GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Ghana

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **16/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR 2013 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2014
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2014
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2014
Routine New Vaccines Support	Yellow Fever, 5 dose(s) per vial, LYOPHILISED	Yellow Fever, 5 dose(s) per vial, LYOPHILISED	2015
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILISED		2012
NVS Demo	HPV quadrivalent, 1 dose(s) per vial, LIQUID		2014

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2015	2017
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015	2017
Routine New Vaccines Support	Rotavirus, 1 dose(s) per vial, ORAL	2015	2017

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
HSFP	No	Next tranch of HSFP Grant N/A	N/A
VIG	Yes	Not applicable	N/A
COS	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available here.

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of Ghana hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Ghana

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Hon. Sherry AYITTEY	**Name**	Hon. Seth Emmanuel TEKPER
Date		**Date**	
Signature		**Signature**	

<u>This report has been compiled by</u> (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
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2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date

Dr Afisah ZAKARIAH/Director Policy Planning Monitoring and Evaluation	Ministry of Health		
Dr Erasmus AGONGO/Chairman of ICC	Ghana Health Service		
Dr. V. M. ADABAYERI/Paediatrician	Paediatric Society of Ghana		
Mr. Sam Worentetu/Chairman - Ghana National Polio Plus Committee of Rotary International	Rotary INternational		
Mrs. Cecilia LODONU-SENOO/Vice Chairman	Coalition of NGOs in Health		
Dr K. O. ANTWI-AGYEI/Immediate Past EPI Manager	None		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), Sector lead , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
A. M. Van Ommen	Embassy of the Netherlands		

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

Ghana is not reporting on CSO (Type A & B) fund utilisation in 2014

3. Table of Contents

This APR reports on Ghana's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2013		2014		2015		2016		2017	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	1,063,767	1,063,767	1,090,949	1,090,949	1,118,850	1,118,850		1,146,272		1,173,813
Total infants' deaths	53,188	53,188	54,547	54,547	55,943	55,943		57,314		58,691
Total surviving infants	1010579	1,010,579	1,036,402	1,036,402	1,062,907	1,062,907		1,088,958		1,115,122
Total pregnant women	1,063,767	1,063,767	1,090,949	1,090,949	1,118,850	1,118,850		1,146,272		1,173,813
Number of infants vaccinated (to be vaccinated) with BCG	1,063,767	1,047,623	1,090,949	1,090,949	1,118,850	1,118,850		1,146,272		1,173,813
BCG coverage	100 %	98 %	100 %	100 %	100 %	100 %		100 %		100 %
Number of infants vaccinated (to be vaccinated) with OPV3	949,944	914,966	974,217	974,217	999,133	999,133		1,048,215		1,084,222
OPV3 coverage	94 %	91 %	94 %	94 %	94 %	94 %		96 %		97 %
Number of infants vaccinated (to be vaccinated) with DTP1	0	0	0	0	0	0		0		0
Number of infants vaccinated (to be vaccinated) with DTP3	0	0	0	0	0	0		0		0
DTP3 coverage	0 %	0 %	0 %	0 %	0 %	0 %		0 %		0 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0		0		0
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00		1.00		1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	948,834	948,979	994,945	994,945	1,020,391	1,020,391				
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	948,834	912,046	994,945	974,217	999,133	999,133				
DTP-HepB-Hib coverage	94 %	90 %	96 %	94 %	94 %	94 %		0 %		0 %
Wastage*[1]* rate in base-year and planned thereafter (%) *[2]*	25	6	10	10	10	10				
Wastage*[1]* factor in base-year and planned thereafter (%)	1.33	1.06	1.11	1.11	1.11	1.11		1		1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	929,067	894,431	974,217	974,217	999,133	999,133				
Yellow Fever coverage	92 %	89 %	94 %	94 %	94 %	94 %		0 %		0 %
Wastage*[1]* rate in base-year and planned thereafter (%)	25	10	40	10	25	10				

