso No 67 MINSA
 Luanda
 Angola

6 July, 2017

Additional information on vaccine prices after the end of Gavi support

Excellency,

In the current context of Angola transition out of Gavi support (based on Gavi policy on Eligibility, Transition and Co-financing), and since 2017 is the last year during which Angola has access to Gavi financing (for Rotavirus vaccine - fully financing Pentavalent and PCV since 2016 and 2017 respectively), we would like to share some information on access to vaccines prices once Gavi support will end.

Gavi recognises that the visibility on vaccine prices once Angola has transitioned out of Gavi support is important. In order to ensure immunization budget predictability, Gavi has negotiated with some manufacturers that similar-to-Gavi-prices can be maintained for countries after they have transitioned out of Gavi support. A summary on vaccine price commitments is available in annex 1.

Please note that the first condition to have access to these committed prices is **that the vaccine is registered in the country**. Please also note that Gavi is providing the information **for informational purposes** only, and that prices indicated are subject to change. This letter is meant for the convenience and benefit of Angola and should not give a false sense of assurance that Gavi is “guaranteeing” prices. **Rather, these manufacturer commitments are intended to help with Angola budgeting.**

According to the different commitments from several manufacturers, Angola will continue having access to “Gavi-similar prices” for Pentavalent, Rotavirus and PCV vaccines. Commitments from manufacturers varies in terms of timeline, conditions to apply, and “freeze” prices. The table below includes information only for the vaccines which are used in Angola and for which there is a commitment from the manufacturer, that is to say for Pentavalent, Rotavirus and PCV. The prices of

reference indicated below should be considered by Angola when budgeting for these vaccines in the future. There are no commitments for the MR vaccine.

Table 1. Prices of reference for vaccines supported by Gavi before end of transition

Vaccines used	Manufacturers (with commitment with Gavi)	Price per dose (year of reference ³)	Timeline (i.e. orders possible until end of)	Has to procure through UNICEF?	Additional Manufacturer condition
Penta-valent 10-dose (Shan5™ - Shantha)	Biological E (10-dose)	1.19 (2015)	2019	Yes	Future price equal or lower Angola can actually have access to prices listed on the UNICEF webpage https://www.unicef.org/supply/files/DTP-HepB-Hib.pdf
	Panacea (10-dose)	1.94 (2015)	2020 ⁴	No	
	Shanta (10-dose)	1.65 (2015)	No commitment but the country has access to lowest price through a direct commitment between Shantha and UNICEF SD		
PCV 1-dose (Prevenar 13® - Pfizer)	Pfizer	3.30 (1-dose) 3.10 (4-dose)	2025	Yes	
Rota 1-dose (Rotarix® - GSK)	GSK	1.88 (2017)	2027 ⁵	No	Price subject to inflation Contract form: initial 5 year contract, renewable once for an additional period of 5 years.

³ Year of reference varies among commitments: it can be the last year of support for the relative vaccine, or a fixed year by the manufacturer.

⁴ Or 5 years from transition for Pentavalent, that is to from 1st year with No support from Gavi anymore for pentavalent i.e. 2016

⁵ or 10 years from transition for Rotavirus vaccine, that is to from 1st year with No support from Gavi anymore for Rota i.e. 2018

⁶ Note that for Pentavalent and PCV, this table and related prices apply since 2016 and 2017 respectively (respective last year of support for each vaccine).

As UNICEF SD will probably remain the main procurement agent in Angola (required by most of manufacturers and agreed in Angola), we therefore encourage your Ministry to directly contact UNICEF for any questions you may have on type of vaccines, prices and Angola situation.

Finally, total vaccine budget does not depend on vaccine price only, but also on an updated target population, accurate vaccine coverage, and consequently on an up to date quantification. Thus, we would like to draw your attention on the importance of data quality and to develop the adequate vaccine procurement (including quantification) capacity within the Ministry of Health in order to produce the most

accurate vaccine budget requirements. Resources from the transition plan and the HSS grant are available if necessary

Please do not hesitate to put your team in contact with our team at tvincent@gavi.org for any further information you may need,

