

Joint appraisal report

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

Country	Sao Tome and Principe
Reporting period	Latest joint appraisal report (2015) relative to 2014 Appraisal in progress 2015
Fiscal period	January to December
If the country reporting period deviates from the fiscal period, please provide a short explanation	To be completed by the country
Comprehensive Multi Year Plan (cMYP) duration	2016-2020
National Health Strategic Plan (NHSP) duration	2012-2016

1. SUMMARY OF RENEWAL REQUESTS

[These tables will be pre-populated by the Gavi Secretariat. If there are any changes to be made, this should be discussed as a group during the joint appraisal and flagged in the report – see the guidance document for more details]

Programme	Recommendation	Period	Target	Indicative amount paid by Country	Indicative amount paid by Gavi
NVS – PCV	Extension	2017	5552	US\$ 0	US\$
NVS – MCV2					US\$ 2,500
NVS - Yellow fever	Extension	2017	5484	US\$ 1,500	US\$ 3,000
NVS - Pentavalent	Extension	2017	5552	US\$ 5,500	US\$ 22,500
NVS - Rotavirus	Extension	2017	5552	US\$ 3,000	US\$ 52,000
NVS - IPV	Renewal	2017	5552	US\$	US\$
NVS - HPV	Renewal	2017		US\$	US\$

Indicate interest to introduce new vaccines or HSS with Gavi support*	Programme	Expected application year	Expected introduction year

*Not applicable for countries in final year of Gavi support

2. COUNTRY CONTEXT (maximum 1 page)



This section does not need to be completed for joint appraisal update in interim years

[If relevant, comment only on any changes since the previous joint appraisal to key contextual factors that directly affect the performance of Gavi grants – see guidance document for more details]

PNDS (2012-2016) - already assessed; the new PNDS is currently being prepared (2017-2021)

The 2012 – 2016 PNDS is still being assessed and will later be reviewed; only then will the new 2017-2021 PNDS be prepared

There are no plans to combine the CCM and HSCC in the short term; this process will be discussed after electing new CCM members in June.

The creation of a structure to coordinate all health-related interventions is under discussion.

Reforming the composition of the ministry, which is no longer associated with social matters.

The 2012 and 2013 national health accounts were prepared and presented; the 2014 and 2015 national account report is in progress and scheduled to be completed by the end of 2017.

The health sector financing study was initiated in November 2015, for which the Ministry of Health asked the WHO for technical support, and an international consultant was hired; since he was unable to be present, he proposed hiring a national consultant to assist the international consultant.

A worldwide United Nations initiative exists to accelerate the registration of births and maternal deaths (CoIA)

The information system is in progress, and information has already begun to be recorded.

	2104		2105		2016	
	Budget	Actual	Budget	Actual	Budget	Actual
VACCINES	31,203.00	14,468.00	27,942.00	14,575.30	27,978.65	
Operation and Maintenance	1,785.30	1,450.90	3,954.99	642.74	2,938.37	

	2014		2015		2016	
	Budget	Actual	Budget	Actual	Budget	Actual
Ministry of Health	18,783,892.47	14,405,864.30	14,332,712.76	8,460,248.87	23,900,479.00	

São Tome and Principe vaccine needs

2016

To be confirmed

	Government	UNICEF	Gavi	Total
Traditional vaccines (BCG, TT, measles, polio)		28,000		28,000
Measles2	0		2,500	2,500
PCV	7,000		91,000	98,000
Pentavalent	5,500		22,500	28,000
Rotavirus	3,000		52,000	55,000
Yellow fever	1,500		3,000	4,500
MR 1 and Rubella 2		16,000		16,000
IPV			6,000	6,000
Total	17,000	44,000	177,000	238,000
%	7%	18%	74%	

3. GRANT PERFORMANCE AND CHALLENGES (maximum 3-4 pages)



Describe only what has changed since the previous year's joint appraisal. For those countries conducting the joint appraisal 'update', only include information relevant to upcoming needs and strategic actions described in section 5

