Joint appraisal update report 2018

Country	Angola
Full JA or JA update	☐full JA ☑JA update
Date and location of Joint Appraisal meeting	24 to 26 July 2018
Participants/affiliation[1]	See attached table
Reporting period	July 2017 to June 2018
Fiscal period[2]	January to December 2017
Comprehensive Multi Year Plan (cMYP) duration	2016 to 2020
Gavi transition/co-financing group	Post transition

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes ☐ X No ☐ N/A ☐

Observations on vaccine request

2019 Total Population (INE)	30,175,533
Birth cohort	1,131,582
Vaccine	Inactive Polio Vaccine
Population in the target age cohort	1,060,585
Target population to be vaccinated (first dose)	795,439
Target population to be vaccinated (last dose)	795,439
Implied coverage rate	75%
Last available WUENIC coverage rate	NA (recently introduced)
Last available admen coverage rate	57% (January - June 2018)
Wastage rate	20%
Buffer	25%
Stock reported	293,000 doses

Requested IPV vaccine presentation: 10-dose vial

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future[3]

Indicative interest to introduce new vaccines or request Health System Strengthening (HSS) support from Gavi	**Programme**	**Expected application year**	**Expected introduction year**
	NA	NA	NA

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

2. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

The JA update does not include this section.

3. PERFORMANCE OF THE IMMUNISATION PROGRAMME

The JA update does not include this section.

3.4. Immunisation financing

- In April 2016, the country paid all co-financing debts for new vaccines (2014, 2015 and 2016), for a total of US$ 32 million, and received new vaccines for 2016 and part of 2017.
- New and traditional vaccines were procured through UNICEF for 2017 and part of 2018, with US$ 22.1 million in extraordinary funds from the general Federal budget. In 2017, there were no stockouts of vaccines or immunisation materials.
- In May 2018, the Angolan Ministry of Finance deposited US$ 4,872,166 in UNICEF's bank account in Copenhagen. The ministry is in the process of making a second deposit of US$ 9,282,380, for a total of US$ 14,154,566 for the purchase of vaccines and supplies covering traditional and new vaccine requirements until March 2019, taking into account the remaining inventory of prior purchases.
- With the drop in oil prices since 2015 and the substantial impact this had in 2017 and 2018, the budget for decentralised Primary Health Care at the municipal level decreased significantly, affecting visits by mobile outreach immunisation teams to communities without health services as well as local training and supervision.

4. PERFORMANCE OF GAVI SUPPORT

4.1. Performance of vaccine support

Routine vaccines

- Angola received no Gavi support for purchasing routine vaccines (except IPV) in 2018 and has covered the entire cost of new and traditional vaccines with funds from the general Federal budget. During the reporting period, there were no stockouts at the national level for any of the vaccines or immunisation materials. The IPV vaccine was introduced nationally in December 2017.

National Measles-Rubella (MR) Immunisation Campaign

- The National Measles and Rubella Immunisation Campaign, originally planned for October 2017, took place between 9 and 27 April 2018 in the country's 18 provinces and 170 municipalities/districts. Some municipalities continued immunisation in May due to access difficulties and a shortage of vehicles.
- For the introduction of the MR vaccine and the launch of the immunisation campaign, Gavi provided US$ 1,044,293 in support through WHO, and through UNICEF supplied 50% of the vaccines needed for the campaign.
- Of the funds received, US$ 687,891 were allocated to support the immunisation campaign implementation and assessment, which covered supervision costs of the central team, the teams in the 18 provinces and funds reserved for a post-campaign coverage survey.
- The national goals established by the Ministry of Health based upon population data from the National Statistics Institute were: to immunise 95% of the 4,888,618 children under the age of five with a booster dose of bivalent 1-3 oral polio vaccine; and to immunise 95% of the 12,858,213 children aged 9 months to 15 years old with one dose of the MR vaccine. The goal of achieving 95% coverage for both vaccines at the municipal/district level was also established.