Wastage*[1]* factor in base-year and planned thereafter (%)	1.33	1.11	1.67	1.11	1.33	1.11		1		1
Maximum wastage rate value for Yellow Fever, 5 dose(s) per vial, LYOPHILISED	10 %	10 %	10 %	10 %	50 %	10 %	0 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	711,626	936,986	994,945	994,945		1,020,391		1,006,287		1,029,897
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	711,626	896,929	994,945	974,217		999,133		1,048,215		1,084,222
Pneumococcal (PCV13) coverage	70 %	89 %	96 %	94 %	0 %	94 %		96 %		97 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	1	5	1		1		1		1
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.01	1.05	1.01	1	1.01		1.01		1.01
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	948,834	926,217	994,945	994,945		1,020,391		1,006,287		1,029,897
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	948,834	883,335	994,945	974,217		999,133		1,048,215		1,084,222
Rotavirus coverage	94 %	87 %	96 %	94 %	0 %	94 %		96 %		97 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	1	5	1		1		1		1
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.01	1.05	1.01	1	1.01		1.01		1.01
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	929,067	898,556	880,941	880,941		999,133		1,048,215		1,084,222
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	858,992	547,495	880,941	880,941		903,472		947,854		970,094
Measles coverage	85 %	54 %	85 %	85 %	0 %	85 %		87 %		87 %
Wastage*[1]* rate in base-year and planned thereafter (%) *{0}*	25	20	25	20		20		20		20
Wastage*[1]* factor in base-year and planned thereafter (%)	1.33	1.25	1.33	1.25	1	1.25		1.25		1.25
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	40.00 %	40.00 %	40.00 %	40.00 %	50.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %
Pregnant women vaccinated with TT+	904,202	756,214	927,307	927,307	951,023	951,023		997,741		1,021,151
TT+ coverage	85 %	71 %	85 %	85 %	85 %	85 %		87 %		87 %
Vit A supplement to mothers within 6 weeks from delivery	858,992	540,516	880,941	880,941	903,472	903,472		947,854		970,094
Vit A supplement to infants after 6 months	858,992	1,703,544	880,941	880,941	903,472	903,472	N/A	947,854	N/A	970,094

Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %	0 %	0 %	0 %	0 %		0 %		0 %

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

2 GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  The number of births are consistent with the reference ones (2012 APR).

- Justification for any changes in **surviving infants**

  The number of surviving infants is consistent with the reference ones (2012 APR).

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  The 2014 targets for the 3rd doses of DTP-HepB-Hib and Pneumococcal (PCV13) and the 2nd dose of Rotavirus have been changed from 994,945 (96%) to 974217 (94%). The change was done to align the 2013 APR with the target provided in the GAVI HSS Proposal.

- Justification for any changes in **wastage by vaccine**

  The yellow fever vaccine wastage rates (25%) for 2014 and 2015 were set when the vial size for the vaccine was 10-dose. Ghana is now using 5-dose yellow fever vaccine and as such it is necessary to change the targeted wastage rate to guide programme implementation. With regards to measles vaccine, Ghana achieved a national wastage of 20% in 2013. The country therefore aims to at least maintain this wastage level.

5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

Key Major Activities Conducted

- Routine immunization in all health facilities and outreach points
- Strengthened routine immunization through the 'Reaching Every District approach
- Conducted two rounds of Polio NIDs
- Conducted national EPI Coverage Survey
- Deployed three rounds of Gardasil HPV Vaccination in 13 districts
- Conducted two rounds of GAVI HPV demonstration vaccination in 4 districts
- Conducted nationwide Measles-Rubella vaccination campaign
- Conducted post-introduction evaluation of the new vaccines that were introduced in 2012
- Commemorated African Vaccination Week
- Commemorated Child Health Promotion Week
- Replaced TT vaccine with Td
- Inter-regional peer supervision and monitoring

Highlights of 2013 Performance

- The country has not recorded any death from measles
- Since November 2008 there has not been any report of wild polio virus
- The country achieved non-polio AFP rate of 2.8 per 100,000

- Ghana has since October 2011 been counted among nations that have eliminated neonatal tetanus
- No region,district or health facility in the country reported of vaccine shortage within the year
- The number of children vaccinated with the 3rd dose of DPT-HepB-Hib increased from 908,821 in2012 to 912,420 in 2013.
- About 3,599 more children were reached in 2013 than in 2012

Challenges

- Declining in performance of immunisation coverage
- Inadequate trained staff for immunisation activities

- Inadequate funds for immunization activities at all levels
- Inadequate cold chain equipment at the national, subdistrict and CHPS levels
- High cost of maintaining the cold chain equipment

- Estimated denominator affecting target setting
- Population data a challenge in setting targets and and in calculation of coverages.

