Joint Appraisal 2014

Uganda

1. Brief description of process

The Appraisal mission was conducted from 28th April to 2nd May 2014, by a team composed of representatives from: WHO AFRO IST, WHO CO, UNICEF PD, UNICEF ESARO, UNICEF CO, and GAVI Secretariat. The Appraisal report was prepared by the members of the team. UNEPI organized the agenda, meetings and field visits, and provided the required details.

The team presented its findings and recommendations to the HPAC during a debriefing meeting chaired by the Minister on 2nd May. The HPAC endorsed the report and approved the 2013 APR.

2. Achievements and Constraints

The country is meeting its EPI coverage (coverage has increased), drop-out and wastage targets this year and in overall trend. At 10%, drop out (Pentavalent 1 to Pentavalent 3) is still considered a challenge and the program has ambitious targets at 3-5% in the next 2 years. It was recommended to set more realistic targets, to achieve this goal over a 5 year period.

Reaching the unimmunised is a strong component of the EPI revitalisation plan and RED strategy through outreaches targeting hard to reach populations. Transport means that are to be provided under HSS will be critical to sustain this effort, as well as increasing storage space and cold chain capacity.

Gender disaggregated data are captured at facility level since 2005 but there is need to support the health facilities to use these data for decision-making. More boys than girls were vaccinated at this time, but there is no evidence now in the absence of national level estimates.

Low TT coverage (at 56%) is a concern, and the program plans to improve this performance while rolling out HPV in 2015 (HPV delivered along with TT, vit A and deworming).

3. Governance

HPAC is the equivalent of the HSCC and ICC. Chaired by the PS, it has clear TORs and meets on a monthly basis. Districts are represented (by Moyo), as well as CSO. CSOs also attend EPI Technical committee. There is a need to replicate this arrangement at sub-national levels, where CSO's participation is not systematic. Meetings with the Uganda LG association have been organized with the support of Sabin. At the district level, councils are involved through the discussions of budget (funds for immunization are transferred to the districts). The private sector is also involved (one of the objectives of the HSS – objective 4 - is related to the involvement of the private sector).

The EPI policy is due for cabinet discussion on 30 April 2014 and the Immunization Bill has also been sent to Parliament (with appropriate costing and certificate of financial implications).

The SIVAC initiative has reviewed the Advisory Committee on Vaccines and Immunization (ACVI), established under the Uganda National Academy of Science (UNAS) in February 2014 to assess compliance of ACVI with NITAG guidelines. ACVI is already member of the EPI Technical Working Group and is drafting policy briefs on immunization program in Uganda. Actions are being made to fully comply with the requirements and the SIVAC final report is expected by May. However challenges exist as to how NITAG should be funded without compromising its independent advisory role.

4. Programme Management

There is an annual EPI action plan, as well as a revitalization plan, which is costed and funded by the Government and partners. It is regularly updated

Activities are implemented but there have been delays, due to competing priorities (e.g. with SIAs and other campaigns) and delayed release of funds from the Government. A monitoring mechanism has been put in place this year on activity implementation. The external review conducted in February 2014 advised to refocus the activities to only 25 this year.

There are 12 regional support teams under the Global Fund arrangement while at the same time there are 14 support supervision teams at the Regional Referral Hospitals, in most cases housed in different premises. In addition, there is no systematic follow up on recommendations and actions after supervision. Support supervision organization and coordination should be improved and the existing regional support supervision structures should be institutionalized and harmonized into one regional structure, with improved coordination by WHO and UNICEF.

5. Programme Delivery

An EVM improvement plan was developed and some activities were implemented. All district EPI focal points and District Cold Chain assistants/technicians were trained (2 per district), but not lower levels. Implementation has been delayed notably by lack of GAVI HSS grant implementation. The results of the cold chain inventory are expected end July2014.

Since mid-2013 no stock issue has been reported for most supplies, except for BCG (resulting from production issues with SII) and TT (overstock due to the low coverage achieved). NMS has 3 months stocks at national level, but the program feel this is not enough and would like to have 4-6 months, the limiting factor being availability of space at central level. This is expected to be solved with the construction of the central vaccines store funded by the GAVI HSS grant.

Considerable progress has been made in the distribution from national to district level, using a population-based approach (push system) instead of distributing only on a demand-basis (pull system).

However issues remain at district level: the distribution system is not well organized (health facilities have to go to the district to get their supplies, depending on availability of transportation and gas), district vaccine records are not always properly filled, and some fridges are not working, maintenance of cold chain at district level is an issue. The increase in transportation means and cold chain capacity funded by the GAVI HSS grant should help resolve some issues, but management of maintenance will have to be addressed.