Preparatory phase

- The preparatory phase of the campaign was very short because the decision to launch the campaign came late. The National Directorate of Public Health (NDPH) senior technical team made advocacy visits to the provinces. The organisational structure of the campaign was the same as that deployed for the yellow fever immunisation campaigns.
- Immunisers were trained/retrained at no additional cost under the aegis of local authorities, based on a technical brochure prepared for this purpose. There was no pressing need to strengthen training as this had already been done for the yellow fever campaign.
- Vaccines and immunisation materials were distributed within a two-week period in all 18 provinces. The vaccines were transported in refrigerated trucks with continuous temperature control. The large volume of syringes, safety boxes, cotton and recording and promotional materials were distributed by CECOMA (Ministry of Health central medication and medical supply procurement).
- Due to the rainy season and the poor condition of many roads, the Armed Forces provided support for transportation by plane, helicopter and military trucks.
- There was very little social communication by radio and television during the preparatory phase. Inter-personal communication with the support of chiefs (traditional authorities in neighbourhoods and villages) and Catholic and Protestant churches was broad and effective. Volunteer community activists and students who regularly support immunisation campaigns helped distribute information to the population through door-to-door visits.
- The campaign was launched with much enthusiasm and motivation on 9 April 2018 by the Minister of Health in the Municipality of Amboim, Province of Cuanza Sul. National and provincial authorities participated as did representatives of UN agencies, traditional authorities, religious leaders and the local population. The launch was covered by the press, which helped promote the campaign.

Implementation phase

- The campaign was implemented by 2,328 immunisation teams working continuously for 21 days. On average, 232 children were immunised per team per day, with an average of 376 children in urban areas and 113 in rural areas.
- In order to ensure direct technical support in the most populous municipalities with operational problems, 51 professionals from the NDPH, including 15 Cuban physicians, were assigned to specific municipalities for nine days. Central level technicians had the possibility of leasing a car for nine days to support their municipality. The Province of Luanda was supported by 15 central level technicians for two weeks. Each technician supported one municipality/district. National technicians helped to effectively solve problems and mobilised local support, also sending daily campaign information updates, which allowed coverage information to be triangulated and inconsistencies to be identified.
- Results were monitored daily and statistical reports and daily narratives were prepared to enable the authorities to monitor campaign progress and problems to facilitate decision-making based upon updated information.
- WHO satellite units in 18 provinces supported micro-planning and training, and played an important role in the collecting and daily online transmission of information to the central level in a sponsored database. UNICEF technical personnel at the central level and three provincial sub-offices provided logistics and social communications support.

Problems/constraints and remedial actions

- A shortage of general Federal budget funds for refreshments and vehicles because of the failure to allocate operational funds at the municipal level. This failure was due to the financial crisis and the expense containment policy of the Ministry of Finance.
- Where possible, municipal administrators will provide support in the form of refreshments for immunisation teams, leasing vehicles for teams to travel in large municipalities and for transporting vaccines and immunisation materials.
- Unavailability of Gavi cooperation funds for paying per diems and leasing vehicles for the central NDPH team and teams in the 18 provinces who travelled to support the municipalities. The reason for this was

the temporary freeze of the Expanded Programme on Immunisation (EPI) bank account by the new Ministry of Finance technical team that audited and validated accounts and supervisors in all ministries.

- To overcome this problem, the central and provincial teams travelled with limited funds and the promise of reimbursement as soon as the Gavi-SR subsidy fund became available. Payment was made more than one month late.
- Heavy rainfall in many municipalities damaged roads, made travel difficult, limited working time and in some cases, caused flooding in large areas, hindering access to various communities and villages, especially in the province of Cunene.
- To resolve the problem, immunisation resumed in May in three municipalities in Cunene and some communes in other provinces that were hard to reach because of the rain.
- The strike by professors during the first week of the campaign was an unforeseen and highly restrictive factor since immunisation in schools was the main strategy to facilitate immunisation of the captive population.
- To overcome this constraint, the duration of the campaign was extended from 10 to 21 days.

