

Joint Appraisal report 2019

GUINEA-BISSAU

SEPTEMBER

Country	GUINEA-BISSAU
Full JA or JA update ¹	<input checked="" type="checkbox"/> Full JA <input type="checkbox"/> JA update
Date and location of Joint Appraisal meeting	16-19 September 2019, Azalai Hotel
Participants / affiliation ²	See annex
Reporting period	Annual
Fiscal period ³	Jan-Dec 2018
Comprehensive Multi Year Plan (cMYP) duration	2018-2022
Gavi transition / co-financing group	<i>e.g. initial self-financing or preparatory transition.</i>

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the vaccine renewal request include a switch request?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
HSS renewal request	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
CCEOP renewal request	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

2. GAVI GRANT PORTFOLIO

Existing vaccine support (to be pre-filled by Gavi Secretariat)

Introduced / Campaign	Date	2017 Coverage (WUENIC) by dose	2018 Target		Approx. Value \$	Comment
			%	Children		
Yellow Fever	2001	85%	80	52 467	62.500 \$	
Penta	2002	88%	80	52 467	81.500 \$	
PVC13	2011	88%	80		473.000 \$	
IPV	2015	3%			99.500 \$	
Rotavirus	2014	88%	80	52 467	172.000 \$	
Measles Follow-up campaign	2019	83% (admin)	95	287 545	186.904 \$	

For IPV (3%): 21-month interruption in IPV supply and need to vaccinate the cohort of children missed due to global supply constraints. Gavi has offered the country IPV doses for catch-up in 2020.

Existing financial support

Grant	Channel	Period	First disbursement	Cumulative financing status @ June 2018				Compliance	
				Comm.	Appr.	Disb.	Util.	Fin.	Audit
HSS1	UNICEF	2015-19	Aug 2016	20.2m	12.5m	12.5m	-	x	x

¹ Information on the differentiation between full JA and JA update can be found in the Guidelines on reporting and renewal of Gavi support, <https://www.gavi.org/support/process/apply/report-renew/>

² If taking too much space, the list of participants may also be provided as an annex.

³ If the country reporting period deviates from the fiscal period, please provide a short explanation.

Joint Assessment (Full JA)

HSS2	UNICEF	2019-2023	December 2019	3.7m	2.2m	380k	-	x	x
IPV VIG	Govern-ment	2015		608k	608k			No.	x
MenA Vig	UNICEF	2016		239K	239K			x	x
Measles follow-up campaign	UNICEF	2019	May 2019	186k	186k	186k		No.	No.
Comments									

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

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
	Measles 2nd dose	2020	2021
	Meningococcal A	2020	2021
	HPV	2020	2021

Grant Performance Framework – latest reporting, for period 2018

HSS1 closed in 2019 and the new HSS2 has just started and is to be implemented in 2020.

Intermediate results indicator	Target	Actual	
Percentage of health facilities receiving at least 4 supervisions per year	49%	To be filled in March 2020	
DTP3 coverage in the target area (8 regions)	85%		
MCV1 coverage in the target area (8 regions)	85%		
Total availability of vaccines and supplies	100%		
Number of professionals trained and assigned to the supply chain supervision function	2		
Percentage of health facilities with a functional health committee (or similar) composed of community members and meeting at least quarterly	26%		
DTP3 data verification factor	85%		
Non-polio AFP rate	2		
Percentage of the national budget allocated to immunization services			
Percentage of children in target area immunized by mobile/advanced strategy (outreach)	35%		
CCEOP Maintenance: Proportion of responses to maintenance requests completed	95%		
Proportion of health facilities equipped with working SDD refrigerators	48%		
Intermediate outcome indicator (process)			
Percentage of regions with at least 4 HSCC meetings per year	18%		
Percentage of planned advanced/mobile sessions that were conducted in remote/hard to reach areas	50%		
Electronic continuous temperature monitoring systems for the cold chain	95%		
Percentage of health facilities that involve communities in the microplanning process	50%		
100% accuracy of HMIS reports	99%		
Number of health workers trained in DHIS2	11		
Comments			
Reporting is expected by March 2020 on the new HSS2 grant performance framework.			

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

Countries are encouraged to highlight in subsequent sections, and particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable.

PEF Targeted Country Assistance: Core and Expanded Partners at January 2019

	Year	Funding (US\$m)			Staff in-post	Milestones met	Comments
		Appr.	Disb.	Useful.			
<u>TOTAL CORE</u>	2017	398,730	398,730	387,254	1 of 1	7 of 18	
	2018	617,548	617,548	166,004	1 of 2	10 of 17	
	2019	615,978	615,978	159,258	-	14 of 16	
UNICEF	2017	270,730	270,730	268,617	1 of 1	7 of 18	
	2018	384,728	384,728	149,683	1 of 2	6 of 6	
	2019	384,728	384,728	159,258	-	4 of 7	
WHO	2017	128,000	128,000	118,637	-	-	Grant terminated June 2018 & Milestones not reported
	2018	232,820	232,820	16,321	-	4 of 11	Consultancy (staff)
	2019	231,250	231,250	6,117	-	10 of 5	
<u>TOTAL EXPAND</u>	2017	39,180				-	
	2018	26,120				-	
	2019	534,000					
<u>Solina</u>	2019	534,000				-	LMC/MP - Contract signed in May 19
AEDES	2017	39,180				-	Milestones not reported
	2018	26,120				-	Final report received

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

POLITICAL CLIMATE

After a period of chronic political instability, Guinea-Bissau democratically elected a new President in May 2014, José Mario Vaz, but early on uncertainty arose within the ruling party between the President of the Republic and his Prime Minister and party leader. The dismissal of Prime Minister Pereira by President Vaz on 12 August 2015 caused a political crisis. This political instability has been marked by the appointment of seven successive governments from 2015 until June 2019. Since 4 February 2018, following the ECOWAS sanctions against those who hinder the implementation of the Conakry Agreement, a Prime Minister has been appointed and the country went to legislative elections in March 2019. After these elections, a new Government was set up whose main task is to prepare for the next presidential elections scheduled for 24 November 2019.

In this context of political instability, the country is experiencing a delay in the financing of traditional and co-financed vaccines, which leads to stock-outs of traditional vaccines (bOPV, Td and BCG) and a low stock level of co-financed vaccines such as AAV and Pentavalent. In addition to these breaks, instability is at the root of the non-reimbursement of unjustified HSS 1 funds identified by the audit, with the impact of a delay in the disbursement of funds for HSS 2, even though they have been approved.