Yours sincerely,

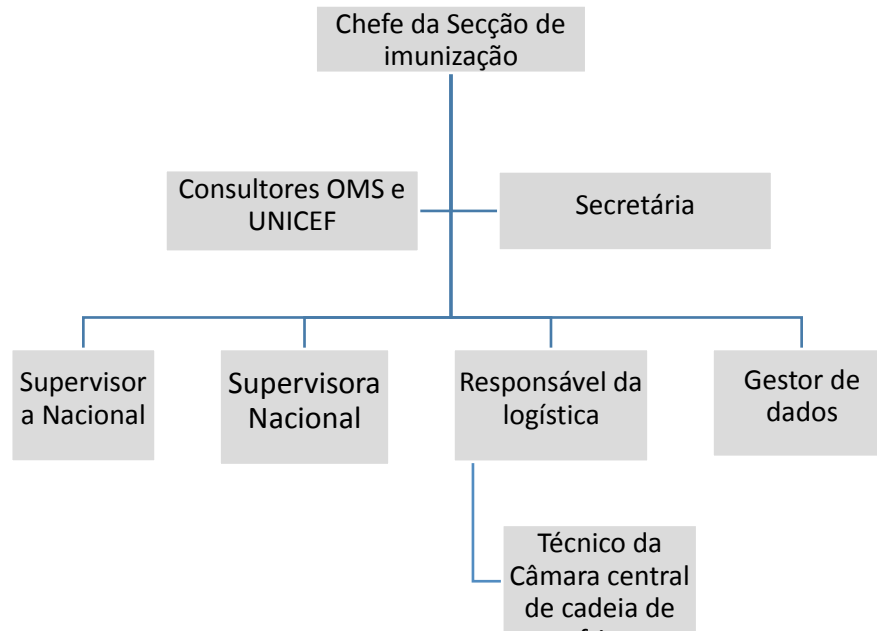
A handwritten signature in blue ink, appearing to read 'Thierry Vincent', is enclosed in a light blue rectangular box.

Thierry Vincent
Senior Country Manager - Angola program

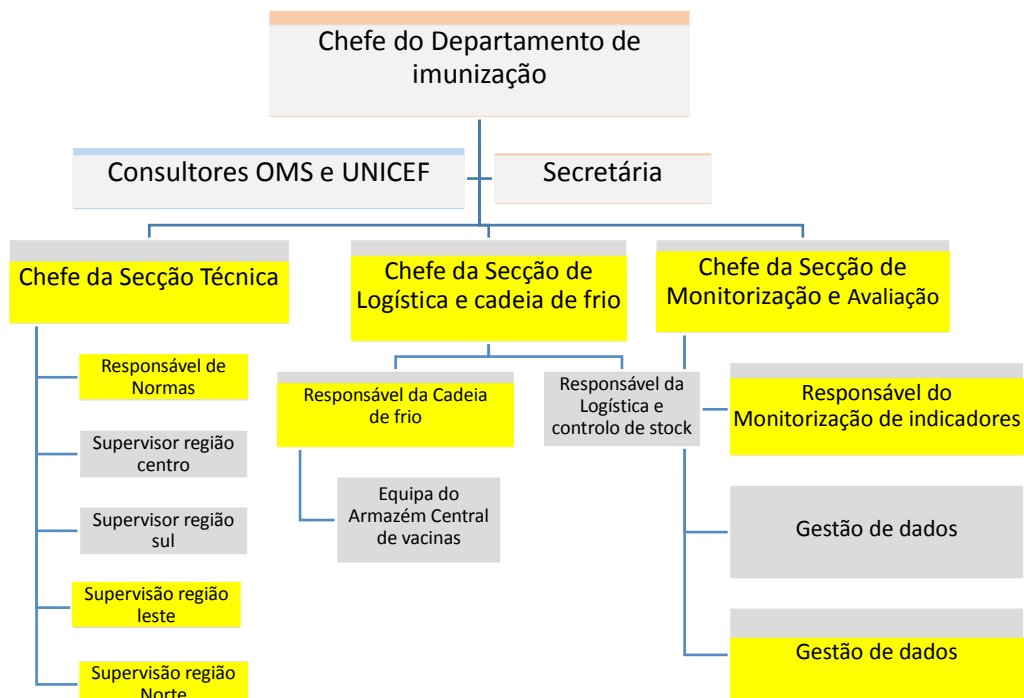
Cc: WHO Representative
UNICEF Representative
UNICEF SD