- Weak/broken down motorbikes for outreach services
- Inadequate 4WD pickups and motorised boats to support supervision and service delivery
- Hard to reach areas on the islands in the Volta Basin

- Weak community linkages

- Anti vaccination campaigners have been thwarting the efforts at engendering public confidence

These Challenges were addressed through the following;

- Improved collaboration and expansion of health training institutions

- Quarterly performance reviews

- Monitoring performance using absolute figures and compare with previous years

- Establishment of mother support groups through Millennium Accelerated Framework (MAF)

- Training and orientation on Data Management and Documentation
- Supportive supervision and peer performance monitoring

- Implementation of planned preventive maintenance

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

Targets for all antigens were not reached because of the following;

- Issues about the denominator is creating uncertainty about indicator measurement in some districts.

- Poor documentation(Tallying and recording)
- New districts now integrating with teething constraints

- Inadequate funds for operations especially at the peripheral level
- Low card retention and failure to tally appropriate status of pregnant women

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Ghana Multiple Indicator Cluster Survey (MICS)	2011	92.7	93

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

There has not been a discrepancy in coverage data between boys and girls.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

There are no such barriers in Ghana

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

Coverage results of the 2013 National EPI Coverage Survey differed from the administrative data. Whereas the coverage survey results showed very high coverage for all antigens (BCG; 100%, DTP-HepBHib-1/OPV-1; 100%, Measles; 92.5% e.t.c), the administrative coverage were averagely about 90%. This is partly due to the estimated denominator and data management problems. There was however no discrepancy between Ghana's data and the WHO/UNICEF Estimate of National Coverage data for 2012. We hope there will be no discrepancy in the 2013 data.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

If Yes, please describe the assessment(s) and when they took place.

EPI Coverage Surveys were conducted in the 1st Quarters of 2012 and 2013. This is part of the strategies to identify strengths for replication and weaknesses that have to be addressed in subsequent years. The results are also used to validate the administrative data.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

EPI Coverage surveys are conducted in the first quarter to assess immunization performance and also validate administrative coverage. In 2011, data management training was organized for Regional Level EPI Data Managers to improve data management and mapping. The Ghana Health Service has instituted monthly data validation meeting at the national level (GHS/EPI, WHO, National Public Health and Reference Laboratory, Noguchi Memorial Institute for Medical Research) to reconcile immunization, laboratory and surveillance data. The National EPI Office has instituted monthly feedback of routine immunization data to regions highlighting key areas/districts for support. Regions have also instituted monthly data validation with districts and also send monthly feedback on immunization performance to districts.

To improve data accuracy and consistency, the Ghana Health Service has deployed a web-based Districts Health Information Management System (DHIMS). With this system, data entry is done once at the district level. Key actors at the regional and national level have access to the database. This not withstanding, the Programme still uses an Excel-based District Vaccination Data Management Tool (DVDMT) to validate data in the DHIMS.

As part of the activities for the introduction of pneumococcal and rotavirus vaccines staff at all levels were trained in data management (Tallying, recording, filling and reporting).

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

A technical committee has been constituted to work on integrating the District Vaccination Data Management Tools (DVDMT) into the District Health Information Management System (DHIMS) of the Ghana Health Service. This is being done to avoid double entry of the same data by these over-burdened staff. It will also help prevent the occasional disparities between these two data systems. In 2014 e-registration of children will be piloted in two districts to capture transactional data at the static and outreach points. An EPI monthly Bulletin will be initiated to facilitate regular feedback to the regions and districts. Comprehensive data management training is planned for the third quarter of 2014.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 2.1	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	**Expenditure Year 2013**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**Rotary International**	**UNFPA**	**DFID**
Traditional Vaccines*	1,389,668	1,389,668	0	0	0	0	0	0
New and underused Vaccines**	21,675,889	1,846,329	19,829,560	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	6,920,642	175,202	6,745,440	0	0	0	0	0
Cold Chain equipment	450,400	250,400	0	200,000	0	0	0	0
Personnel	82,602	82,602	0	0	0	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	541,476	261,540	0	83,841	196,095	0	0	0
Campaigns costs	19,829,304	186,265	17,000,000	341,610	2,281,429	20,000	0	0
N/A		0	0	0	0	0	0	0
Total Expenditures for Immunisation	50,889,981							

Total Government Health		4,192,006	43,575,000	625,451	2,477,524	20,000	0	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

N/A

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **3**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Paediatric Society of Ghana
Ghana Coalition of NGOs in Health
Rotary International, Ghana National Polio Plus Committee
Ghana Registered Midwives Association
Church of Jesus Christ of Latter Day Saints (LDS)

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

GOAL:

- Rapidly increase immunity to selected Vaccine Preventable diseases(VPDs) in order to accelerate reduction of morbidity and mortality from vaccine preventable diseases.