Given the current situation in the country, the 5 most important risks are :

1. Possible deterioration of the security situation following the forthcoming elections;
2. Persistence and aggravation of vaccine and syringe stock-outs;
3. Strikes in the public service including Health Human Resources unpaid due to political and institutional instability;
4. Delay in the implementation of HSS2;
5. Strong dependence of the country on technical and financial partners in the performance of the programme.

4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

4.1. Coverage and equity of immunisation

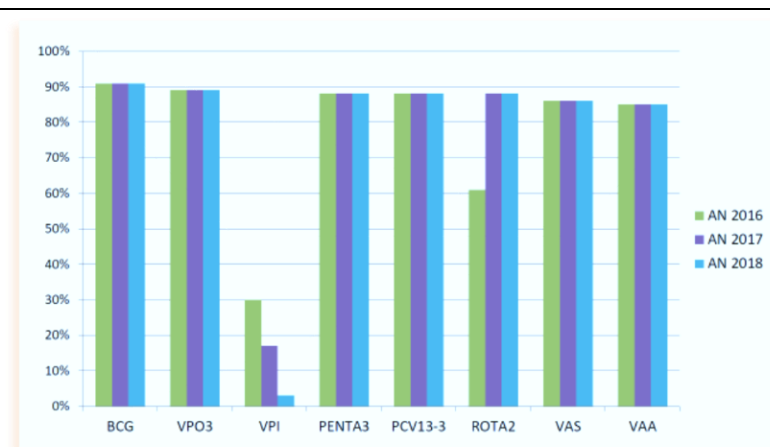


Figure 1: Immunization coverage 2016-2018

This graph illustrates the immunization coverage of the country's antigens between 2016 and 2018, which are stationary with the exception of IPV and rota2 : IPV was introduced in July 2016; 2017 there was a global stock shortage and it was only possible to reintroduce it in ten. 2018. And with regard to Rota was introduced in November 2015 and the low coverage of Rota 2 in 2016, which justifies, that probably due to the low disclosure of its introduction and ownership of the immunization schedule

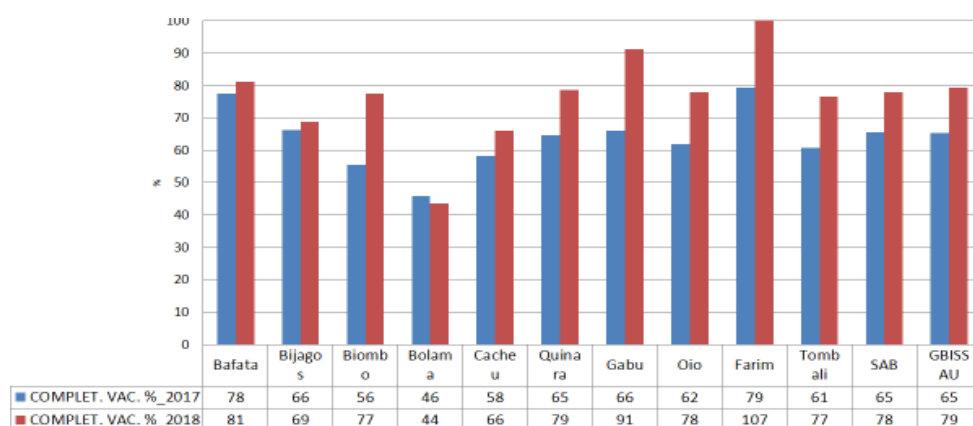


Figure 2: Comparison of children fully immunized between 2017-2018

In 2018, the graph shows that the proportion of fully immunized children is higher than in 2017, with the exception of the Bolama region, which has lower coverage in 2018 than the problem is likely to

be related to the dominators. While Farim's coverage is over 100%, the underestimation of the population is noted, which is a huge population number.

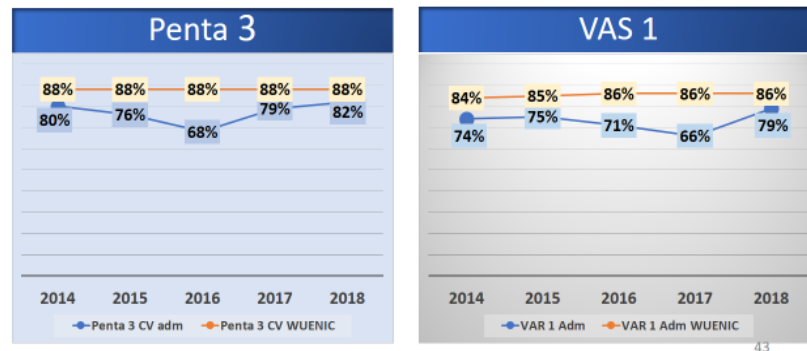
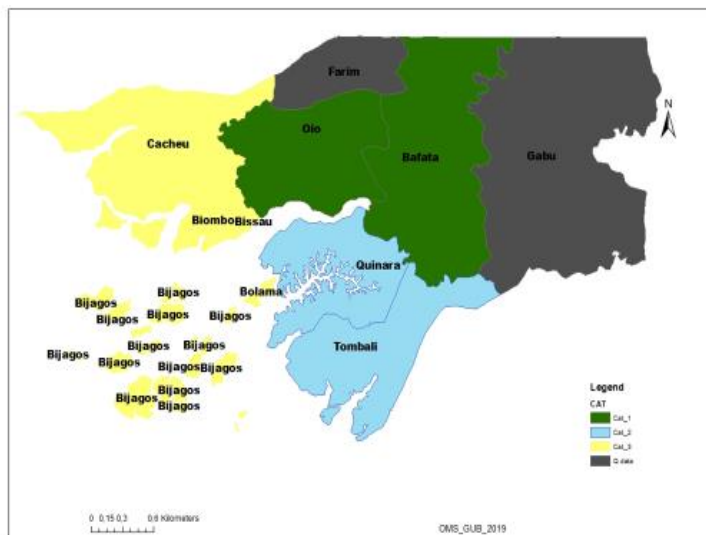


Figure 3: Administrative coverage and WHO-UNICEF estimates

Administrative comparison of immunization and the WHO/UNICEF estimate, Penta3 and VAS 1, in which it can be seen that the administrative coverage of Penta3 and VAS is still lower than the WUENIC 2016-2018 estimate. Although it is well known that there will be a gradual increase of 3% in PENTA3 and 13% in VAS1 from 2017 to 2018.



The map of the categorization of the performance of the health regions, due to the immunization coverage of PENTA3, through the evaluation criterion. It should be noted that the regions of: Bafatá and Oio have a better (green) performance than the others. The regions of Gabú and Farim showed poor data quality (black), with coverage greater than 100% probably due to underestimation of populations.