Annex 2

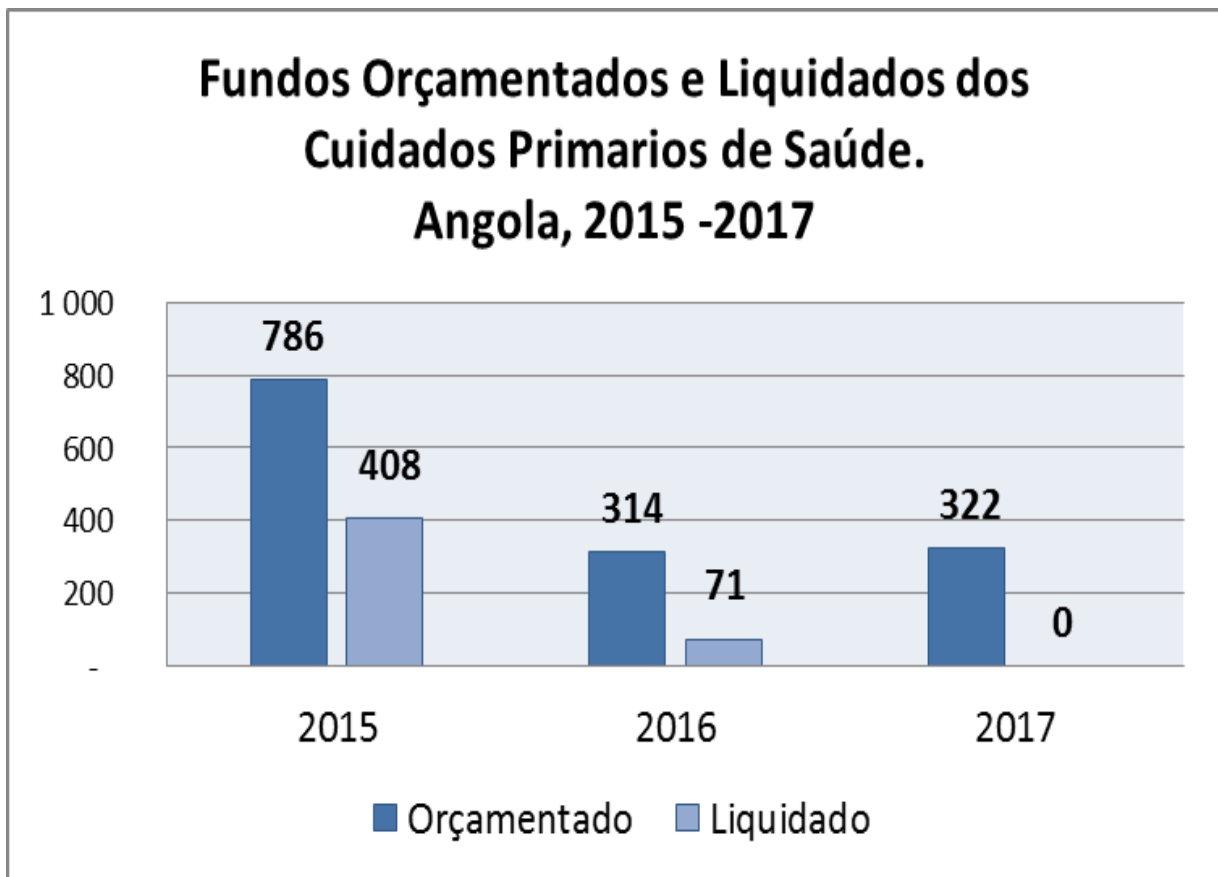
Current organigram of the EPI team Angola (July 2017)



New EPI team organigram envisioned (9 new positions)



Annex 3



Annex 4

Budget proposal for additional HSS funding (US\$ 1,8 million)

To be communicated later

Annex 5



REPÚBLICA DE ANGOLA
Ministry of Health
National Directorate of Public Health

Provisionary Agenda of the Annual Joint Appraisal of the Cooperation between GAVI and Angola
Luanda, 3rd till 7th of July, 2017