3.1. New and underused vaccine (NVS) support

3.1.1. Grant performance, lessons and challenges

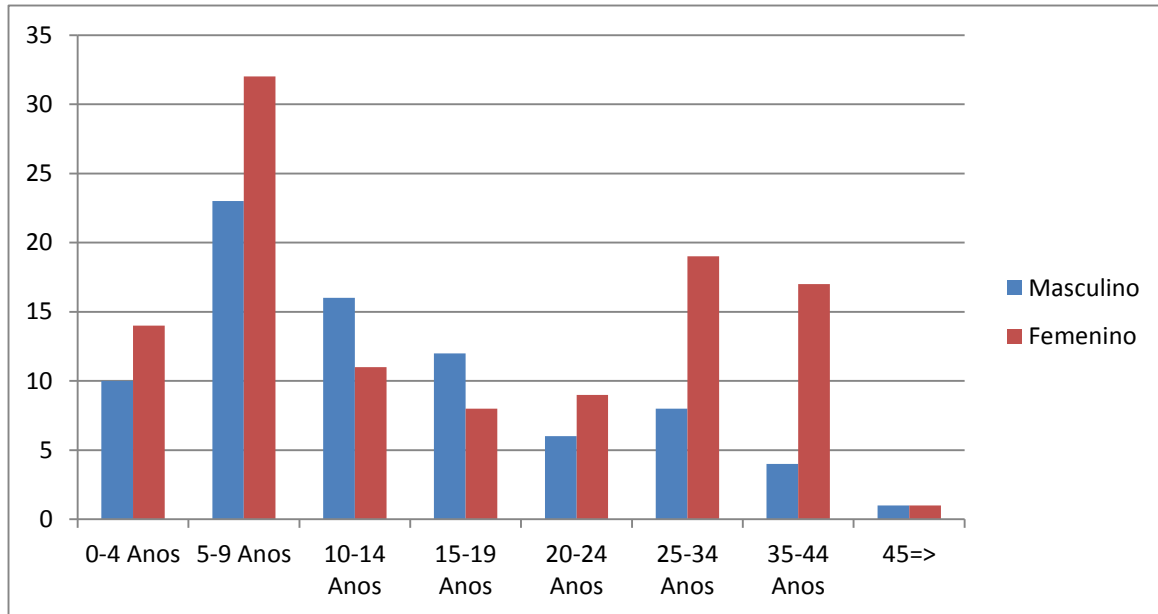
[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: programmatic performance of each vaccine programme against approved targets and planned activities, including progress and bottlenecks in implementation; actual versus planned financial expenditure, associated challenges, proposals for using unspent funds, and complementarity between all cash grants]

The performance framework

	2015 target	2014 coverage	2015 coverage	Observation
BCG	99%	95%	97%	2% variance, primarily related to the 2013 stoppage of the open-vial strategy.
Penta 1	-	98%	98%	
Penta 3	98%	95%	96%	2% variance. 2% drop-out rate
MCV 1	98%	92%	93%	5% variance.
MCV 2	85%	71%	76%	9% variance. The goal established when the vaccine was introduced in 2013 was probably too ambitious. On the other hand, there is an impact related to coverage of wastage rate limits imposed by the fact that the quantity of vaccines supplied to the country does not allow the open-vial policy to be pursued.
PCV3	98%	95%	96%	2% variance.
Polio 3	98%	95%	96%	2% variance.
TT2	98%	91%	92%	6% variance.
YFV	98%	92%	93%	5% variance, stable coverage, as of 2008, which is the year of implementing the door-to-door strategy.

- Considerable progress has been made in Sao Tome and Principe in controlling measles by implementing the measles immunisation strategy at points of service, including advanced strategy activities and immunisation days.
- The last case of measles was reported in 1994.
- Our goal, however, was to reach 98% of children with the first dose and 85% with the second dose.
- An appraisal determined that this goal was very ambitious and in the current cMYP, our goal for the first dose is 95% and 80% for the second dose.
- Currently (2015)
- First dose - 93%
- Second dose - 76%
- Nevertheless, we will strengthen our strategies in order to achieve the planned goal.

There were 191 suspected cases of rubella reported, primarily among children under the age of 15, 4 of whom were examined, with 3 testing positive.



[Masculino = male; Femenino = female; Anos = years]

These 3 positive cases were among children 5 and 6 years of age.

Challenges in implementation and corrective actions introduced:

- Lack of personnel at the central level. A proposal has now been submitted to hire and assign a logistics specialist, data manager and an evaluation and monitoring specialist; the proposal is currently with the Ministry of Health's DAF for the necessary purposes.
- Gaps in vaccine management, as emphasized in the EVM report prepared at the beginning of 2015, which recommends: strengthening the management capacities of the central vaccine warehouse, outlining an emergency plan in the event of problems with vaccine procurement. These activities are scheduled for this year.
- Lack of capacity for destroying biomedical waste. The purchase of biomedical waste destruction equipment is planned, with HSS funding.
- Traditional vaccines are still funded by UNICEF.
- The Health Care Department is still the agency that replaced the ANR; it operates in the absence of a national regulatory authority to pass legislation regarding vaccines entering the country, but meanwhile we will use our best efforts to create the ANR.
- Insufficient involvement of other sectors (social communications, education, etc.) in immunisation programmes. There has currently been more social communication and education cooperation in the EPI.