Figure 4: Health Region Categorization Map

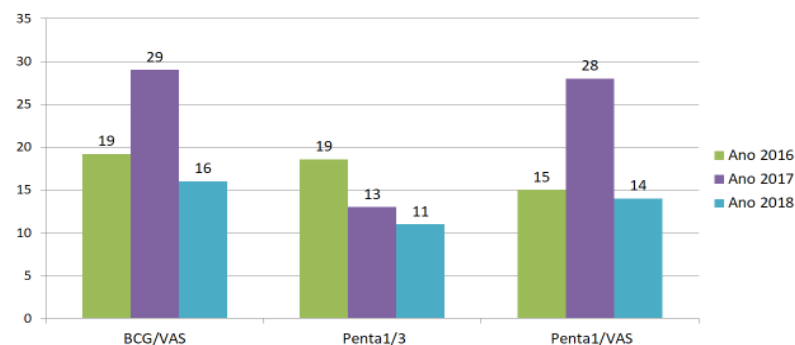


Figure 5: Dropout Rate 2016-2018

According to administrative data, the graph shows a high drop-out rate between BCG/VAS and Penta1/VAS in 2017. This situation was related to the stockout of Measles due to expired doses this year and insufficient implementation of advanced strategy activities.

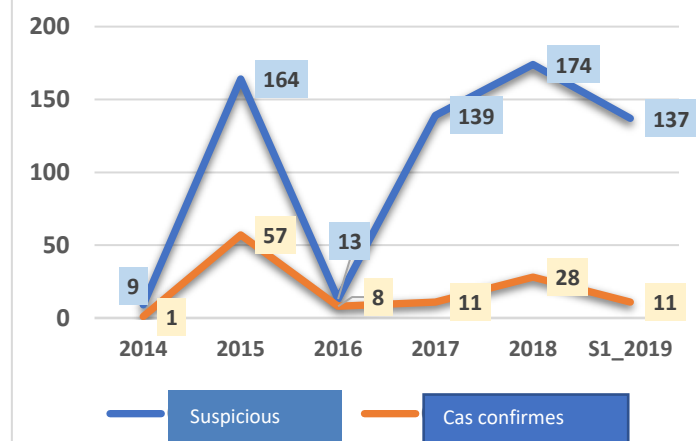


Figure 6: Measles epidemiological situation

- In 2006, the country launched measles surveillance on a case-by-case basis. An ELISA reader was provided to the National Public Health Laboratory of Guinea-Bissau. Since the catch-up campaign in 2006, Guinea-Bissau has not recorded an epidemic at the national level. In 2010, the country recorded outbreaks that were confined to certain regions.
- 2018, the Tombali region recorded a limited outbreak in two localities (Camiconde and Guiledje) with a total of 15 confirmed cases, children under five years of age are the most affected, according to MICS 2014, measles is the fourth leading cause of death (MICS 2014)
- Children aged 1-4 years remain the most affected with 46% of suspected cases in 2017 and 37% of suspected cases in 2018.

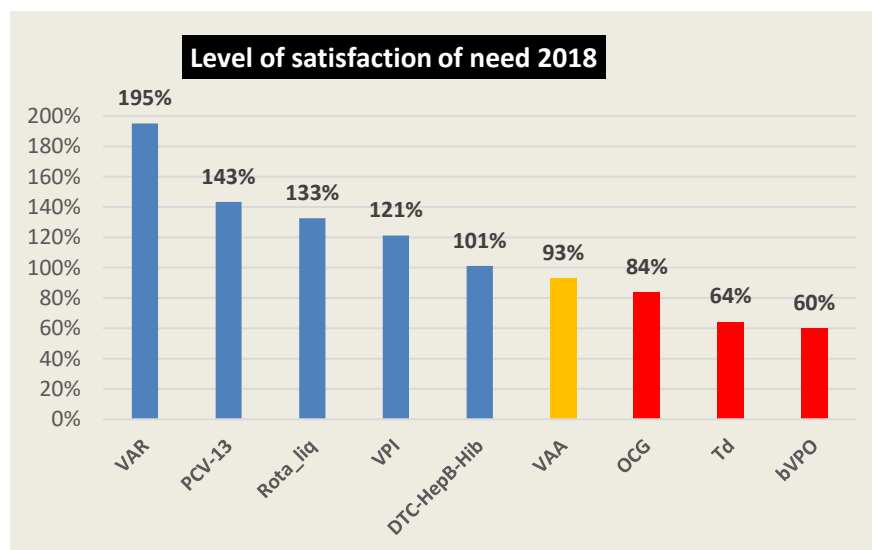


Figure 7. Satisfaction rate

- YF's level of satisfaction remains low ;
- The other traditional vaccines have a low level of satisfaction, which leads to a high distribution rate (stock-outs) due to the delay in co-financing.

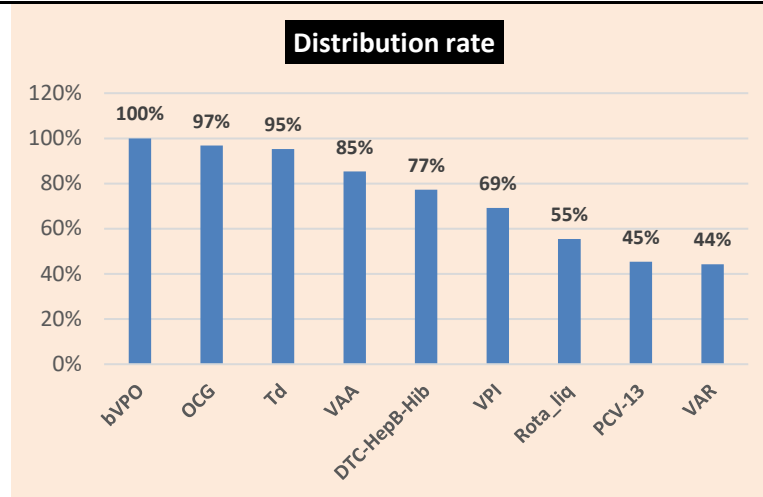


Figure 8. Distribution rate

- Measles's level of satisfaction is very high following the vaccines remaining after the mass campaign.
- PCV 13 is overstocked
- The Rota and the VPI has a stock of reserves, a last Penta delivery is expected in October.

After analysis, it appears that compared to the scores of the previous EVM assessments (2011 and 2014), the overall composite score in 2019 is 67 points, while in 2014 it was 55 points, a significant increase of 12 points.