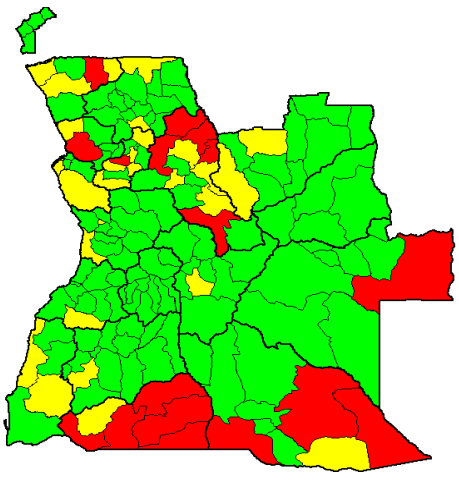
Strengths and support received

- Widespread demand by the population for immunisation, with no refusals of immunisation reported.
- Strong involvement, commitment and dedication of health personnel.
- Active involvement of traditional authorities, religious leaders, municipal administrators and some governors.
- Participation of medical and nursing students, technical health training institutions, some schools and Red Cross workers
- Participation of the National Police and Armed Forces in immunisation, recording and social mobilisation. The Armed Forces also supported air transportation of the vaccine from Moxico using helicopters and Kamaz trucks in several provinces with hard-to-reach areas.
- Availability of vehicles for municipalities, minibuses from local companies (IMS and TCUL) and vehicles from NGOs and individuals.
- Proper immunisation waste management throughout the country. Specific teams were created in each municipality to ensure daily collection and disposal of immunisation waste.
- Functional cold chain. The 227 pieces of equipment donated by Gavi facilitated vaccine preservation in the provinces and municipalities.
- Supervision of provincial teams in all 170 municipalities/districts with Gavi support;

Results

- Despite the constraints, 12,032,2014 children between the ages of 9 months and 15 years were immunised against measles and rubella (94%) and 4,984,724 children under 5 years of age were immunised against polio, 102% of the national goal.

PROVINCE	Polio 0 to < 5 years old			Measles-Rubella 9 mo.-14 years old		
	Target population	Immunised	%	Target population	Immunised	%
PROVÍNCIA	**Pólio 0 a < 5 Anos**			**Sarampo-Rubéola 9m-14 anos**		
	População Alvo	**Vacinadas**	**%**	**População Alvo**	**Vacinadas**	**%**
BENGO	69.670	52.381	75%	183.364	124.810	68%
BENGUELA	395.928	419.984	106%	1.095.923	1.005.016	92%
BIE	294.292	294.646	100%	793.832	709.977	89%
CABINDA	126.532	124.692	99%	325.642	307.064	94%
CUANDO CUBANGO	98.705	128.163	130%	262.497	259.922	99%
CUANZA NORTE	85.452	86.311	101%	224.464	198.234	88%
CUANZA SUL	356.153	386.466	109%	968.778	858.869	89%
CUNENE	192.604	168.637	88%	501.913	362.619	72%
HUAMBO	420.357	455.338	108%	1.112.448	1.108.079	100%
HUILA	486.676	535.484	110%	1.297.322	1.226.795	95%
LUANDA	1.268.114	1.211.818	96%	3.162.868	3.214.785	102%
LUNDA NORTE	163.838	186.930	114%	415.192	388.432	94%
LUNDA SUL	99.112	107.182	108%	276.501	265.308	96%
MALANJE	188.182	163.702	87%	517.657	405.156	78%
MOXICO	145.250	160.970	111%	401.465	374.222	93%
NAMIBE	97.706	83.996	86%	251.343	199.990	80%
UIGE	288.207	324.144	112%	785.192	812.486	103%
ZAIRE	111.845	93.880	84%	281.812	210.450	75%
ANGOLA	**4.888.623**	**4.984.724**	**102%**	**12.858.213**	**12.032.214**	**94%**



- Of the country's 170 municipalities/districts, 119 (70%) achieved coverage equal to or greater than 95%, 17 municipalities (10%) attained coverage of between 75% and 94%, and 34 municipalities (20%) had low coverage under 75% and are at risk for outbreaks.
- WHO is in the process of recruiting a consultant for the coverage survey in the 18 provinces.
- Measles surveillance on a case by case basis is performed according to WHO guidelines; for this purpose, the country has surveillance technicians in the 18 provinces and 170 municipalities/districts. In some municipalities, surveillance technicians also perform other duties. WHO is supporting the country with technicians recruited using polio resources in each province, who have a vehicle and means of communication for active surveillance by making periodic visits to health units and community focal points. The following table shows the key measles surveillance indicators in Angola from January-June 2017 and January-June 2018.