PCV full introduction has been delayed by issues of leadership change, of weak management and late release of funds from national level to districts in the context of a change of financial management system in the GoU. Iganga, the district where PCV was introduced in April 2013, consumed in 1 month the 3 month supply because parents travelled to this district to get their children vaccinated. The MOH therefore focused on it, and then worked with the other districts on training and preparatory activities. The 1st assessment was conducted in August 2013. However it was found that since the 1st phase training was in May-June staff had forgotten as it was theoretical. Following a positive readiness assessment in December, PCV was received in 96 districts in January, the rest in February. 4 are now left (training not yet completed due to late release of funds, often due to incomplete bank account information).

The subsequent coverage is expected on track.

Lessons learned will guide future introductions (HPV, IPV): funds should be made available in time to facilitate timely assessment, and training planned to allow for a shorter time-lag before real introduction.

6. Data Quality

Stakeholders have concerns about population data quality: there has been no census since 2002, and the Uganda Bureau of Statistics (UBOS) is using projections from this last census to estimate cohorts, which are likely to be actually substantially higher (higher birth and survival rates). Upcoming census is planned in August 2014, which will provide a proper denominator.

As regards effective capture of number of children immunized, provision of data collection tools is viewed as absolutely critical, mostly child health cards, but also vaccines control books and tally sheets. The President of Uganda officially launched the "mother passports" to be used by MoH, but the biggest challenge is the printing cost involved. The lack of immunization cards is seen as a particular concern in view of the planned DHS (2015), which will base its estimates of immunization coverage on the ability to retrieve cards in the families. This is likely to result in a substantial under-estimate of coverage.

No coverage survey has been done since 2005. The survey has been delayed due to issue of funding. As part of the GAVI-funded full country evaluation, household survey including verbal autopsy, DBS for measles and TT, and cards and health facility survey are planned (later July – August 2014 but could be immediately after the census in September 2014); as well as partnership stakeholder analysis in June. It has been delayed due to Institutional Review Board challenges. The methodology has received inputs from WHO and UBOS.

7. Global Polio Eradication Initiative, if relevant

Uganda has applied for IPV introduction (June IRC). Some polio-paid staffs are in fact working for EPI. SNDIs have been conducted in response to the threat from HoA outbreak.

8. Health System Strengthening

In June 2013, The GAVI Alliance Secretariat disbursed US$ 4,372,695 for HSS. The requested reprogramming of the grant proposed in November 2013 has been approved by GAVI, with a budget of 322,911 for year 1 and 14,478,979 for year 2.

While the majority of funds are for procurement and construction activities, internal issues with procurement have plagued the implementation of the grant.

All procurement activities including construction have been put on hold, except procurement of office equipment for the secretariat.

After consultation with GAVI, the Ministry of Health has requested UNICEF to undertake procurement. The request with specifications has been sent to UNICEF Country Office who after consultation with the Supply Division in Copenhagen will revert to MOH with the costs, which should also include distribution costs (MOH to officially send the additional request for distribution to UNICEF). Once the MOH gives a go ahead, a direct grant agreement will be developed between GAVI and UNICEF to enable transfer of the funds to UNICEF. Distribution needs to be well planned to avoid delays once the supplies arrive in the country. NMS could handle the distribution of the supplies procured by UNICEF in which case the distribution funds could be sent to NMS from UNICEF.

For the Central Vaccine Store (CVS), NMS is agreeable to work with JSI for construction of the CVS at Kajjansi where NMS already has 10 acres of land. A contract will be required between GAVI and JSI. NMS is ready to receive JSI for site visit and compilation of requirements as soon as possible.

The capacity of CRS (Catholic Relief Service) to undertake the building at district level is being reviewed.

Under objective 2 (supporting participation of communities), the MOH has decided to undertake a comprehensive assessment of the VHT strategy, and HSS funds are contributing to this exercise, along with other partners, which is implemented by PATH Finders International.

The amount to be released will be adjusted on the basis of the cost estimates provided by UNICEF and JSI first, then CRS (which may take longer for logistical reasons, being at district level).

The recruitment of an accountant and a project administrator has been completed, but the M&E specialist position remains vacant as the position had to be re-advertised.

Activities under objective 4 (strengthen the capacity of the private sector), mapping of clinics and training of some health workers has started and should be completed in 2014.

9. Use of non-HSS Cash Grants from GAVI

On 21 September 2012 GAVI disbursed US $ 1,372,000 (UGX 3.6 billion) to the country for the PCV vaccine introductory activities including; training, social mobilization, cold chain maintenance and supervision.