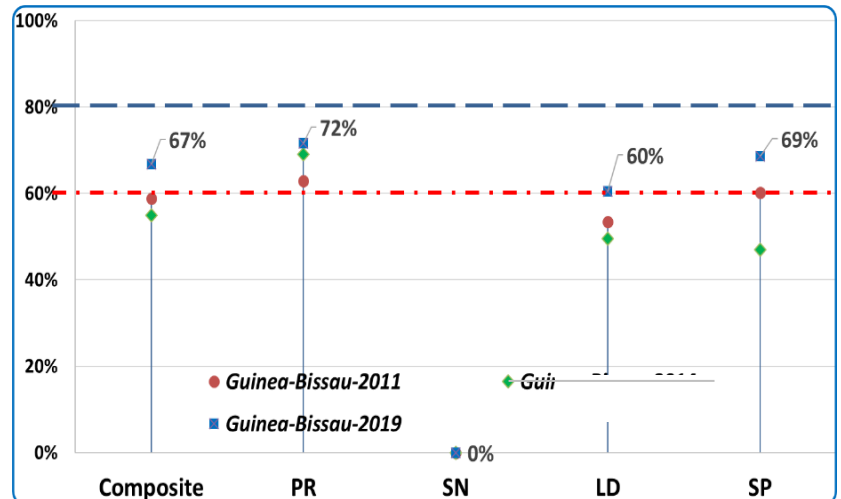


Figure 9. EVM composite score results

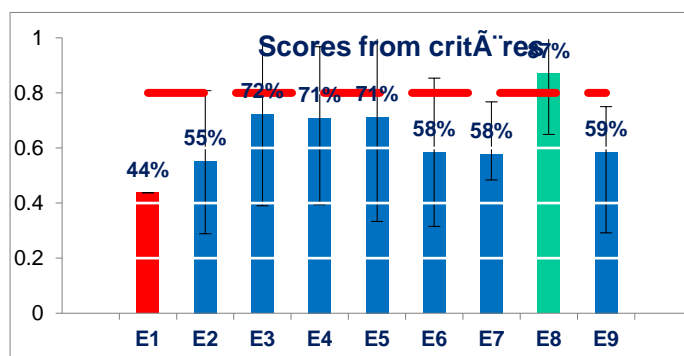
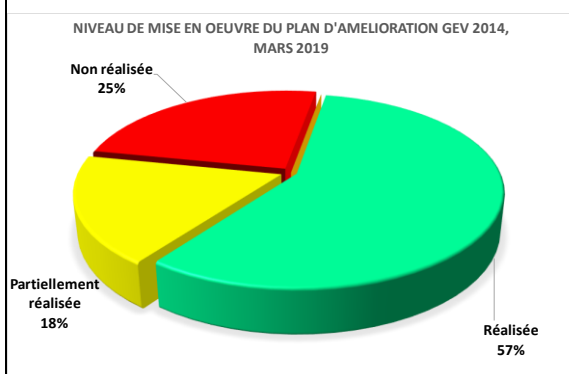


Figure 10. Criteria results (country average)

It turns out that:

- Compared to the national average of the criteria scores, the only criterion that exceeded the minimum required threshold is "Vaccine Management" (E8) with 87%. The E1 criterion was assessed at 44%. Scores for the other criteria range from 50 to 79%.
- And compared to the national average of category scores, the category that has reached the minimum target set by the EVM is "training" or T evaluated at 80%, the scores of the other categories vary from 50% to 79% except for the vehicle category evaluated at 13%.



Total activities: 61

Achieved: 35: 57%.

Unrealized: 15 : 25

Partially achieved: 11 : 18%.

The main reasons for not carrying out certain activities are :

- ✓ Insufficient human resources for the implementation and the plan monitoring
- ✓ The delay in justifying the advances received by the EPI resulting in the freezing of disbursements by technical partners. and financial
- ✓ Staff instability at all levels (transfers, desertions, desertion...)

Figure 11. Level of Implementation of the EVM 2014 Evaluation Improvement Plan

COMMUNICATION ACTIVITIES

In the area of communication, the following activities have been carried out to achieve the targets listed below:

- Health technicians (RAS) and in-country operational supervisors of NGO partners trained as trainers; 147
- CSA immediately trained on simple CIP 2 techniques and practices 2.807
- Leaders mobilized, namely religious leaders, including traditional healers; 946
- Assign a public compromise with traditional and religious leaders (Catholic, Islamic and Evangelical) on routine immunization and birth registration; 1
- Organize advocacy and social mobilization meetings to promote routine immunization; 5
- Mobilization and promotion of immunization through theatre; 15
- Production and broadcast of immunization content on community radio stations; 29
- Production and dissemination of content on vaccination on social networks (Facebook, Instagram, WhatsApp, Twitter etc.); 1
- Situation analysis on vaccination/vaccination C4D 1
- Interpersonal Communication (IPC) Training Manual for Trainers 1

Coverage:

DTP3, MCV2, etc.

National: Please ensure that the data is consistent with what you have reported in the GPF.

Health regions with Penta3 Administrative Immunization Coverage below 80% in 2018

REGIONS	OCG	OPV3	VPI	Penta3	PCV13-3	Rota2	Measle	YF
Bijagós	59%	78%	6%	78%	77%	76%	70%	69%
Biombo	82%	77%	2%	77%	77%	79%	78%	78%
Bolama	38%	57%	8%	57%	57%	50%	43%	44%
Cacheu	72%	74%	1%	77%	74%	79%	67%	66%
SAB	91%	62%	0%	62%	62%	64%	77%	78%

Source: DVD-MT EPI 2018 data

The coverage of Measle is higher than that of Penta3, PCV13-3, OPVb3 in the SAB health region, probably due to the achievement of the acceleration week for the recovery of children missed in routine. The drop in IPV vaccination coverage is due to the global break in 2017, so the vaccine was reintroduced in December 2018.

Health regions with Penta3 Administrative Immunization Coverage above 100% in 2018

REGIONS	OCG	OPV3	VPI	Penta3	PCV13-3	Rota2	Measles	YF
Farim	109%	118%	1%	119%	119%	122%	108%	107%
Gabu	106%	102%	6%	102%	101%	106%	92%	91%

Source: DVD-MT EPI 2018 data

The table above shows that 2 regions have recorded vaccine coverage rates above 100% for Penta3, bOPV3 and PCV13-3. The Gabu and Farim regions showed poor data quality (black), with coverage above 100% probably due to population underestimation and low data reliability. Therefore the country is considering a data quality assessment with an improvement plan for its implementation.

Coverage:

Absolute numbers of un- or under-immunised children

Health regions with the absolute number of unvaccinated and under-vaccinated children Penta in 2018			
REGIONS	Pop. Target	Penta	
		Not Vaccinated	Under Vaccinated
Bijagós	920	207	50
Biombo	3433	793	380
Bolama	399	172	-50
Cacheu	7959	1837	655
SAB	17901	6801	1209

Source: DVD-MT EPI 2018 data

In-depth analysis by region shows that 5 out of 11 regions (or 45%) recorded between 207 to 6801 children not vaccinated at penta3 and 50 to 1209 incompletely vaccinated. This shows that there are still enough children to look for in these areas. The Bolama region has a negative figure (-50) of children under vaccinated. This shows an inconsistency in the data.