The preparation of an HSS project and assigning additional personnel will aim at filling these gaps.

The EVM performed in January 2015 shows that, compared to June 2011, the vaccine supply and purchasing chain in the country has improved and most of the recommendations made in 2011 were implemented.

Updated EVM improvement plan

Criteria	Recommendations	Implementation level			Comments	
		Central	District	Health post	pending	not implemented
E1	1. Train customs personnel on vaccine arrival and storage.	X				X
	2. Complete all sections of the vaccine arrival report form (VAR)	X				X
	3. Prepare a written emergency plan for the measures to take in the event of flight delays or cancellations.	X				X
E2	4. Perform a systematic temperature control study of equipment, refrigeration units, human resources, the effectiveness of containers and distribution vehicles related to the cold chain.	X				X
	5. Create a complete temperature chart and update it after each change that may increase the load or affect air circulation in the cold room.	X				X
	6. Purchase a sufficient quantity of temperature data recording disks for the cold room at the central level.	X				X
	7. Repair or replace the cold room continuous temperature data recorder.	X				X
	8. Formally evaluate temperature and alarm readings at least once a month in order to identify temperature variances and their causes.	X	X	X		X
E3	9. Use immunisation data from several years to estimate health post targets and safe vaccine storage capacity needs.			X		X
	10. Use chilled water or chilled water pocket ice packs for vaccine distribution and immunisation sessions.	X	X	X		X
E4	11. Purchase extinguishers for vaccine storage areas and test them every year.	X	X			X
	12. Provide warm clothing to personnel working in the central refrigerated storage area.	X				X
	13. Train personnel in workplace safety in refrigerated storage areas.	X				X
	14. Equip the cold room with an automatic call system in order to alert supervisory personnel by means of a landline or mobile phone in the event of failure.	X				X
	15. Purchase and place an emergency generator into service in certain districts.		X			X
	16. Prepare and make a log book available to each car driver or motorbike operator.	X	X	X		X
E5	17. Prepare and make a maintenance log available to each car driver or motorbike operator.	X	X	X	X	
	18. Prepare an effective multi-year scheduled preventive maintenance programme for buildings.	X	X	X	X	
	19. Prepare and disseminate a written multi-year scheduled preventive maintenance programme for cold chain equipment.	X	X	X	X	
	20. Document how the cold chain equipment maintenance programme is followed.	X	X	X	X	
	21. Assign one person to routine cold chain equipment maintenance.	X	X	X	X	
E6	22. Replace refrigerators that are more than 10 years old with solar panel refrigerators in 7 health posts.			X	X	
	23. Implement inventory records to manage vaccines, diluents		X	X	X	

	and injection supplies.					
	24. Prepare a vaccine request and receipt form to be used for all orders at any level of the procurement chain	X	X	X	X	
	25. Design an inventory management system to indicate wastage of unopened vials of vaccines and diluents due to outdated expiration, freezing or exposure to heat.	X	X	X		X
	26. Establish lost/damaged vaccine registries and perform internal inspections at least twice a year.	X	X	X		X
	27. Take inventory regularly and adjust inventory levels.	X	X	X		X
	28. Label cold chain equipment with the contents, indicating the type of vaccine, lot number and expiration date.		X	X		X
E7	29. Use freeze indicators for transporting vaccines that are not transported with chilled water.	X	X	X	X	
	30. Prepare and disseminate a written transportation intervention plan that indicates how to handle emergencies during distribution.	X	X	X		X
	31. Prepare monthly vaccine and consumable distribution reports, with an analysis.	X	X	X		X
	32. At the beginning of the year, prepare a distribution plan for vaccines and other inputs and make it available to lower levels for follow-up.	X	X		X	
E8	33. Train health personnel in vaccine and cold chain management.		X	X		X
	34. Prepare a management plan for waste from injections.	X	X	X		X

3.1.2. NVS future plans and priorities

[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: for existing vaccines - reasonableness of targets for next implementation year, plans for any changes in presentation or type, risks to future implementation and mitigating actions; for new applications – any expected future applications (include in table 1 above), emerging new priorities for the national immunisation programme]

- In 2015 there was no campaign and no new vaccines were introduced.
- The immunisation day was held in 2012 (held every five years), but is scheduled for this year along with the introduction of MR.
- Post-introduction evaluation of IPV.