Monday 3rd of July		Responsible
08:30 - 09:30	- Meeting with WHO and UNICEF Representatives	Dr. Thierry Vincent
10:00 - 10:30	- Mission Briefing with National Director of Public Health (DNSP)	
10:40 - 11:00	- JA Opening by the DNSP - Presentation of Objectives, Agenda and Workplan - Methodology of the JA 2017	Dr. Miguel de Oliveira Dr. Eusébio Manuel Dr. Thierry Vincent
11:30 -12:30	- Presentation and analysis of the programme performance with emphasis on coverages related to the rotavirus, pentavalent and PCV vaccine introductions in 2016 as well as focusing on sub-regions, vaccine inventory and equity assessment.	Dr. Alda de Sousa
12:30 – 14:00	- Lunch break	Dr. Alda de Sousa Dr. Eusébio Manuel/ Dr. Fekadu Lemma Dr. Alda de Sousa/Dr. Juan Hernandez Ms. Maria António/Dr. Juan Hernandez
14:00 - 14:20	- Recovery plan of Coverages: progress and challenges.	
14:00 - 14:30	- Update on epidemiological surveillance of Measles	
14:30 - 15:30	- Measles control: Campaign plan for the Measles Rubella vaccine campaign (Planned on October, 15 th -30 th)	
15:30 - 16:00	- Coffee break	
16:00 – 16:30	- Polio eradication: - Introduction preparations for IPV (planned on November 30th)	
Tuesday 4th of July		
Transition Plan and HSS: Recent Results and follow up points		
08:30 - 09:30	- Results of the financing study	Dr. Aléxis Satoulou
09:30 - 10:00	- Rehabilitation Plano and Cold Chain Distribution	Mr. António Júnior/ Dr. José Chivale
10:00 - 10:30	- Coffee break	
10:30 - 11:00	- Communication and Social mobilization	Dr. Filomena Wilson/UNICEF
11:00 - 12.30	- Update on main activities of the Transition plan and HSS - Identify activities which can be executed by the end of 2017 and which will be moved into 2018	Dr. Jorge Mariscal
12:30 – 14:00	- Lunch break	
14:00 - 16:30		

	- Update on improvement plan for effective vaccine management, inventory management, temperature monitoring and vaccine distribution..	Dr. José Chivale/Dr. David Campos. Dr. Jean Marie Kipela
Wednesday, 5th of July		
08:30 - 09:00	- Human Resources for EPI: EPI Reform proposal and organigram with a 2020 vision	Dr. Miguel dos Santos de Oliveira
9:00 - 9:30	- OMS Implementation plan for technical assistance 2016 and 2017	Dr. Jean Marie Kipela
9:30 - 10:00	- UNICEF Implementation plan for technical assistance 2016 and 2017	Dra. Emilie Homawoo
10:00 -10:30	- Coffee break	
10:30 -12:30	- Technical assistant and capacity building: personalized support plan.	Dr. Thierry Vincent
12:30 - 14:00	- Lunch break	
14:00 - 15:00	- Presentation of updated cMYP	Dr. Alda de Sousa/Dr. Juan Hernandez
15:00 - 15:30	- Discussion of the three post-transition priority areas to follow up	Technical Team Moderator Dr. Eusébio Manuel
15:30 - 16:30	- Working groups (three groups): Drafting a Roadmap till end of 2018	
Thursday, 6th of July		
08:30 - 10:00	- Continuation and second part of working group	
10:00 - 10:30	- Coffee break	
10:30 - 12:30	- Results and feedback	Group Leaders
12:30 - 14:00	- Lunch break	
14:00 - 14:30	- Follow up on last year's JA recommendations - Strategic Recommendations	Dr. Jean Marie Kipela
14:30 - 16:30	- Working Groups (2): - JA report - Post 2018 Roadmap	Editorial Team
Friday, 7th of July		
Morning	Field visit of the Central vaccine storage and CECOMA Debriefing with authorities (HE. Mr. Minister, tbc)	Dr. David Campos
Afternoon	Divers/remaining issues End of mission	