Equity:

- Wealth (e.g. high/low quintiles)
- Education (e.g. un/educated)
- Gender
- Urban-rural
- Cultural, other systematically marginalised groups or communities e.g. from ethnic religious minorities, children of female caretakers with low

The analysis of the gaps in immunization coverage linked to socio-economic and geographical characteristics over the course of the MICS 2000 to 2014 generally shows a reduction in the gaps as shown in the graphs below:

- To the region, with 14.7 points
- At the place of residence, with 9.2 points
- Mothers' level of education, with 7.6 points
- To sex, with 4.4 points
- With a reduction of 1.8 points, the gap between the poorest and the richest has hardly changed.
- Since 2010, there has been a slight increase in the gaps; although there has been an improvement in equity in general, there is still a lot of work to be done to reduce inequity in immunisation.
- There is no longer a difference between girls and boys in terms of their immunization status.

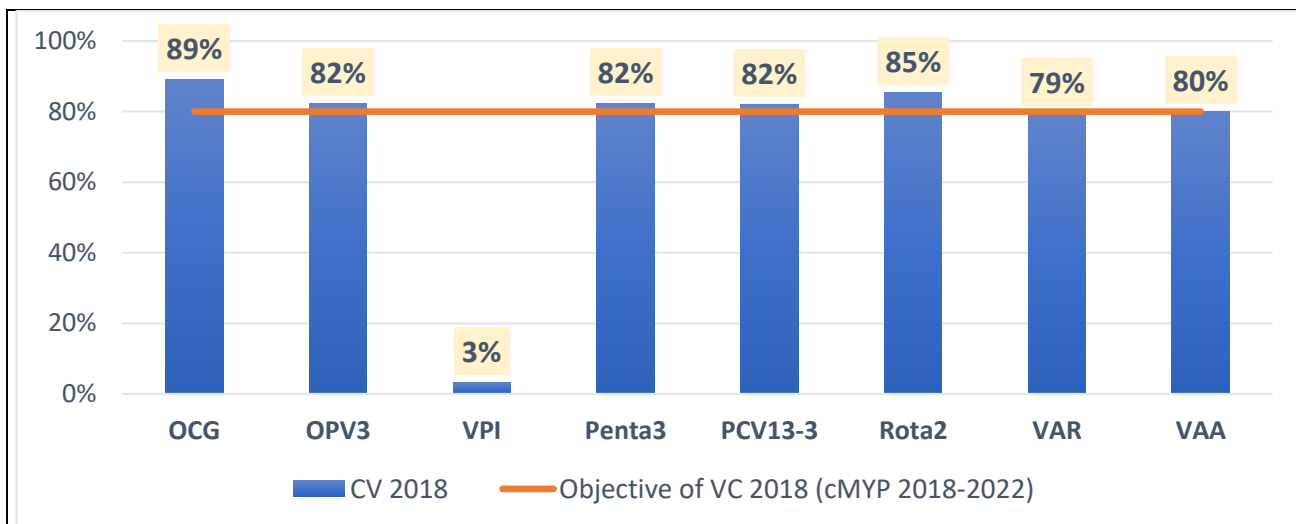
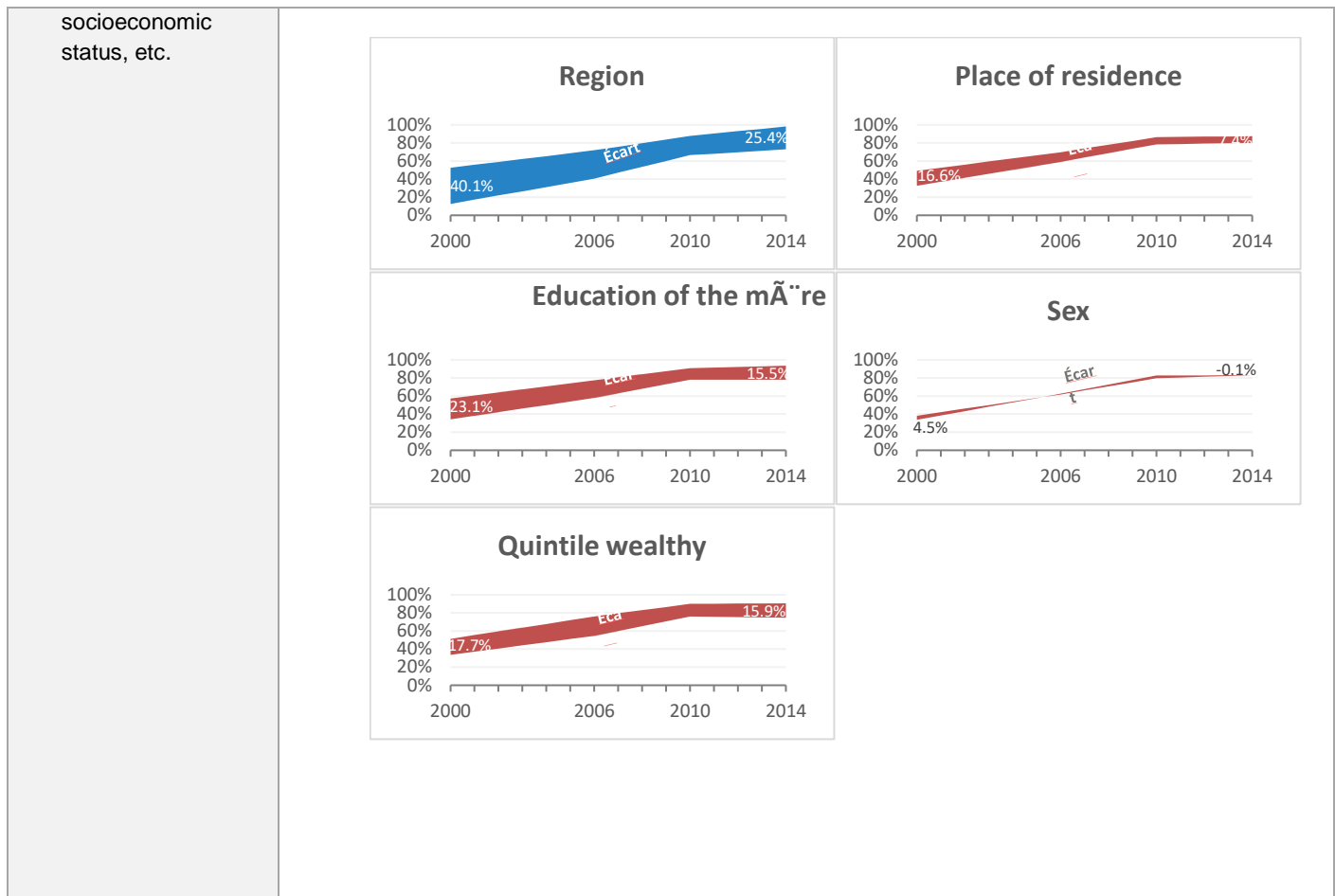


Figure: 12 comparisons of 2018 administrative immunization coverage and 2018-2022 cMYP targets

The targets set at 80% immunization coverage for 2018 have been achieved except for IPV. The IPV was not reintroduced until December 2018.