Province Total Population CNS rate Total Cases Confirmed Cases

Provincia	População Total		Taxa CNS		Total Casos		Casos Confirmados	
	2017	2018	Jan - Jun, 2017	Jan - Jun, 2018	Jan - Jun, 2017	Jan - Jun, 2018	Jan - Jun, 2017	Jan - Jun, 2018
BENGO	413,600	429,322	0.48	0.47	1	1	0	0
BENGUELA	2,414,093	2,477,595	0.33	0.24	4	5	0	1
BIE	1,602,663	1,654,744	0.62	0.73	5	7	0	0
CABINDA	779,382	801,374	0.26	1.75	1	7	0	0
CUANDO CUBANGO	829,231	601,453	0	2.66	0	9	0	0
CUANZA NORTE	482,223	495,812	1.24	2.82	3	9	0	0
CUANZA SUL	2,050,441	2,109,997	1.56	2.56	19	31	2	0
CUNENE	1,087,492	1,121,749	2.76	1.78	16	11	1	0
HUAMBO	2,234,041	2,309,830	1.61	1.9	21	22	0	0
HUILA	2,735,295	2,819,253	0.58	0.28	11	4	0	0
LUANDA	7,714,643	7,976,907	0.57	0.53	23	30	1	6
LUNDA NORTE	944,165	972,182	0.64	2.88	3	17	0	2
LUNDA SUL	591,237	609,851	0	0	0	0	0	0
MALANJE	1,076,480	1,108,262	0.19	0.36	2	2	0	0
MOXICO	583,895	854,258	4.45	4.21	14	25	0	3
NAMIBE	549,857	568,723	0	0	0	0	0	0
UIGE	1,615,361	1,662,046	0.12	0.36	1	3	0	0
ZAIRE	655,536	676,649	1.83	0.3	8	1	1	0
TOTAL	28,359,635	29,250,007	0.83	1.05	132	184	5	12

4.2. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

Health System Strengthening Project (HSS/Ministry of Health/Gavi)

The HSS/Ministry of Health/Gavi project started six months late, with activities beginning in January 2017. The project's objective is to address the factors that restrict increased immunisation coverage, equity and quality. It also aims to strengthen the critical components of the health system that contribute to the long-term sustainability of immunisation activities, by integrating them with other interventions comprising the essential package of mother and infant care services.

The project focuses on 11 provinces: Cunene, Namibe, Malange, Zaire, Huila, Cuanza Sul, Cuanza Norte, Cuando Cubango, Bié, Lunda Norte and Luanda (only the populous municipalities of Viana, Cacuaco and Belas/Talatona). While the project ended in June 2018, the Ministry of Health is arranging to extend it to December 2018.

Project funds are administered by UNICEF (US$ 3,607,391) and WHO (US$ 1,911,679).

Of the 25 activities planned with WHO support, 40% were completed, 32% are in progress and 28% are pending. Of the 29 activities planned with UNICEF support, 34% were completed, 59% are in progress and 7% are pending.

The main constraint in implementing the HSS project was the temporary freeze of the EPI bank account for more than four months due to new provisions by the Ministry of Finance that necessitated analysing and validating the accounts of ministries with private banks as part of the Government audit measures.

The status of HSS project activities is illustrated in the following table, updated as of June 2018.

Activities	Status of activities - WHO support			Total	Status of activities - UNICEF support			Total
	Completed	In progress	Pending		Completed	In progress	Pending	
1. Introductory workshop	1			1				
2. Primary Health Care fund regulation			1	1				
3-4 Immunisation training in practice	2	1		3				
5-6 Nat'l. & Prov. Supervision		2		2				
7-7.1 Purchase 11 vehicles +2 vehicles	1	1		2				
77.2 Purchase 6 vehicles						6		6
8. Purchase 30 motorcycles	1			1				
8.1 Purchase 60 motorcycles						1		1
9. Routine intensification		1	2	3				
10-11 Train supply chain agents					1	1		2
12-12.1 Purchase 127 coolers					2	1		3
13 Purchase 100 coolers						1		1
14. Transportation and installation					2		1	3
15-15.1-15.2 Purchase, installation of refrigeration chambers					1	2		3
16-17-18 Train. Interpersonal Com.					2	1		3
19. Act. Promote demand						3		3
19.1 Develop Com. Curriculum						1		1
20. Assess impact communication							1	1
21-22-23-25 Meetings Analyse information	2	1		3				
24-26 Assessment meetings			2	2				
27. DHIS2 training	2	1		3				
28. NITAG support	3	1	1	3				
29 Pharmacovigilance consulting			1	1				
30-31 Contr. Tech. Cold chain supply agents					2			2
Total	**10**	**8**	**7**	**25**	**10**	**17**	**2**	**29**
	40%	**32%**	**28%**	**100%**	**34%**	**59%**	**7%**	**100%**