OBJECTIVES:

- Reach everyone targeted for immunisation to achieve at least 90%coverage in all childhood immunisations and for tetanus toxoid for pregnant women.
- Strengthen vaccine preventable disease surveillance.
- Improve programme management at all levels and strengthen the health system

Priority Actions

1. Develop2015-2019 cMYP in line with GVAP

•□□□□□□□□Revise the EPI logistics forecasting tool

•□□□□□□□□Update the cMYP costing tool

•□□□□□□□□

2. Monitor and evaluate programme implementation at all levels

•□□□□□□□ Strengthen monitoring and supervision of new vaccine introduction in all regions at all levels by end of the year

•□□□□□□□□Conduct Post Introduction Evaluation on the HPV vaccines by July2014

•□□□□□□□□Conduct HPV adolescent needs assessment

•□□□□□□□□Conduct HPV costing analysis

•□□□□□□□□Conduct Vaccine Wastage Sentinel Project from May - Sept 2014

•□□□□□□□□Conduct EPI cluster survey before the end of the year

3. Foster solid partnership towards the control of vaccine preventable diseases

•□□□□□□□□Meeting of National Polio Certification Committee (NCC) at least once in every quarter

•□□□□□□□□Meeting of National Polio Experts Committee (NPEC) at least once in every quarter

•□□□□□□□□Meeting of Inter-Agency Coordinating Committee (ICC) at least once in every quarter

•□□□□□□□□Inaugurate the National Immunization Technical Advisory Group (NITAG)

4. Ensure effective management of data and use of data for action at all levels

•□□□□□□□□Conduct Data Quality Audit by end of the year

•□□□□□□□□Build capacity in Data Management at all levels during supportive supervision

. Validate program data through reconciliation of data in the DHIMS and DVD-MT

•□□□□□□□□Hold Review Meetings regularly

•□□□□□□□□Train staff in data management

•□□□□□□□□Build capacity in the use of Geographic Information System (GIS) in vaccination

•□□□□□□□□Update the map of Ghana from the current 170 to 216 districts and build sub district maps for districts

5. Improve Access to New Vaccines and Innovative Technologies for vaccine preventable

diseases

•□□□□□□□□Conduct third round of HPV Vaccination in 4 pilot districts in May

•□□□□□□□□Μονιτορ τηε ιντροδυχτιον οφ Τδ ϖαχχινε□

•□□□□□□□□Monitor the introduction of measles-rubella vaccine

- Introduce one dose of IPV into the routine

6. Raise awareness for the uptake of the available child health interventions, particularly, immunization

•□□□□□□□□Commemorate African Vaccination Week in April 2014

•□□□□□□□□Commemorate Child Health Promotion Week in May 2014

. KAP studies on immunization to guide communication by the end of 2014

7. Accelerate the control and prevention of vaccine preventable diseases

•□□□□□□□ Strengthen the documentation of Polio eradication activities

. Introduce one dose of IPV into routine

•□□□□□□□□Develop MNT elimination sustainability plan

•□□□□□□□□Develop Measles Rubella elimination plan

•□□□□□□□□Pilot protected at birth in two districts

8. Increase and maintain routine immunization coverage for all childhood antigens to 90%and above

•□□□□□□□□Improve Communication for Routine Immunization

•□□□□□□□□Build capacity to implement Reaching Every District and Community.

•□□□□□□□□Training on EPI Mid-Level Management

•□□□□□□□□Provide support for frontline staff to undertake effective outreach services

•□□□□□□□□Build capacity in the use of Bottleneck analysis to improve performance

9. Promote and ensure injection safety

•□□□□□□□□Construct incinerators in new districts and old districts without standard incinerators

•□□□□□□□□Build capacity to improve monitoring of AEFI

10. Ensure effective cold chain and vaccine management

C . Conduct cold chain inventory and address gaps

. Conduct Effective Vaccine Management Assessment

. Assess the capacity of the supply chain system to deliver vaccines to the children

. Ensure the availability of all vaccines and logistics

11. Strengthen vaccine preventable disease surveillance (VPD)

. Integrate VPD surveillance in the national integrated disease surveillance and response

. Build capacity for outbreak investigation

. Develop a congenital rubella syndrome surveillance system

12.