4.2. Key drivers of sustainable coverage and equity

Factors that have contributed to the level of performance of the programme are :

- Availability of vaccines at all levels
- The implementation of advanced strategies
- Training of personnel in EVM,
- Payment co-financing 2017
- Strengthening the Supply Chain
- Organization of 3 adhoc meetings of the ICC 2018
- Assessment of equity in immunization service delivery 2017 and 2018
- Completion of the inventory of cold chain equipment 2017
- Organization of Acceleration Weeks 2017 and 2019
- Organization of information and awareness-raising meetings on the importance of routine immunization
- Technical support missions
- Vaccination coverage survey achievements

Guinea Bissau has put at least one health provider in each health area, which is one of the strengths of the health system. However, 06 out of 10 had not received EPI training in the previous 03 years.

The vaccine supply chain is the backbone of an Expanded Programme on Immunization and can be used as a supply chain lever for all health products in an integrated and modeling approach. The Cold Chain Equipment Optimization Platform is an opportunity to operationalize a national logistics working group.

The country has human resources at all three levels of its supply chain, a logistics team at the central level, EPI focal points in all regions and service providers at the health centre level. However, the quantitative and qualitative inadequacy of human resources (HR) is a major obstacle to the performance of the immunization system at all levels.

CCEOP will provide an opportunity to strengthen leadership through the revitalization of the logistics working group, which will bring together the various players in the health product supply chain and their partners. The revitalization of a MTP with regular meetings to monitor the implementation of the CCEOP will serve as a framework for exchange and consultation on logistics that will contribute to improving leadership.

In addition, the country will benefit through the PSR from capacity building through the training of agents.

The PSR foresees the scaling up of the "Mininus San" project after evaluation of the pilot phase organized in the regions of Bafata, Cacheu and Gabu. This scaling up will improve the distribution of vaccines and inputs by a multidisciplinary team to regional depots and delivery points, quarterly by the central level and monthly by the regional level, which is foreseen in the methodology:

- Development of distribution channels
- Logistical preparation: vehicles, resources, coolers, data collection tools
- Availability of funds/budget
- Analysis of stock and consumption levels,
- Temperature analysis, preventive and curative maintenance of equipment

Leadership, Governance and Program Management

Factors that have negatively impacted the performance of Gavi grants include :

A high turnover of Ministry of Health officials

Structural and functional weaknesses in the VAP organization chart, including under-capacitated, omitted and insufficiently segmented functions, explain its ineffectiveness.

The lack of appropriate, documented and standardized work planning and budgeting tools makes it difficult to monitor planning and implementation.

Financial management systems are weak and the EPI is not able to adequately justify expenditure. Limited implementation of data quality assessments and positive monitoring leads to poor service quality and data.

Operational challenges prevent effective distribution of the vaccine, resulting in stock-outs in regions and facilities.

The failure of the FEC will be remedied through the CCEOP.

The functionality of CCIA is not appropriate as a technical working group and regular and effective regional EPI review meetings.

Non-institutionalization and work descriptions for all organizational chart functions

Lack of work planning and annual budgeting process using standard templates

An insufficiently structured EPI technical working group complicates the smooth running of the programme at all levels.

Insufficient evidence-based advocacy so that political leadership improves and prioritizes EPI funding, while exploring alternative funding mechanisms;

Lack of clear financial management procedures and implementation of standardized tools to justify expenditure

Irregularity in routine supervision, data quality assessment and systems for monitoring the use of data for decision making.

Human Resources Management:

The PAV team has serious limitations in terms of HR availability, skills and equipment. To take the lead in this implementation process with appropriate VAP staff, training becomes a priority. This requires political support at the highest level of MINSAP to ensure the necessary resources, including those required for the modernization of HR performance appraisal. Mobility and the insufficient number of agents directly involved in immunization affect the quality of immunization services. However, training continues for new vaccine introductions, campaigns, and as part of the EVG, training has been provided to all the

Penta3 coverage data related to gender and education level cannot be presented because MINSAP is not yet established in the data collection tools.

According to administrative data for the first half of 2018, only the Farim region has achieved 90% immunization coverage (CV) for all antigens administered to children. However, CVs at national level are above 80% except for Measle, YF and VAT. About 19% of children have not received their third dose of DTP-Hep-Hib vaccine. There is no difference in coverage between antigens administered at the same time.

About 8 out of 10 children initially use immunization services. Only 6 out of 10 children complete the penta series and 3/10 are vaccinated with Measle. Some regions have experienced inadequacies in vaccine stock management, which can impact the continuity of immunization services.

4.3. Immunisation financing⁵

To date, it has been observed that the financing and supply of vaccines is highly dependent on external aid. Apart from Gavi, the most important partners in terms of funding and technical support for the health sector are the World Bank (total planned support between 2018 and 2022 of \$45 million), the Global Fund (€22 million between 2018 and 2020), the European Union (planned

⁵ Additional information and guidance on immunisation financing is available on the Gavi website <https://www.gavi.org/support/process/apply/additional-guidance/#financing>

support of €20 million between 2018 and 2022) and Médecins Sans Frontières (around €6 million per year), which supports the paediatric ward of the Simão Mendes National Hospital. Gavi is by far the most important partner in the vaccination programme. In addition to Gavi, UNICEF also supports the immunization programme with approximately 100,000 euros per year, a source that can be used for planning, training, vaccine distribution or procurement, supervision, studies and technical assistance. Other partners such as WHO and Plan International also provide support to the Immunization Programme. In recent years, the government has increased its contribution to the health sector and to the financing of vaccines.

However, the absence of legislation on immunization does not promote access to additional funding. In the past, most of the time, the amount that the State intended for immunization was only used to ensure the State's obligation to co-finance new and under-used vaccines. This contribution was often received late, with consequences, including vaccine breaks at the national level.