MOH solicited for funding from UNICEF (50,000 USD) and MCHIP to train the 5 districts due to lack of access to/release of the GAVI funds (subsequent to IFMIS problems). WHO supported the printing of PCV stickers and mentoring after initial failure of training.

The MOH needs to provide a report on activities and financials (notably to identify gaps and understand why there was budget overrun with need to request other donors funding).

In June 2013, The GAVI Alliance Secretariat disbursed US$ 2,649,520 for ISS. Only 11% of these funds had been absorbed by end 2013. Problems have been encountered with funds transfer to some districts, no activity report received yet, and low financial accountability (see below 9. Financial management)

10. Financial Management

According to the MoU between GoU and GAVI Alliance, MoH is required to prepare quarterly financial statements that should be reviewed by the TA provided as part of the agreement to reinstate cash disbursement to Uganda. However, no quarterly finance reports from the Ministry of Health for period from June 2012 to 31 December 2013 have been received

Also as required by the MoU the Ministry should prepare annual financial statements in accordance with the financial rules and regulations of the GoU. MoH is required to submit annual financial statements to the external auditors within 3 months following the end of the funding period. A request for audit has been submitted to Auditor General's office which has indicated it will be aligned to government cycle

The Accounts Division has also not prepared monthly bank reconciliation statements for all GAVI Project Bank accounts during the period under review.

The MoH has installed the 'Project Module' of IFMIS, which is a government system, as a financial management and reporting system for the GAVI funded ISS and HSS Programs. Disbursements for program activities are done using IFMIS. However:

- The Program Accountant has not been fully trained and oriented in the use of IFMIS. He has anyway not been given all user rights for the IFMIS due to need for segregation of responsibilities; MOH to designate other officers who can be given other access rights;
- The reporting format for the GAVI supported programs has not been setup in the IFMIS. The system cannot therefore generate the required reports to support quarterly financial reporting;
- The Accounting Division does not have online access to bank statements; and
- The connectivity of MoH-GAVI secretariat offices to IFMIS data centre is not yet done.

The Program Accountant has put in place an Advance Ledger using Ms Excel to record and monitor advances made to the district and project staff. However, the ledger is not updated to show accountabilities received and outstanding balances by district. There was no acknowledgement of receipt of funds by the recipients.

As of 28 February 2014, the districts had only submitted accountabilities of UGX 228,151,100 which is 16% of the total funds that were disbursed. This contravenes the financial management guidelines which require funds to be accounted for by the end of the quarter subsequent to the quarter of disbursement.

- Out of the 112 districts that received GAVI funds during the quarter that ended 30 June 2013, only 24 districts had submitted accountability as at 28 February 2014. 22 districts submitted partial accountabilities and one district accounted for more funds than were disbursed to it.
- There was no evidence to show that accountabilities have been reviewed and approved by a senior official at the MoH.

The mission sought clarification from the Assistant Commissioner Accounts (ACA) of the MOH on the issues met in financial management, from which the subsequent conclusions were made:

- IFMS can indeed produce the reports and the ACA will look at template and see if these can be tailored to the MOU template
- The officer supposed to produce the reports has limited access rights to the system due to segregation of duties: the ACA will get another person(s) to do the reports
- Reports have to be shared between the TA and Finance and discussed in the EPI technical committee before they are shared with GAVI

Recommendation: It was agreed that the Assistant Commissioner Account will work with the TA, Ministry of Finance and the accountant of the project to propose a plan to produce the required reports and accountability systems.

It was noted that unless GAVI receives complete financial reports, no further cash disbursement will be made.

11. NVS Targets

The country reports it is achieving 97% coverage. There is no ground to contest these figures, but several elements should be taken into consideration:

- The denominator is probably under-evaluated, as the Uganda Bureau of Statistics figures are projections made from the last census, which was conducted in 2002. The next census is to be conducted in August 2014, with official release expected 6 months later
- The numerator, i.e. number of children immunized, is likely close to the reality, although no coverage survey has been done for several years. A DHS is to be conducted in 2015 as well as a coverage survey, and the main concern is with lack of immunization cards, that could result in an under-estimation of the number of children actually immunized.

Estimation of Doses:

DTP3: maintain the 97% target coverage as presented in the APR; PCV: Use wastage rate of 10%; target coverage of 97%; adjust the required doses by subtracting the current balances brought forward (689,400): GAVI will send a corrective decision letter on the required doses of PCV. The country is keeping with the same presentation (PCV 10, and 10 doses vial for pentavalent) in the face of implementation challenges.

The 2013 opening stock balance has been shared by NMS and will be used for estimated number of doses.