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	Auto-Disable Syringe 0.05ml	Government of Ghana
Measles	Auto-Disable Syringe 0.5ml	Government of Ghana and GAVI
TT	Auto-Disable Syringe 0.5ml	Government of Ghana
DTP-containing vaccine	Auto-Disable Syringe 0.5ml	Government of Ghana and GAVI
Yellow Fever	Auto-Disable Syringe 0.5ml	Government of Ghana and GAVI
PCV-13	Auto-Disable Syringe 0.5ml	Government of Ghana and GAVI

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

Safety boxes are used for the collection of sharps at the vaccination points. These are transported to incineration sites and burnt. In areas where there are no incinerators these are burnt in a pit. The main challenges have been unavailability of incinerators in all the sub-districts and also the poor state of the de Montfort incinerators earlier constructed. there is therefore the need to rehabilitate the old incinerators and construct new ones in areas with no incinerator.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	348,320	620,166
Remaining funds (carry over) from 2012 *(B)*	319,673	675,741
Total funds available in 2013 *(C=A+B)*	667,993	1,295,907
Total Expenditures in 2013 *(D)*	593,051	1,150,518
Balance carried over to 2014 *(E=C-D)*	74,942	145,389

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

The GAVI ISS funds are included in the National Health Sector Plans and Budgets as part of the GAVI support. Budget relating to ISS are prepared and submitted to the ICC for approval. During implementation, budget for specific activities are prepared and approved by the Director General of the Ghana Health Service. The delays in ISS funds affects programme implementation as a number of activities are made to wait till funds are received.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Accounts Holder: Ghana Health Service
Currency: US Dollars
Bank Account's Title: GHS Earmarked USD Accounts
Bank's Name: Ecobank Ghana Limited
Bank Type: Commercial
Account Auditors: Ghana Audit Service and Ernst and Young
Account Number: 1101-530640-226

ICC approves ISS Funds. Specific activity budgets are prepared and submitted to the Director General of the Ghana Health Service for approval. Budget allocations to lower levels are also approved by the ICC and the Director General before cheques a rewritten. Upon completion of an activity, the technical and financial reports are submitted to the Director General.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

- National EPI Coverage Survey
- Maintenance of cold chain equipment
- Procurement of spare parts for cold chain equipment
- Printing of guideline for the revised child healthrecords book
- Procurement of 23 photocopier machines for regionsand districts
- Procurement of air-conditioners for the NationalCold Room
- Procurement of three (3) laptops
- Monitoring and support visit to regions anddistricts
- Maintenance of vehicles
- Finalization of EPI Annual Report for 2012

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Ghana is not applicable for 2013

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	3,808,500	1,445,118	2,363,382	No
Measles	1,243,000	0	1,243,000	No
Pneumococcal (PCV13)	2,242,800	2,242,800	0	No
Rotavirus	2,098,500	2,098,500	0	No
Yellow Fever	561,600	561,600	0	No

**Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

For DPT-HepB-Hib, a total of 2,363,382 doses were carried forward to 2014 to avoid overstocking.
The delivery of Measles second dose was delayed and was postponed to early 2014. We initially wanted UNICEF to convert it into MR so that the country will pay for the difference but that arrangement was not agreed by GAVI. The discussions on it prolonged hence the delay to supply the vaccine in 2013

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

DPT-HepB-Hib delivery was postponed to avoid overstocking.It must be emphasized that postponement of DPT-HepB-Hib has been occuring for the last four years. We wish that GAVI would take into consideration quantities of vaccines carried forward from the previous year when approving of quantities of vaccines in the decision letter

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

N/A

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	01/04/2014
Nationwide introduction	No	01/04/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	01/04/2014
Nationwide introduction	No	01/04/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	01/04/2014
Nationwide introduction	No	01/04/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	01/04/2014
Nationwide introduction	No	01/04/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

Yellow Fever, 5 dose(s) per vial, LYOPHILISED		
Phased introduction	No	01/04/2014
Nationwide introduction	No	01/04/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2014**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

Ghana conducted post-introduction evaluation for pneumococcal, rotavirus and measles second dose in 2013. The recommendation and status of implementation arestated below;

RECOMMENDATIONS;

1. Training

All documents related to new vaccines (MCV2, PCV, and rotavirus)should be made available at all levels. There is also the need for continuous refresher training for new and old staff. Areas of focus should include recording, reporting and age restrictions in vaccine administration.