Implementation of the HSS project budget is as follows:

Objective 1:	
Objective of the HSS grant (as per the HSS proposals or PSR)	Expand the provision of quality immunisation services in 11 provinces and 100 target municipalities.
Priority geographies/population groups or constraints to C&E addressed by the objective	• 11 provinces: Cunene, Namibe, Malange, Zaire, Huila Cuanza Sul, Cuanza Norte, Cuando Cubango, Bié, Lunda Norte and Luanda (only in the populous municipalities of Viana, Cacuaco and Belas with high demographic growth and poor health infrastructure). In the selected provinces, the project focuses on 30 hard-to-reach municipalities.
% activities conducted/budget utilisation	• Four activities completed and nine planned (44%), four activities in progress and one pending. • 84% budget utilisation
Major activities implemented & review of implementation progress	Activities implemented: • Training was conducted for 74 provincial technicians, 332 municipal technicians and 3,562 health unit technicians in

including key successes & outcomes/activities not implemented or delayed/financial absorption	"practical immunisation" using the summary EPI manual. The funds used were from the IPV and Measles-Rubella Grant. • Supervision was strengthened from the national level to the provinces. Vehicles, 40 tablets for recording and sending data (in real time) from supervisions by national and provincial teams were procured and distributed to 11 provinces. • Thirty motorbikes to support health unit supervision were procured and distributed to 30 priority municipalities in 11 provinces. Pending activities: • Consulting for regulation and audit of decentralised Primary Health Care funds. November 2018 • Purchase of two vehicles through WHO. Scheduled arrival date not yet confirmed. • Purchase of six vehicles and 60 motorbikes through UNICEF. Scheduled arrival date not yet confirmed.
Major activities planned for upcoming period (mention significant changes/budget reallocations and other **needs for technical assistance**	• Training 18 EPI supervisors and health facility technicians in practical immunisation by WHO. Validation pending, printing and training. September-October 2018 • Implementing three rounds of routine intensification in 26 priority municipalities. August-September 2018
Objective 2:	
Objective of the HSS grant (as per the HSS proposals or PSR)	Expand the cold chain network, increase vaccine storage capacity and improve equipment maintenance, logistics and vaccine management at all levels.
Priority geographies/population groups or constraints to C&E addressed by the objective	• Routine immunisation network in 11 provinces and 30 hard-to-reach municipalities. Eighteen provincial and 100 municipal supply chain agents.
% activities conducted / budget utilisation	• Six of 12 activities completed (50%), five in progress and one pending. • 93% budget utilisation
Major activities implemented & Review of implementation progress including key successes & outcomes/activities not implemented or delayed/financial absorption	Activities implemented: • Eighteen provincial and seven national technicians were trained for five days in installing and maintaining solar equipment and managing vaccine stock. • A total of 227 coolers (215 solar and 12 electric) were procured, distributed and installed, of which 149 were replacements and 78 were to equip new immunisation posts in health units. • One refrigeration chamber and generator was procured and installed to increase storage capacity at the central vaccine store. Pending activities: • Procure and install three cold chambers and generators through UNICEF. Scheduled arrival date not yet confirmed. • Procure and install 100 solar refrigerators through UNICEF. Scheduled arrival date not yet confirmed. • Install four multilog systems in the provinces of Luanda, Cabinda Huambo and replace multilog at the central level. October 2018
Major activities planned for upcoming period (mention significant changes/budget reallocations and other **needs for technical assistance**	• Training municipal supply chain agents – October 2018 • Transportation and installation of cold chambers and solar coolers
Objective 3:	