3.2. Health systems strengthening (HSS) support

3.2.1. Strategic focus of HSS grant

[Comment on the extent to which the HSS grant contributes to improve coverage and equity in access to immunisation, and how it helps to address the technical, health systems and financial bottlenecks that might jeopardize the sustainability of these gains. See guidance document for more details]

The preparatory work will continue after drafting the joint appraisal report, by 27 June.

Activities	Dates	Current status of joint appraisal
Keep the team preparing the Gavi-HSS project active and motivated.	Q2 - Q3 - Q4	Activities performed: HSS teams composed of a coordinator, accounting supervisor (appointed in March 2016).
Regular meetings with the HSCC.	Q1 - Q2	The HSCC met in May to validate the Joint Reporting Form (JRF) and Annual Progress Report, and met on 11 September to validate the findings of the joint appraisal (report included in the joint appraisal report).
Define the point of administrative establishment and manner of creating the HSS unit.	Q4	Activities performed: appointing the coordinator and an accountant. Activities not performed: appointing an administrator and a bidding and procuring supervisor.
Identify the locations to be assigned to the HSS unit and provide with basic equipment (furniture, electricity, telephone, internet) as necessary.		Activities performed: indication of HSS unit installation, second half of 2016.
Prepare a profile of functions and hire three additional assistants to be assigned to the EPI unit.		Activity to be performed: selection and hiring proposal in progress. Three assistants are needed (a logistics manager, a data manager and an evaluation and monitoring technician).
Validate the methods planned for creating the EPI unit (creation of organisational chart)	Q4	Activity to be performed during the fourth quarter of 2016.
Prepare a profile of functions and hire five additional assistants to be assigned to the SIS unit.	Q4	Activity to be performed during the fourth quarter of 2016.
Explore the possibilities of exchanges between small island states and among Portuguese-speaking African countries (PALOP), at the time of implementing the HSS project.	Q2	Actions facilitated by Gavi as of the second quarter of 2017
Confirm the capacity to document the set of indicators within the context of monitoring the appraisal of the HSS project.	Q4	Activity partially performed during the joint appraisal in the DAF financial capacity appraisal mission.
Determine the current status of preparing the 2017-2021 NHDP	Q4	Activities performed: appraisal of the 2012-2016 NHDP, preparation of the new 2017-2021 NHDP
Mobilisation of the set of partners and civil society involved in the HSS project	Q3	Activities not performed: workshop to be held so that each organisation may present its plan of action and budget
Mobilise the National Health Facilities Registry (CNES) and discuss with its director the practical methods for it to participate in the project	Q3 - Q4	Activity performed: exchanging opinions with the CNES director and involvement in future actions.

Within the context of the Ministry of Health institutional reform, a Coordinator and an accountant were appointed to coordinate the HSS, by Ministry of Health official order.

An administrator and a logistics assistant are still to be appointed

The May mission is to assess the capacities and issue an opinion on implementation methods.

3.2.2. Grant performance and challenges

[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: achievements of targets and intermediate results; actual versus planned activity implementation and financial expenditure; use of PBF reward and budgets/plans; degree of participation of key stakeholders in implementation of HSS proposal; implementation bottlenecks and key challenges regarding financial management of HSS grant; compliance with data quality and survey requirements]

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

[Present the rationale for a new tranche of HSS funds (and the associated amount as per table in section 1) or no-cost extension, or any planned changes in terms of re-allocation or reprogramming]

Due to the delay in implementing the project, it was proposed to add another year. The country will prepare a budget for September to December 2016 and all of 2017.

The Ministry proposed moving forward with the purchase of 3 vehicles and 26 motorbikes, as well as cold chain equipment (22 solar panel refrigerators, 3 freezers and 30 vaccine carriers), through UNICEF.