2. Cold Chain

Repair broken refrigerators in a timely fashion.

3. Monitoring/Supervision

Strengthening the supervision component of the EPI programme is needed in order to maintain the effective implementation of immunization activities. Supervisors should provide written feedback during visits;Standardize supervisory checklists to include EPI.

4. Waste Management

All pits and incinerators should have fences.

5. Vaccine management

Vaccine wastage should be tracked and reported in monthly reports.Ensure implementation of the national policy for diluent temperature. Guidelines on vaccine management currently in the training manual should be put in a document of its own and disseminated.

6. AEFI

Provide written guidelines to Districts and HFs; HCW should remember to sensitize caregivers and mothers about possible adverse events. Encourage community and HF to report AEFI.

STATUS OF RECOMMENDATIONS

1. Training

Regions are being supported financially to train their staff onthe new vaccines and immunization in general

2. Cold Chain

Comprehensive cold chain inventory has started; we hope to complete it by the close of the year. This will help us take informed decisions on cold chain needs in the country. 10 Data loggers have been procured for installation in our regional cold rooms through UNICEF support

3. Monitoring/Supervision

Regional monitoring and supervision plan has been drawn.Implementation has started in Greater Accra region. Support visits to other regions are scheduled to follow

4. Waste Management

65 new incinerators are being constructed to help improve vaccination waste management. Health facilities with pits for burning have been advised to fence them.

5. Vaccine management

A vaccine wastage monitoring study will be conducted to validate the wastage rates of vaccines in 2014. The EPI Field Guide has been updated with the current WHO/UNICEF vaccine recommendations. This field guide will be printed and distributed.

6. AEFI

An AEFI National Guidelines has been developed and yet to be printed and disseminated.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

NA

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0
Total Expenditures in 2013 (D)	0	0

Balance carried over to 2014 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

NA

Please describe any problem encountered and solutions in the implementation of the planned activities

NA

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

NA

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	80,800	40,100
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	478,700	136,800
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	486,500	168,500
Awarded Vaccine #5: Yellow Fever, 5 dose(s) per vial, LYOPHILISED	170,100	189,050
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	895350	
Donor	None	
Other	None	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	68,000	401,000
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal	37.300	136.800

(PCV13), 1 dose(s) per vial, LIQUID		
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded Vaccine #5: Yellow Fever, 5 dose(s) per vial, LYOPHILISED	20,900	189,050
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	June	Government of Ghana
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	June	Government of Ghana
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	Government of Ghana
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	June	Government of Ghana
Awarded Vaccine #5: Yellow Fever, 5 dose(s) per vial, LYOPHILISED	June	Government of Ghana
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	The country will need a technical support to organize high level advocacy with Parliamentarians, Cabinet and Sector Ministers, Parliamentary Sub-committee on health, Civil Society Organizations, and the private sector to mobilize funds to support immunization activities	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

The country defaulted in the payment of 2013 co-payment for PCV and Penta vaccines. However, as at the time of reporting,funds had been released by the Government to UNICEF for payment

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2010**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

At the end of 2013, all the ten (10) regions in the country had fully installed walk-in-cold-room. This was a major part of the EVM improvement plan to increase the cold chain capacity of the country. A 20 metre cubic capacity walk-in-freezer has been built in Ashanti region to improve storage capacity for OPV. Ten (10) temperature data loggers have been procured through UNICEF for installation at national and regional cold rooms. The temperature loggers are however yet to be installed. The status of implementation of the EVM improvement plan is about 95% completed.

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for Meningococcal type A Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[A]	[B]	[C]
Total doses approved in DL	**Campaign start date**	**Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)**
0	01/04/2014	NA

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

NA

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

NA

7.6.2. Programmatic Results of Meningococcal type A preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
NA	NA	0	0	0	0	0	0	0

*If no survey is conducted, please provide estimated coverage by indepenent monitors

Has the campaign been conducted according to the plans in the approved proposal?" **No**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

NA

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

NA

What lessons have you learned from the campaign?