12. EPI Financing and Sustainability

The Government is entirely financing the routine immunization procurement (through NMS). At National level, the EPI budget stagnated at 1 bn Ushs but co-financing has increased:

2008	$938,292
2009	$1,256,792
2010	$637,037
2011	$626,694
2012	$1,152,174
2013	$1,274,940

There were substantial issues with the implementation of IFMIS in 2013 (and the fact that the system was turned off several months to fix issues). Districts report they received the PHC funds from the Government on a quarterly basis. GAVI cash and NVS support is reported on the national health sector budget.

Co-financing funds should be budgeted under NMS given that the budget for vaccines is already with NMS.

13. Renewal Recommendations

Topic	Recommendation
Penta	Renewal without a change in presentation according to targets set by the country
PCV 10	Renewal without a change in presentation according to targets set by the country, with adjustment required due to late introduction
HSS	HSS disbursement of year 1 and 2 reprogrammed budget, according to UNICEF, JSI and CRS quotes

14. Other Recommended Actions

See attached Annex 1 for programmatic recommendations

Annex 1

Recommendations from the Joint Appraisal Mission
Uganda 2014

The following recommendations were presented to the HPAC as part of the debriefing organized at the end of the mission.

1. Achievements and Constraints

Request HIS to deliver gender disaggregated data at national level, as this data is captured at facility level. Health workers need to be oriented on use of this information.

2. Governance

NITAG should be funded without compromising its independent advisory role.

There is a gap in planning with the community where micro-planning is hardly taking place at district level: Need to support districts to undertake micro-planning to ensure adequate coverage of children and mothers through a balanced system of static and outreach immunization services.

More emphasis to be put on CSO participation at district level, added to the checklist for monitoring/ supervision.

High level Policy Advocacy: To promote the on-going efforts to establish a mechanism for engagement of Top Management of MOH by the Heads of Partners Agencies to advocate for immunization and health systems.

3. Programme Management

There is a need to institutionalize the regional support supervision team through harmonization the existing regional support supervision structures into one regional structure, and improve coordination by WHO and UNICEF for support supervision.

Follow up on recommendations and actions from supervision should be institutionalized.

The recommendations made by the review of the CIP should be implemented, namely:

There is a need for provision of a strategic direction to the programme at this very moment where promising government and partner inputs has been harmonized and critical activities have being implemented, so that all inputs are directed towards sustainable development of the immunization programme. As such and in line with the plan of the MOH, the integrated EPI, Surveillance and PIE (PCV) review should take place during the last quarter of the year.

4. Programme Delivery

The country need to update the EVM improvement plan based on the EVM follow-up assessment planned in the 3rd quarter of 2014 and taking into consideration the status of the EVM IP implementation so far.

The cold chain technicians of MOH at the regional level should work together and preferably be supervised by NMS to ensure effective and timely repairs of equipment. NMS recommends a timeline of 2 months to have all the refrigerators functional.

Lesson for HPV and IPV: should start early to disburse the funds to all levels before training commences. Training has to be well planned in order to coincide with readiness assessment/ vaccines availability.

5. Data Quality

Coverage survey: Last immunization coverage survey was in 2005. In the revitalization plan, there is provision for conducting a coverage survey but funding may not be adequate while GAVI also intends to carry out an independent evaluation. GAVI to consult on funding for the independent GAVI evaluation and explore the possibility of pooling funds with in-country funds to enable the country to undertake a comprehensive survey.

Funds for tools not clearly identified and printing of mother's passport (which would incorporate various data needs into one card) is too expensive for UNEPI to fund: Funding for HMIS data tools to be pooled from all programs so as to establish a clear budget for the data tools to enable NMS undertake their procurement. Advocate for printing of the mother's passport instead of the multiple cards and tools and explore contribution of funding from other programs of interest including MNCH and GF programs on HIV and AIDS. MOH to make a proposal on shared contribution to the mother's passport based on which GAVI and WHO will consult the Global Fund on this collaboration.

Data quality: While learning from existing good practices in data quality, it is important to identify areas for further improvement in data quality.

• Key recommendations of the 2013 DQS needs to be incorporated in the road map of 2014 to improve data quality.

• The outcome of the DQS could be used to further scrutinize data quality and harmonize with administrative coverage to enable the Government to provide official government estimates in the 2013 WHO-UNICEF JRF.

• DQS training should be scaled up in all districts and DQS should be a standard process with all routine administrative reporting system at the district level.