REPUBLIC OF ANGOLA
MINISTRY OF HEALTH
NATIONAL DIRECTORATE OF PUBLIC HEALTH

LIST OF PARTICIPANTS TO GAVI COOPERATION JOINT APPRAISAL. JULY 3-7 , 2017

N°	Name	Institution	Function
WHO			
1	Alexis Satoulou	WHO/IST-WA/CA	Financial Sustainability of Vaccination
2	Yameogo Robert	WHO/IST-CA	Polio Focal Point
3	Ndiaye Aboboucar	WHO/IST-CA	Data Manager
4	Nganga Salomon Omer	WHO/IST CA	Communication Officer
5	Jean Marie Kipela	WHO/ Angola	Team leader PAV-Angola
6	Diakite Seidu	WHO/Finance	EPI Financial Officer
7	Fekadu Lemma	WHO/ Angola	Surveillance Officer
8	Juan Hernandez	WHO/ Angola	Routine vaccination officer
9	José Chivale	WHO/ Angola	Logistic Officer
10	Dalton Agostinho	WHO/ Angola	Data Manager
UNICEF			
12	Nassir Yousuf	UNICEF/ESARO	Regional Routine Vaccination Officer
13	Alex Adjagba	UNICEF/ESARO	Senior Health Specialist
14	Emilie Homawoo	UNICEF/ANGOLA	Specialist in Immunizations
15	Maria Estela Caparelli	UNICEF/ANGOLA	Communication Officer
GAVI			
16	Thierry Vincent	GAVI/Genebra	Officer responsible for Angola
17	Caroline Dubois	GAVI/Genebra	Strategy and Risk Officer GAVI
18	Markus Beck	GAVI/Genebra	Program Officer
19	Jorge Mariscal	Consultant	Local coordinator
Ministry of Health			
20	Miguel dos Santos de Oliveira	DNISP	Director
21	Eusébio Manuel	DNISP/Surveillance	Department Chief
22	Filomena Wilson	DNISP/Health promotion	Department Chief
23	Alda de Sousa	DNISP/EPI	Chief Immunization Section
24	Anisia Nhelety	MINSA	Adviser, Minister of Health
25	Gabriel Firmino	DNISP/Finance	Head of Accounting Office
26	Iracelma Costa	CECOMA	Logistics Technician
27	Pombal Mayembe	DNME	Nat. Directorate of Medicines
28	Filomena Jamba	DNISP/Health promotion	Technician of Health Promotion
29	Helga Reis Freitas	DNISP/World Bank project	Responsible for Municipalization

30	Ana Leitão	World Bank Project	Consultant - WB
31	David Campos	DNSP/EPI	Logistician
32	Maria Antonio Gregorio	DNSP/EPI	EPI Supervisor
33	Joana Admiro	DNSP/EPI	EPI Supervisor
34	Angelina Odete Fila	DNSP/Surveillance	Surveillance Technician
35	Mapanga Singui	DNSP/EPI	Logistics Technician
36	André Gongá	DNSP/ Data management	Data clerk
37	Antonio Bernardo Junior	Consultant Cold Chain	Cold Chain Technician
38	Alvaro Admiro Lucoqui	Consultant Logistic	Logistics Technician
39	Frederico Jorge Mupepa	DNSP/EPI	EPI Supervisor

Annex 6: Integrated HSS/Transition plan implementation status (8/7/2017)

No	Activity	Project	Area	Objective	Source of Funds	Implementin Partner	Data of start	Date of Finalization	Jan. 17	Feb. 17	Mar. 17	Apr. 17	May 17	Jun. 17	Jul. 17	Aug. 17	Sep. 17	Oct. 17	Nov. 17	Dec. 17	Completeness	Budgeted	Spent	Balance	Situation as on July, 8th, 2017	Comm
1.1	Provide financial projections for vaccines based on different price scenarios (with projected Gavi prices and no Gavi prices)	TP	Financing	1	No Cost	GAVI	03.12.2015	01.03.2015													Completed	0	0	0	Jointly Appraisal recommend to create a national technical group of MINSA to train in the estimation of needs and budgets for purchase of vaccines. 2018 - 2020 DNSP-CEGOMA WHO-UNICEF. Planned for September 2017	No direct
1.2	MoH to assess the budget required for immunization operational costs. Hire consultant to assess immunization operational cost (transport, logistic, outreach) at sub national level	TP	Financing	1	GAVI	OMS	09.04.2017	22.03.2017													Completed	10,000	10,000	0	A study of sub national cost of EPI activities, was completed by WHO consultants in 5 provinces and 10 municipalities, and presented during the GAVI cooperation. Jointly Appraisal these results should serve as a basis for fundament the process of preparation of the Estate Budget of the Nation 2018.	Final report available
1.3	Advocacy with the MoF/MoH to increase the budget according to the vaccine and operational needs	TP	Financing	1	MoH	MoH	01.05.2017	30.05.2017													Completed	0	0	0		No direct