Objective of the HSS grant (as per the HSS proposals or PSR)	Strengthen interpersonal educational communication with regards to health in order to empower mothers and persons caring for children, focused on immunisation.
Priority geographies/population groups or constraints to C&E addressed by the objective	• Health promotion supervisors • Community activists and NGOs • Mothers and persons caring for children
% activities conducted/budget utilisation	• Two of eight activities completed, five in progress and one pending. • 67% budget utilisation
Major activities implemented & Review of implementation progress including key successes & outcomes/activities not implemented or delayed/financial absorption	Activities implemented: • Three thousand interpersonal communication manuals on immunisation and immunisation promotional materials were updated and printed. • Thirty-five health promotion supervisors were trained in 18 provinces at the central level in interpersonal communication techniques, micro-planning and immunisation promotion. • Cascade training ("train the trainer") was carried out in interpersonal communication participatory techniques and immunisation promotion. Cascade training of 267 municipal health promotion and immunisation supervisors was conducted in five sub-regions of the country, for a duration of four days. Activities not implemented: • Training 868 health unit technicians in 18 priority districts in interpersonal communication. September 2018.
Major activities planned for upcoming period (mention significant changes/budget reallocations and associated needs for technical assistance[4]	• Produce and disseminate immunisation promotional materials for radio, TV and print and distribute promotional materials for mobilisers. August to November 2018 • Develop social communication curriculum for nursing schools. September 2018. • Assess the impact of training on health technicians. November 2018. • UNICEF is providing technical assistance.
Objective 4:	
Objective of the HSS grant (as per the HSS proposals or PSR)	Build Ministry of Health capacity to institutionalise periodic analysis and use information and monitor activities and indicators at all levels of the health system.
Priority geographies/population groups or constraints to C&E addressed by the objective	• 11 provinces • Data managers in 18 provinces and 100 municipalities
% activities conducted/ budget utilisation	• Four of eight activities completed, two in progress and two pending.
Major activities implemented & Review of implementation progress including key successes & outcomes/ activities not implemented or delayed/financial absorption	Completed activities • Implementation of data quality assessment surveys in 11 provinces, 46 municipalities and 137 health units assessed. • National meeting held on assessing activities to improve data quality

[4]Note: When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. Technical assistance needs should, however, describe – to the extent known to date – the type of technical assistance required (staff, consultants, training, etc), the technical assistance provider (core/expanded partner), the quantity/duration required, modality (embedded, sub-national, coaching, etc), and any timeframes/deadlines. Joint Appraisal teams are reminded to both look back (technical assistance that was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc) when specifying technical assistance priorities for the coming year. The technical assistance support menu should be consulted.

	• Strategic Plan was prepared for improving the data quality of the 2018-2020 routine immunisation EPI with the participation of provincial technicians. • Training was conducted for 12 national technicians (EPI, EDPC, INIS, Mother/Child Health Department, Promotion Department), 54 provincial technicians (statisticians, EPI and satellite unit supervisors) and 34 technicians from 15 municipalities/districts in the province of Luanda in managing the DHIS2 platform and performing basic routine EPI data analysis in two theory/practical courses.
Major activities planned for upcoming period (mention significant changes/budget reallocations and other **needs for technical assistance**	• On-site monitoring of training municipal technicians in DHIS2. • Preparation of standard operating procedures for data management at three health system levels.
Objective 5:	
Objective of the HSS grant (as per the HSS proposals or PSR)	Build national capacities for managing and defining sustainable evidence-based policies
Priority geographies/population groups or constraints to C&E addressed by the objective	• Immunisation advisory group • Vaccine and EPI regulatory authority team
% activities conducted/budget utilisation	• Five of eight activities completed (62%), two in progress and one pending. • 44% implementation
Major activities implemented & Review of implementation progress including key successes & outcomes/activities not implemented or delayed/financial absorption	• A workshop was held for the orientation and training of members of the National Immunisation Technical Advisory Group (NITAG). • NITAG adjusted the internal procedures manual. A conflict of interest and confidentiality declaration was made and a work plan prepared. • A plan of activities for 2018 was prepared. • A cold chain technician and a logistics technician were recruited to support the central vaccine and material cold chain and logistics team and for installing equipment. • A major constraint was finding technicians available for pharmacovigilance consulting. • There was little use of funds by NITAG.
Major activities planned for upcoming period (mention significant changes/budget reallocations and other **needs for technical assistance**	• Regulatory and pharmacovigilance consulting in September-October 2018