• Standardize coverage monitoring tools and supplies, ensure adequacy and agree on distribution mechanisms (NMS). The data collection tools needs to be addressed comprehensively across all programs

Use of data for decision making, particularly at district level and beyond is critical

6. Polio

No recommendation

7. Health System Strengthening

UNICEF will be responsible for the procurement of the required Cold Chain and transport equipment in the context of GAVI HSS. The request with specifications has been sent to UNICEF Country Office who after consultation with the Supply Division in Copenhagen will revert to MOH with the costs, which should also include distribution costs (MOH to officially send the additional request for distribution to UNICEF). Once the MOH gives a go ahead, a direct grant agreement will be developed between GAVI and UNICEF to enable transfer of the funds to UNICEF.

For EPI data collection tools, it is recommended that: the procurement is handled by UNICEF under the HSS grant for the first year, and that for subsequent years a budget for the data tools

should be created under the relevant existing output in the NMS budget, so all the EPI related data tool budget can be reflected there.

Recognizing the future plan to build new vaccine storage facility in the new site, recommendation made to expedite the process of finalization the site plan lay-out, putting the key infrastructure (road, electricity, water, drainage) as enabling factors to build the vaccine storage buildings in the sites.

The NMS to work closely with JSI who will be contracted out by GAVI to provide technical assistant and construction of the required building at the sites.

Recognizing the important of the LMIS in the vaccine supply chain and the fact that the current distribution management system being cumbersome (too much paper work between DVS and NMS), NMS need to establish LMIS system to enable the distribution management system more effective and robust. The LMIS system need to incorporate information on vaccine stock, storage temperature information and the cold chain equipment status information paving road for effectiveness and efficiency for stock management, equipment performance and robust maintenance management response.

Recognizing the importance of the availability of solar as energy source and the fact that new solar cc equipment, introduction of Solar Direct Drive (SDD) equipment need to be undertaken in few selected district to facilitate path in the future procurement of CC Equipment. This effort will be supported by partners in the procurement, installation, training and evaluation of the performance of the equipment.

Recognizing the importance of defining the role and responsibility of NMS and UNEPI in the vaccine supply chain management of the country, suggestion was made to organize a workshop involving all partners and external experts to provide a bigger picture insight to the process so that role and responsibilities are synergized to bring the intended result. Technical support will be provided by partners.

Taking into consideration the need of optimized vaccine supply chain and distribution system in the country and the fact that the current distribution system may need to expand down to the service delivery level, recommendation is made to conduct a study of the current system to look ways to optimize for effectiveness and efficiency. (Partners support to carry out vaccine supply chain modeling study).

Recognizing the importance of vaccine storage temperature in ensuring the quality of the vaccines, introduction of 30 days temperature monitoring system will support the country meeting the EVM recommendations and the needed monitoring system to be in place. Hence, NMS and UNEPI need to discuss and agree on the type of device required and implement this important temperature monitoring. Partners are ready to support this important and essential intervention.

A clear line of coordination should be implemented for the HSS grant, as this additional task is currently resting with the UNEPI manager, who has many other duties: recommendation is to nominate a full-time coordinator, after consultation with the Coordination Committee.

8. Use of non-HSS Cash Grants from GAVI

The MOH needs to provide an activity and financial report on the use of the PCV VIG (notably to identify gaps and understand why there was budget overrun with need to request other donors funding).

9. Financial Management

It is recommended that the Assistant Commissioner Account works with the TA, Ministry of Finance and the accountant of the project to devise a plan to produce the required reports and accountability systems.

The country to explain these differences below – combined for HSS, VIG and ISS:

Budget category	IFMIS (UGX)	MS Excel (UGX)	Variance
Income	18,147,229,336	23,290,279,956	5,143,050,620
Expenditure	97,994,725	4,009,113,105	3,911,118,380
Bank accounts	16,878,274,725	3,578,971,760	19,403,312,499
Expenditure Account (Asset)	2,763,795,983	-	2,763,795,983
Prepayment to suppliers	3,618,401,650	-	3,618,401,650
Revenue reserves	5,679,672,311	-	5,679,672,311
Bank Intermediary	(32,288,566)	-	(32,288,566)
Trade creditors	24,892,300	-	24,892,300

For 2014 onwards, country to ensure names and titles of officials signing the financial statements are clearly indicated (below the signature) on each statement.

10. NVS Targets

Estimation of Doses:

DTP3: maintain the 97% target coverage; PCV: Use wastage rate of 10%; target coverage of 97%; adjust the required doses by subtracting the current balances brought forward (689,400): GAVI will send a corrective decision letter on the required doses of PCV.

11. EPI Financing and Sustainability

Co-financing funds should be budgeted under NMS given that the budget for vaccines is already with NMS.