1.7	Document the State General Budget 2017 dedicated to health and the MoH budget dedicated to EPI.	TP	Financing	1	No Cost	MoH	04.12.2016	31.01.2017			0	0	0	0	The new State General Budget will be prepared after the new Government Start functions in September 2017	No direct cost
2.1	Upgrade and install electronic temperature monitoring system (continuous electronic alarm system) at central and provincial levels cold rooms.	TP	Cold chain	2	GAVI	UNICEF	01.06.2015	05.06.2016			18,627	10,000	0	0	The device Multi log2 is working well. The alert will be adjusted for Angola Telephone network. UNICEF will support in the solve the problem	
2.2	Hire consultant to develop training materials, manual and guidelines	TP	Cold chain	2	GAVI	UNICEF	15.02.2017	20.02.2017			0	20,000	0	0	Reprogrammed will be implemented under HSS project	Remaining funds cover overdrat of other activities
2.3	Staff training to learn computerized temperature recorder, and vaccine management. Vaccine. Inicial activity was supervision	TP	Cold chain	2	GAVI	UNICEF	01.01.2016	30.03.2017			37,638	62,000	0	0	Completed the remaining funds was reallocated to cover overdrat of Cold chain inventory	The balance cover overdrat of other cold chain activities of UNICEF

																	Reprogrammed				0		0		2,000		0		Reprogrammed will be implemented under HSS project	The balance cover overdraft of other cold chain activities of UNICEF	
2.4	Printing cold chain and vaccine management forms	TP	Cold chain	2	GAVI	UNICEF	01.03.2017																								
2.5	Implement national cold chain equipments inventory by levels	TP	Cold chain	2	GAVI	UNICEF	01.12.2015	30.03.2016									Completed				0		82,312		50,000		0		Activity completed report available	Overdraft of 32,312 was covered by other balances of UNICEF Activities	
2.5.1	Support implementation of national cold chain equipments inventory by levels. (Logistical support of WHO).	TP	Cold chain	2	WHO	UNICEF	01.12.2015	30.03.2016									Completed				0		70,000		70,000		0		Activity completed	WHO funds no balance	
2.6	Preparation of multi-year rehabilitation plan based in cold chain inventory.	TP	Cold chain	2	NF	NICEF/AH	01.12.2016										Completed				0		0		0		0		Completed the plan was presented during the GAVI Cooperation Joint Appraisal	No direct costs	
2.6	11 Provincial logisticians training in cold chain & vaccine management	HSS	Cold chain	2	GAVI	UNICEF	06.03.2017										Ongoing						0	11,100		11,100		0		Pending the arrival of solar refrigerators for train the provincial logisticians	Planned for August 2017
2.7	97 district logisticians training in cold chain and vac. management	HSS	Cold chain	2	GAVI	UNICEF	15.03.2017										Planned							56,350		56,350		0		Pending of provincial logisticians training	Planned for August-September