According to the Ministry of Economy and Finance (MEF), the main problem with co-financing payments in Guinea-Bissau is the weak capacity of the Ministry of Health to monitor the preparation and implementation of the immunization budget.

It should be noted, however, that the country has made great efforts to regularize the vaccine co-financing payment in 2017 and measures are being taken to consolidate this situation in 2018. In 2017, thanks to the Government's commitment, the country has also purchased traditional vaccines and immunization cards.

Political instability and successive changes within MINSAP and MEF make the new officials somewhat hesitant to make decisions because they do not always have a full understanding of the decision-making processes for co-financing and purchasing traditional vaccines. Strong advocacy/lobbying will have to be conducted at their level.

5. PERFORMANCE OF GAVI SUPPORT

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

Provide a succinct analysis of the performance of Gavi's HSS support for the reporting period.

- **Progress of the HSS grant implementation** against objectives, budget and workplan, and significant deviations from plans (e.g. implementation delays, low expenditure rates, etc.), **using the below table.**

NOT AVAILABLE: There was no HSS in this evaluation period.

Objective 1	
Objective of the HSS grant (as per the HSS proposal or PSR)	
Priority geographies / population groups or constraints to C&E addressed by the objective	
% activities conducted / budget utilisation	
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance ^{Error!} Bookmark not defined.	

Objective 2	
Objective of the HSS grant (as per the HSS proposal or PSR)	
Priority geographies / population groups or constraints to C&E addressed by the objective	
% activities conducted / budget utilisation	
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance ^{Error!} Bookmark not defined.	
Objective 3	
Objective of the HSS grant (as per the HSS proposal or PSR)	
Priority geographies / population groups or constraints to C&E addressed by the objective	
% activities conducted / budget utilisation	
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance ⁶	

N/A

5.2. Performance of vaccine support

- Changeover from single-dose PCV13 to multi-dose (4 doses) in 2018; changeover from VAT to Td, and reintroduction of IPV in December 2018

⁶ 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. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.

- As part of the acceleration of measles control, the country organized a follow-up immunization campaign in 2019 targeting children aged 9 to 59 months with 83% immunization coverage. However, the result of the post-campaign survey conducted shows that 83% of children aged 9-59 months have been vaccinated against measles.
- The introduction of Measle 2 in 2020, MenA and HPV in 2021 and the Yellow Fever campaign in 2020 are planned.

5.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

Table 1. CCEOP: ECF number and estimated costs

Types d'ECF/Source/Montage	QUANTITÉ
Combiné Réfrig/Congél.	104
Électricité	14
SDD	90
Montage sur poteau	13
Montage sur toit	77
Congélateur	1
Électricité	1
Réfrigérateur	7
Électricité	4
SDD	3
Grand Total	112

The country is in the process of implementation of the CCEOP which started in 2018 with an update of the inventory of ECFs and the submission of which the latest version of the application for CCEOP support was shared in May 2019 after exchanges with Gavi. In June 2019 the country's submission was accepted. Subsequently, the country developed an operational deployment plan comprising 112 cold chain equipments. This plan, shared in July 2019 with UNICEF's central procurement office, has already been technically validated in September 2019 to

open the commercial stage of the process.

The next steps in the CCEOP process include :

- ✓ Commercial stages via UNICEF
- ✓ Issuance of the decision letter by Gavi
- ✓ Reception, installation of equipment and user training planned for 2020

The CCEOP will thus enable the country to increase storage capacity at the regional level and renew its cold chain equipment at the health centre level with the replacement of solar refrigerators running on batteries. In addition to the conservation of the environment, this will reduce maintenance costs and the risk of breakdowns leading to the cessation of vaccination activities.

5.4. Financial management performance

The procurement of vaccines, consumables, EPI logistics as well as operational aspects are financed by the partners, in particular GAVI, UNICEF and WHO. Plan International intervenes mainly during campaigns.

In 2018, Gavi's support is USD 906,000 for the acquisition of new vaccines and injection materials, compared to USD 91,000 for the government.

GAVI			GOVERNMENT	
	COST	QTITE	Cost	Quantity
Injection equipment	\$17 500.00	SAB 345100 pieces, SD 5ml 7300 pieces, Safety box 4 025 pieces	0	0
VPI	\$99 500.00	51,400 doses	0	0
PCV-13	\$473 000.00	146,600 doses	\$ 30 500.00	10,000 doses
Penta	\$81 500.00	104,000 doses	\$ 28 500.00	36500 doses
Rota	\$172 000.00	82500 doses	\$ 18 500.00	9000 doses
YF	\$62 500.00	54200 doses	\$ 13 500.00	11500 doses

	\$906 000.00		\$ 91 000.00	
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For 2020, a request for renewal of funding has been made for the GAVI-funded vaccines which are DPT-HepB-Hib, PCV13, YF, IPV and Rota. The decision letters are already issued by Gavi.

5.5. Transition plan monitoring (applicable if country is in accelerated transition phase)

The country is not in a process of transition.
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5.6. Technical Assistance (TA) (progress on ongoing TCA plan)

<p>Over the last two years 2018 -2019, the country has been benefiting from technical assistance in the following areas:</p> <ul style="list-style-type: none"> • Strengthening leadership, management and coordination through SOLINA • Strengthening the quality of immunization programme and logistics data across UNICEF • Support for the organization of the Measle campaign through UNICEF • Support for the organisation of the external evaluation of the Effective Management of Vaccines, the analysis of equity, the elaboration of the RSS2 through UNICEF. • Support to the process of using DHIS 2 software through the University of Oslo and WHO • Monitoring IPV reintroduction and planning through WHO <p>The country is seeking technical assistance in the following areas:</p> <ul style="list-style-type: none"> • The scaling up of DHIS2 ; • The introduction of new vaccines ; • Immunization program data management and quality • Logistics data management through the use of software for managing stock data, DHIS2
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6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
<p>1. Reinforcement of the logistical capacities of the structures</p> <ul style="list-style-type: none"> - Repair of HNSM incinerator - Installation 2 incinerators (WHO Ebola Fund) - Purchase 1 high temperature incinerator 	<ul style="list-style-type: none"> - Repaired HNSM incinerator - The current installation process - A high-temperature incinerator was purchased
<p>2. Coordination of health interventions in general and immunization in particular</p> <ul style="list-style-type: none"> • Develop standard operating procedures (SOPs) for vaccine management • Logivac training of an agent to support EPI logistics 	<ul style="list-style-type: none"> -SOP development process underway. The terms of reference for the technical assistance contraction already drawn up by Unicef. -An agent trained in logivac and assigned to EPI logistics.
<p>3. Strengthening the supply of immunization</p> <ul style="list-style-type: none"> • Accelerated Routine Immunization Week in Low Coverage Areas 	<p>Three weeks of acceleration have been achieved: (December 1, 2017.1 in August 2018 and August 1, 2019).</p>
<p>4. Storage capacity for EPI vaccines and consumables</p>	

<ul style="list-style-type: none"> 3 outfits for cold room employees Purchase 485 vaccine carriers Optimisa pilot circuit, in 3 regions Maintenance circuit in the other 8 regions 	-3 outfits are budgeted for in the RSP and the procurement process is underway. -The pilot project "Minibus San" carried out from December 2017 to February 2018. -Maintenance in 8 regions was done because, when 10 TCW 40
Additional significant IRC / HLRP recommendations (if applicable)	Current status

Some planned activities were not carried out due to lack of financial means. The priority activities not carried out are systematically carried over into the action plans for the following years.