The proposed budget changes are:

- To assign all incinerator expenses to the first year;
- To purchase 30 vaccine carriers in the first year;
- *Seven incinerators are needed, which the country is proposing to purchase in the first year;*
- *The Logistics Specialist needs to be trained in **Benin** during the first half of 2017;*
- *Training must be provided on DVDMT for the new Logistics Specialist and the new Data Manager, either from the HSS budget or the WHO;*
- *Technical assistance for the waste management plan, including training and the appropriate type of equipment for the country.*

3.3. Transition planning (if relevant)

[Comment on all bolded areas listed in the table in this section of the guidance document, e.g. progress of implementation of planned activities; implementation bottlenecks; changes required to the transition plan for coming years, including rationale and costing/proposed financing]

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3.4. Financial management of all cash grants (eg, HSS, VIG, campaign operational cost grant, transition grant)

[Comment on the bolded areas listed in the table in this section of the guidance document, e.g.: cash utilisation performance and financial capacity constraints; modifications to financial management arrangements; major issues arising from cash programme audits or monitoring review; degree of compliance with Financial Management Requirements]

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3.5. Financial management of cash grants (TO BE COMPLETED)

Description	Provisional budget	Expenses incurred	Comments
Training of medical and CHW personnel	17,557.00	9,469.29	
Copying and printing of communications material, producing stickers, shirts and brochures	4,676.00	8,292.69	
Translation and printing of training modules	3,000.00	1,381.61	
Monthly data review	1,000.00	0.0	
Launch	10,000.00	0.0	
Purchase computer and air conditioners (2) for the Expanded Programme on Immunisation		2,887.57	
Supervision (fuel, tires, inner tubes and batteries for vehicles)	4,341.00	12,669.53	
Supervision (recharging batteries, field personnel and logistics support)		17,712.61	
Bank charges		514.08	
TOTAL			

Expenses for 2014/2015 related to grants for IPV vaccine

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

[Status of top five prioritised strategic actions from previous joint appraisal and any additional IRC or HLRP recommendations (if relevant)]

Prioritised strategic actions from previous joint appraisal / HLRP process	Current status
<ul style="list-style-type: none"> 1. Renew support for yellow fever, measles - second dose, pentavalent and pneumococcal immunisation programmes. 	Funding must be secured for measles and rubella vaccines, in conjunction with UNICEF, by 2020.
<ul style="list-style-type: none"> 2. Begin to support IPV and rotavirus programmes (introduction planned for April 2016) and for the national HPV demonstration programme (planned for October 2016). 	It was successfully introduced in April 2016. Nevertheless, we are concerned about the announced interruption in the country/programme in the fourth quarter of

	2017 Rotavirus vaccine introduction was postponed until September due to the presidential election.
<ul style="list-style-type: none"> 3. According to the schedule, implement the HSS project preparation itinerary, especially the creation of an HSS coordination and EPI support unit (in particular, assign additional personnel as indicated in the EPI external assessment recommendations made in 2013) and conduct a financial management assessment mission as of October 2015. 	<p>Three additional personnel are currently being assigned, planned for July.</p> <p>The financial assessment mission was not conducted until May 2016, and the findings of this mission will be used to finalize preparations for implementing the HSS.</p>
<ul style="list-style-type: none"> 4. Finalize and validate the 2016-2020 cMYP and ensure that it is included in the new NHDP. 	The cMYP was already validated on 14 January 2016 and will be included in the new NHDP.
<ul style="list-style-type: none"> 5. Proceed with introduction of the measles/rubella vaccine in 2016. 	<p>The measles and rubella vaccine (MR) will be introduced on 22 November 2016.</p> <p>The country asked Gavi for an application in January 2016.</p>

5. PRIORITISED COUNTRY NEEDS¹

[Summarise the highest priority country needs and strategic actions that could significantly improve coverage, equity and financial sustainability; the timeline for completing the actions and the type of technical assistance needed if applicable – see guidance document for more details]

Prioritised strategic needs and actions	Timeline for completing the actions	Does this require technical assistance?* (Yes/No) If "Yes," indicate the type of assistance needed
<p>Strengthen epidemiological oversight by means of RDE and statistician training in collecting immunisation and vitamin A data.</p> <p>Strengthen CNES capacity with a focal point for providing EPI answers in communications material.</p> <p>Improve waste management with incinerators and train personnel in hospital waste management and monitoring.</p> <p>Increase the government's contribution in funding vaccines.</p>		Yes, for hospital waste management

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

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

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



This section does not need to be completed for joint appraisal update in interim years, instead the EPI manager is expected to endorse the joint appraisal report.

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism	
Issues raised during debrief of joint appraisal findings to national coordination mechanism	
Any additional comments from: <ul style="list-style-type: none"> Ministry of Health Gavi Alliance partners Gavi Senior Country Manager 	

7. ANNEXES



This section does not need to be completed for joint appraisal update in interim years. Please include the following annexes when submitting the report, and any others as necessary.

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

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Annex B: Changes to Transition Plan (if relevant)

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