2.8	Purchase 115 solar refrigerators TCW 40 SDD spareparts for H. facilities.	HSS	Cold chain	2	GAVI	UNICEF	20.12.2016	20.12.2016	UNICEF	894,830	0	894,830	In process of purchasing	894,830	0	894,830			
2.9	Purchase 100 solar refrigerators TCW 3000 SDD & spare parts for districts. Purchase 12 TCW 3000 AC ice-lined refrigerators	HSS	Cold chain	2	GAVI	UNICEF	20.12.2016	20.12.2016	UNICEF	716,716	0	716,716	In process of purchasing no yet arrive to Luanda	716,716	0	716,716			
2.10	Purchase cold room and generator	HSS	Cold chain	2	GAVI	UNICEF	20.12.2016	20.12.2016	UNICEF	37,080	0	37,080	In process of purchasing no yet arrive to Luanda	37,080	0	37,080			
2.11	Local transport and install cold chain equipment & other supplies	HSS	Cold chain	2	GAVI	UNICEF	Feb. 2017	Feb. 2017	UNICEF	141,850	0	141,850		141,850	0	141,850			To be used after the arrival of cold chain equipment
2.12	Hire cold chain technician for support EPI	HSS	Cold chain	2	GAVI	UNICEF	Feb. 2017	Feb. 2017	UNICEF	28,900	6,780	22,120	The cold chain technician is working supporting MoH	28,900	6,780	22,120			
3.1	Training in interpersonal communication (IPC) skills for front-line vaccination staff and community leaders - conduct training-of-trainers	TP	SocMob	3	GAVI	UNICEF	01.06.2015	31.12.2015	UNICEF	48,000	48,000	0	Activity completed	48,000	48,000	0			Implemented with UNICEF resources (75,000 USD) balance Zero.
3.10	Training in interpersonal communication (IPC) skills for front-line vaccination staff and community leaders - conduct training-of-trainers	TP	SocMob	3	UNICEF	UNICEF	01.06.2015	31.12.2016	UNICEF	75,000	75,000	0	Activity completed	75,000	75,000	0			Implemented with UNICEF resources (80,000 USD) balance Zero.
3.2	On-the-job supervision in of support social mobilization routine immunization including introduction of new vaccines, and community surveillance	TP	SocMob	3	UNICEF	UNICEF	01.01.2015	30.11.2016	UNICEF	80,000	80,000	0	Activity completed	80,000	80,000	0			Implemented with UNICEF resources (80,000 USD) balance Zero.

3.3	Developing training materials and job aids for community health agents	TP	SocMob	3	GAVI	UNICEF	01 01 2015	31 12 2015														Activity completed	Implemented by UNICEF resources. (40,000 USD)
3.30	Developing training materials and job aids for community health agents	TP	SocMob	3	UNICEF	UNICEF	01 01 2015	31 12 2015						40,000	40,000	0	0	0				Activity completed	Implemented by UNICEF resources. (40,000 USD)
3.4	Production, pretesting, and dissemination of materials for multiple channels and target groups to support routine immunization (health workers)	TP	SocMob	3	GAVI	UNICEF	01 01 2015	31 12 2015						20,000	20,000	0	0	0				Activity completed	Implemented by UNICEF resources. (20,000 USD)
3.40	Production, pretesting, and dissemination of materials for multiple channels and target groups to support routine immunization (health workers)	TP	SocMob	3	UNICEF	UNICEF	01 01 2015	31 12 2015						20,000	20,000	0	0	0				Activity completed	Implemented by UNICEF resources. (20,000 USD)
3.5	Production, pretesting and dissemination of training materials (health workers)	TP	SocMob	3	UNICEF	UNICEF	01 01 2015	31 12 2015						20,000	20,000	0	0	0				Activity completed	Implemented by UNICEF Funds (20,000 USD). Balance: 0 USD
3.6	KAP survey on health workers, health care givers, community workers	TP	Evaluation	3	GAVI	UNICEF	2015-2016	2015-2016						30,000	30,000	0	0	0				Activity completed	Implemented by UNICEF Funds (20,000 USD). Balance: 0 USD
3.7	Training of 25 provincial trainers in interpersonal communication	HSS	Training	3	GAVI	UNICEF	13 03 2017							12,500	0	12,500	0	0				Activity postponed for second semester	Funds no yet transferred to UNICEF from GAVI