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

Overview of the main activities planned for next year and necessary modifications to Gavi support:

The implementation of the POECF is planned for 5 years from 2018 to 2022, the activities of year 1 (2018) having experienced a delay in implementation, Guinea-Bissau intends to continue the implementation of the second year during the year 2019. The operational deployment plan for the second year has already been developed.

Key finding / Action 1	Reintroduction of IPV and replacement of PCV13 single dose for multi dose.
Current response	For IPV, no refresher training was conducted prior to reintroduction, and for PCV13, training of trainers was conducted but no cascade training was conducted, although vaccination of these antigens is ongoing. After the reintroduction of IPV in December 2018, the SAB region has not vaccinated this month, hoping for recycling.
Agreed country actions	Conduct training at all levels, provide formative supervision after the training and ensure antigen stockpile.
Expected outputs / results	Technicians trained, formative supervision carried out and immunization coverage increased
Associated timeline	August-December 2018
Required resources / support and TA	Two technical assistants: 1 national for the reintroduction of IPV, 1 international for the training of trainers for the transition from single-dose to multi-dose PCV13.
Key finding / Action 2	Prepared CHP 2018-2022
Current response	Partial implementation of the proposed activities
Agreed country actions	Revised/updated the cMYP for the implementation of all proposed activities
Expected outputs / results	Revised/updated cMYP and implementation of proposed activities as a whole
Associated timeline	September 2018
Required resources / support and TA	Two international assistants.
Key finding / Action 3	Availability of an immunization communication plan

Current response	Review and update the communication plan
Agreed country actions	Develop a communication plan with CSOs, CSOs, technicians and other community actors
Expected outputs / results	Establish the framework for working with CSOs, CSOs and other community stakeholders in the implementation of the HSS2 grant, with a specific action plan describing the activities and budget.
Associated timeline	December 2017
Required resources / support and TA	National assistance, UNICEF
Key finding / Action 4	Admission and submission of the country's CCEOP
Current response	Establish a national logistics commission
Agreed country actions	Optimization of cold chain equipment.
Expected outputs / results	Regional depots and sanitary structures with cold chain equipment. Technicians trained for preventive and curative maintenance of new equipment. Reactivate the National Logistics Commission.
Associated timeline	June 2019
Required resources / support and TA	International Technical Assistance
Key finding / Action 5	45% (5/11) of the health regions with vaccination coverage below 80% and no region with coverage below 50%.
Current response	A week of acceleration was carried out in health areas with low coverage.
Agreed country actions	Regularly brought formative supervision and monitoring systems for the use of data for decision making. To continue the development and implementation of an urban strategy for Bissau in collaboration with other actors involved in urban communities.
Expected outputs / results	Increase immunization coverage at the national level, formative supervision as provided for in the VVM, implement urban strategies to increase coverage Conduct a data quality assessment and develop an improvement plan.
Associated timeline	
Required resources / support and TA	National assistance, but no international assistance for data quality assessment and improvement plan.

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

The joint evaluation report was shared with the partners, who are members of the CFIC, for possible suggestions.
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9. ANNEX: Compliance with Gavi reporting requirements

	Yes	No	Not applicable
End of year stock level report (due 31 March) *		X	
Grant Performance Framework (GPF) * reporting against all due indicators			X
Financial Reports *		X	
Periodic financial reports		X	
Annual financial statement		X	
Annual financial audit report		X	
Campaign reports *			
Supplementary Immunisation Activity technical report			X
Campaign coverage survey report			X
Immunisation financing and expenditure information	X		
Data quality and survey reporting		X	
Annual data quality desk review		X	
Data improvement plan (DIP)		X	
Progress report on data improvement plan implementation		X	
In-depth data assessment (conducted in the last five years)		X	
Nationally representative coverage survey (conducted in the last five years)		X	
Annual progress update on the Effective Vaccine Management (EVM) improvement plan		X	
CCEOP: updated CCE inventory	X		
Post Introduction Evaluation (PIE) (specify vaccines):		X	
Measles & rubella situation analysis and 5 year plan			X
Operational plan for the immunisation programme	X		
HSS end of grant evaluation report		X	
HPV demonstration programme evaluations			X
Coverage Survey			X
Costing analysis			X
Adolescent Health Assessment report			X
Reporting by partners on TCA	X		

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Key Findings

- Re-introduction of IPV and replacement of PCV13 single-dose to multiple-dose;
- is preparing the 2018-2022 cMYP;
- Admission and submission of the country's CCEOP;
- Availability of an immunization communication plan
- The first half of 2019 is less preformed than 2018.
- 45% (5/11) of the health regions with vaccination coverage below 80% and no region with coverage below 50%;
- Shortage of stocks (BCG, OPVb and Td) due to the delay in the government's disbursement for the purchase of traditional and co-financed vaccines in 2019;

Recommendations

- Establish the framework for working with CSOs, CSOs and other community stakeholders in the implementation of the HSS2 grant, with a specific action plan describing the activities and budget.
- Finalize the transition plan from DVD-MT to DHIS2, formulate the request in terms of technical assistance and the mapping of the financial support on which Gavi's support will be based.
- Define the support requested from Gavi in terms of the human resources (positions) proposed in the framework of the HSS2 grant and the recruitment timeframe
- To continue the development and implementation of an urban strategy for Bissau in collaboration with other actors involved in urban communities.
- Update the Order establishing the ICC and the Terms of Reference (ToR) for the ICC
- Establish a national logistics commission
- Finalize and adopt the procedures manual developed in 2019
- Continue the work to strengthen the staff of SIVE, including the definition and finalisation of the organisation chart and ToRs, in the framework of the LMC support and TA provided by the Alliance partners.
- Regularly brought in formative supervision and monitoring systems for the use of data for decision making.
- Conduct a data quality assessment and develop an improvement plan.