4.4 Financial management performance

HSS Project Areas	WHO-managed funds (US$)			UNICEF-managed funds (US$)			Total balance	%
	Budget	Expense	% utilised	Budget	Expense	% utilised	US$	
1. Quality immunisation services	1.362.182,7	1.140.087,2	84%	421.656,0	421.656,0	100	222.095,5	12%
2. Cold chain and logistics				2.766.370,0	2.579.635,6	93%	186.734,5	7%
3. Interpersonal communication and demand				328.965,0	221.022,9	67%	107.942,0	33%
4. Data quality	487.994,0	411.391	84%				76.603,0	16%
5. Strengthening management and policies	61.502,0	11.562,7	19%	90.400,0	34.634,0	38%	105.705	70%
Total per agency	1.911.679	1.563.041	82%	3.607.391	3.256.948	90%	699.080	13%
Total % utilised	87%							

Note: The funds committed to import purchases were considered to have been spent.

4.5 Transition planning for last year of acceleration period

- Angola has been in a post-transition period since January 2018. The country intends to obtain additional Gavi support based on a resolution by the Gavi Board, which met in November 2017 and acknowledged that Angola warrants special consideration in view of ongoing challenges that represent a risk to a successful transition. These challenges could jeopardise the sustainability of the immunisation programme.
- In February 2018, Ministry of Health technicians, Gavi and other partners performed a detailed analysis of the potential threats to sustainability of the immunisation programme and the required interventions to reduce the challenges posed by the ongoing risks.
- Based on this analysis, the Gavi Secretariat prepared a summary document to present to the Gavi Programme and Policy Committee and subsequently, the Gavi Board.

4.6. Technical Assistance (TA) – UNICEF/WHO

- UNICEF is providing technical assistance to the Ministry of Health to implement HSS project activities in two areas: a) the cold chain; b) communication and social mobilisation. This support consists of including a cold chain consultant in the logistics/cold chain team that the Ministry of Health established as well as the joint work of communication and social mobilisation consultants in the ministry's Health Promotion Department activities.
- WHO provides technical assistance through: a) an international consultant specialising in immunisation, included in the immunisation programme technical team, and b) an international consultant for data management supporting routine immunisation and immuno-preventable disease surveillance; this consultant coordinates with and provides technical assistance to the Ministry of Health's Information Technologies Office, in particular to implement the DHIS2 platform. The immunisation specialist's contract has ended and a replacement has not yet been recruited.
- An international consultant was recruited to support the NDPH in project coordination and planning, budgets and decision-making for immunisation.
- For the July 2018 to December 2020 post-transition period, technical assistance will continue to be provided by cold chain, data management and NDPH consultants.

5. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
1. Review and finalise the cMYP taking into account the different plans and activities already scheduled or ongoing	Activities must still be included in the planning process for the 2018-2020 post-transition period.
2. Define the EPI organisational chart 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.	Prepared. The Human Resources Department is in the process of requesting additional human resources: one information systems engineer, one cold chain engineer, one supply chain agent, one accountant and one national EPI supervisor
3. Immediate implementation of the recommendations of the Plan to improve temperature control and stock management	Multilog equipment for continuous remote control was installed in four provincial vaccine preservation chambers. Still needed in five provinces
4. Elaborate Data Quality Improvement Plan (DQIP), containing activities, deadlines, responsibilities, estimated costs and source for implementation	A 2018-2020 strategic plan was prepared to improve data quality. This plan includes implementation of the DHIS2 platform in 170 municipalities/districts
5. Coordination of activities between partners	Two to three meetings per month scheduled, coordinated by the EPI director. The Secretary of State for Public Health convened two ICC meetings in 2018 after they were suspended in 2016 and 2017.
Additional significant IRC / HLRP recommendations (if applicable)	**Current status**
Carry out a mapping of human resources needs at all levels (central, provincial, municipal, health unit, community) for adequate management and implementation of immunisation activities, including planning, supervision, management of vaccines, social mobilisation and surveillance	The National Human Resources Department, with the support of the European Union, is completing the human resources inventory. Five provinces have already computerised the inventory.

If findings have not been addressed and/or related actions have not taken place, provide a brief explanation and clarify whether this is being prioritised in the new action plan (section 6 below).