3.8	Training of 130 municipal trainers in interpersonal communication	HSS	Training	3	GAVI	UNICEF	27 03 2017														38,465	0	38,465	0	Activity postponed for second semester	Funds no yet transferred to UNICEF from GAVI
3.9	Training of 2,600 health facility technicians in interpersonal comm.	HSS	Training	3	GAVI	UNICEF	02 05 2017														131,700	0	131,700	0	Activity postponed for second semester	Funds no yet transferred to UNICEF from GAVI
3.10	Social communication activities in communities for recovery defaulters	HSS	SocMob	3	GAVI	UNICEF	02 06 2017														81,415	0	81,415	0	Activity postponed for second semester	Funds no yet transferred to UNICEF from GAVI
3.11	Evaluation of impact of interpersonal communication training	HSS	Evaluation	3	GAVI	UNICEF	06 11 2017	24 11 2017													23,000	0	23,000	0	Activity postponed for the end of HSS project	Evaluation at the end of the year
4.1	Assign/hire full time qualified technician as dedicated procurement person for immunization in CECOMA office	TP	SupChain	4	MoH	MoH	03 01 2017	22/11/1932													0	0	0	0	Activity completed	No direct cost
4.2	Hire consultant to review current process to design i) customized Procurement Training material and complete training module ; ii) Design & prepare consolidated procurement reference manuals & tools on best Global procurement practices and procedures; iii) Provide vaccine market intelligence	TP	SupChain	4	GAVI	UNICEF	01 02 2017														25,000	13,000	0	0	Activity cancelled	CECOMA no longer purchases vaccines and injection supplies. All purchases are made through UNICEF, so the dependent activity of activity 4.3 that was cancelled. Balance was reprogrammed.
4.3	Printed Documents (Reference Manuals, Training booklets, SOP's, Visual Posters)	TP	SupChain	4	GAVI	UNICEF	01 04 2017														2,000	0	2,000	0	Activity cancelled	No direct cost planned .. Activity cancelled, because is no yet pertinent.
4.4	Vaccine suppliers of prequalified vaccines registered in CECOMA	TP	SupChain	4	No cost	UNICEF	01 02 2017														0	0	0	0	Activity cancelled	No direct cost planned .. Activity cancelled, because is no yet pertinent.

Activity description	TP	4	No cost	UNICEF				Cancelled	0	0	0	Activity cancelled	Activity was cancelled.
4.5 Design SOP for CECOMA procedures on vaccines procurement	TP	4	No cost	UNICEF				Cancelled	0	0	0	Activity cancelled	Activity was cancelled.
4.5 Ministry of Health strengthen integration PAV & CECOMA systems. Clarification functional roles. (3 activities with no cost in the initial plan)	TP	4	No cost	MoH	01.01.2017	31.12.2017		Completed	0	0	0	Activity cancelled.	Activity was cancelled. No yet pertinent
4.6 Hire consultants for support CECOMA in the development of logistic system	HSS	4	GAVI	UNICEF	01.01.2017	31.12.2017		Completed	22.000	6.780	15.220	The logistician hired is working supporting EPI and CECOMA	Contract until Dec 2017
5.1.1 Strengthen logistics (transportation) for central level supervision, active surveillance, logistics/cold chain. Support at least bi-monthly supervisions	TP	6	MoH	MoH				Completed	350.600	419.700	-69.100	Activity completed	Implement with MoH funds. USD 419.700 expended. No balance.
7.2 Implement 2 courses of "EPI Mid Level Managers" two in Luanda, one in Benguela and one in Huila for train a total of 50 EPI supervisors	TP	7	GAVI	UNICEF	25.01.2015	03.02.2015		Ongoing	115.548	98.000	17.548	The MLM Course start July 17th with facilitators training and continue with all 41 participants since July 18th, 2017. UNICEF allready transferred 98.000 USD	Ongoing

8.1	Support NITAG establishment. local consultant to develop a concept note. Elaboration of Draft Decree for creation of NITAG	TP	Decision Making	8	GAVI	SIVAC	01.01.2015	03.05.2017				12,000	0	12,000	Activity completed		
8.2	Support 3 members of the Angolan secretariat for an Study tour to Mozambique	TP	Decision Making	8	GAVI	SIVAC	22.03.2017	24.03.2017				27,350	3,910	23,440	Activity completed		
8.3	Built Secretariat and members capacity. Provide technical Support to 1) technical assistance for the development of NITAG operational documents (SOPs and TDRs) and Conflict of interest policy. 2) NITAG official launching and orientation of members. 3) Training of secretariat and members in the methodology for EBR issuing	HSS	Decision Making	8	GAVI	SIVAC	01.02.2017	31.12.2017				22,400	0	22,400			
8.20	Support Angolan participation in regional workshops and meeting	TP	Decision Making	8	GAVI	SIVAC	01.09.2017	31.12.2017								Joint Appraisal recommend elaboration a proposal to submit to GAVI to request funds, in order to develop the technical- scientific capacity of the team of the National Advisory Group on Immunizations (NITAG). EPI-WHO.	
8.3	NITAG performance evaluation (functioning, capacity to develop evidence base recommendations, integration in the decision making system)	TP	Decision Making	8	GAVI	SIVAC	01.12.2017	31.12.2017				59,600		59,600		GAVI will support with additional funds	