Updating the EPI cMYP was not easy due to the multiple new activities pending approval; a periodic review is planned at the end of November each year.

6. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

Overview of key activities planned for the next year:

EPI activities for 2019 are largely influenced by the 2018-2020 Gavi Post-Transition Plan being prepared and the start of the new Municipal Health System Strengthening Project related to this plan.
The main strategic priorities are:

1. guaranteeing traditional and new vaccines and immunisation materials in sufficient quantities to meet national needs and in a timely manner;
2. reallocating decentralised Primary Health Care funds to finance local operating expenses;
3. replacing obsolete cold chain equipment and expanding the cold chain throughout the primary healthcare service network;
4. implementing the DHIS2 platform at the national level and in all municipalities and districts to improve the quality, timeliness and use of routine immunisation information to enhance programme management at all levels;
5. improving logistics management of vaccines and cold chain equipment; and
6. ensuring availability of funds for training supervision by level.

Key finding/Action 1	Need to maintain priority of and guarantee funds for EPI
Current response	Perform advocacy activities at the national, provincial and local decision-making levels, jointly with partners.
Agreed country actions	National Forum on Immunisation and Primary Health Care
Expected outputs/results	• Reaffirm the national importance of immunisation as a platform for universal primary healthcare coverage. • Obtain high level political commitment (national, provincial and municipal) for allocation of the critical resources necessary to expand the essential package of care and mother/child health services and to control major outbreaks. • Obtain a commitment to ensure stable multiyear financing for vaccines and medicines in the package for essential care and mother/child health, and for major outbreak services and decentralised operating costs for implementation.
Associated timeline	Annual
Required resources/support	Technical and financial support
Key finding/Action 2	Expansion of routine immunisation throughout the primary healthcare service network
Current response	Purchase coolers and vaccine preservation chambers with support from partners
Agreed country actions	Mobilise resources to expand the cold chain network for routine immunisation in 526 health units in the country.
Expected outputs/results	• Expansion of the cold chain network for routine immunisation in health units in 18 municipalities with the greatest number of unimmunised children in six provinces of the country with Gavi funds. • Install 176 coolers purchased by the World Bank • Install 100 coolers being purchased with Gavi support • Mobilise national funds to purchase and install 125 coolers
Associated timeline	October 2018 to November 2019
Required resources/support	Funds to purchase coolers and spare parts and for technical support in the cold chain area
Key finding/Action 3	Install the DHIS2 platform in all municipalities for better quality, timeliness, integrity and use of immunisation information

Current response	DHIS2 platform implemented in 18 provincial levels and 15 municipalities/districts of Luanda
Agreed country actions	• Purchase computer hardware • Gradual training of municipal teams in DHIS2 platform management • On-site national and provincial team support for platform implementation
Expected outputs/results	• Installation of DHIS2 in 100% of municipalities and six priority provinces for Gavi support
Associated timeline	January to March 2019
Required resources support	Technical support by DHIS1 expert and funds for training and supervision
Key finding/Action 4	Need to strengthen vaccine supply chain management through technology use
Current response	Vaccine and material stock control using the SMT package
Agreed country actions	• Redesign of vaccine and immunisation material logistics system • Implementation of a vaccine management system using a computerised platform in six priority provinces • STEP training of upper level managers • Establishing NDPH-CECOMA-GEPE vaccine and immunisation material procurement estimate team
Expected outputs/results	• Reduction in closed vial vaccine wastage. • Improved efficiency in vaccine and material distribution • Estimate of needs based upon consumption
Associated timeline	October 2018 to June 2019
Required resources support	Immunisation supply technological management platform, technical support
Key finding/Action 5	Need to guarantee training supervision by levels based on information collected and transmitted in real time using tablets.
Current response	Start using supervision instrument by provincial teams, data analysis still preliminary
Agreed country actions	• Organisation at three levels of the health system of integrated mother/child teams to supervise immunisation and other priority services using tablets. • Definition of scope of responsibility for monitoring and accountability for support. • Analysis and discussion of the results of each round of supervision for adjustments and focusing on priority areas and problems.
Expected outputs/results	Improved immunisation quality Increased motivation of local personnel Integration of support actions in Primary Health Care
Associated timeline	August 2018 to December 2019
Required resources support	Additional tablets and funds for per diems and travel