NA

7.6.3. Fund utilsation of operational cost of Meningococcal type A preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
NA	0	0
Total	**0**	**0**

7.7. Change of vaccine presentation

Ghana does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

If 2014 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2015 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year: 2015

The country hereby request for an extension of GAVI support for

* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 1 dose(s) per vial, ORAL**

vaccines: for the years 2015 to 2019.At the same time it commits itself to co-finance the procurement of

* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 1 dose(s) per vial, ORAL**

vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.11 Calculation of requirements.

The multi-year extension of

* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 1 dose(s) per vial, ORAL**

vaccine support is in line with the new cMYP for the years 2015 to 2019 which is attached to this APR (Document N°**16**). The new costing tool is also attached.(Document N°**17**)

The country ICC has endorsed this request for extended support of

* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**

* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

* **Rotavirus, 1 dose(s) per vial, ORAL**

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don't confirm, please explain

NA

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,010,579	1,036,402	1,062,907	3,109,888
	Number of children to be vaccinated with the first dose	Table 4	#	948,834	994,945	1,020,391	2,964,170
	Number of children to be vaccinated with the third dose	Table 4	#	948,834	994,945	999,133	2,942,912
	Immunisation coverage	Table 4	%	93.89 %	96.00 %	94.00 %	

	with the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.33	1.11	1.11	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	2,100,000			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	2,100,000			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.26	0.30	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NA

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

3

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2013	2014	2015
Minimum co-financing	0.23	0.26	0.30
Recommended co-financing as per APR 2012			0.30
Your co-financing	0.23	0.26	0.30

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015
Number of vaccine doses	#	2,932,100	3,852,800
Number of AD syringes	#	2,908,800	3,923,200

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	32,000	43,175
Total value to be co-financed by GAVI	$	6,137,000	8,166,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015
Number of vaccine doses	#	416,000	635,300
Number of AD syringes	#	412,700	646,900
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	4,550	7,125
Total value to be co-financed by the Country [1]	$	870,500	1,346,500

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	12.42 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	948,834	994,945	123,602	871,343
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	948,834	994,945	123,602	871,343
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,846,502	2,984,835	370,806	2,614,029
E	**Estimated vaccine wastage factor**	*Table 4*	1.33	1.11		
F	**Number of doses needed including wastage**	*D X E*		3,313,167	411,594	2,901,573
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		34,584	4,297	30,287
H	**Stock to be deducted**	*H1 - F of previous year x 0.25*				
H1	**Calculated opening stock**	*H2 (2014) + H3 (2014) - F (2014)*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0	2,100,000		
H3	**Shipment plan**	*UNICEF shipment report*		890,500		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		3,348,000	415,922	2,932,078
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		3,321,361	412,612	2,908,749
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		36,535	4,539	31,996
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		6,444,900	800,649	5,644,251
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		149,462	18,568	130,894
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		183	23	160
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		412,474	51,242	361,232
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		7,007,019	870,480	6,136,539
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		870,480		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		12.42 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	14.15 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,020,391	144,422	875,969
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	999,133	141,413	857,720
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	3,031,200	429,022	2,602,178
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses needed including wastage**	*D X E*	3,364,633	476,215	2,888,418
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	12,867	1,822	11,045
H	**Stock to be deducted**	*H1 - F of previous year x 0.25*	- 1,110,406	- 157,161	- 953,245
H1	**Calculated opening stock**	*H2 (2014) + H3 (2014) - F (2014)*	- 290,226	- 41,077	- 249,149
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*UNICEF shipment report*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	4,488,000	635,211	3,852,789
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	4,569,921	646,805	3,923,116
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	50,270	7,115	43,155
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	8,747,112	1,238,025	7,509,087
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	205,647	29,107	176,540
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	252	36	216
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	559,816	79,234	480,582
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	9,512,827	1,346,400	8,166,427
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	1,346,400		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	14.15 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

Total doses of 2,363,382 DPT-HepB-Hib was postponed from 2013 to 2014 to compensate for any shortfalls that might have occurred in 2014. The postponement was to prevent overstock

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

Total doses of 2,363,382 DPT-HepB-Hib was postponed from 2013 to 2014 to compensate for any shortfalls that might have occurred in 2014. The postponement was to prevent overstock

Table 7.11.1: Specifications for Measles second dose, 10 dose(s) per vial, LYOPHILISED

ID		Source		2013	2014	2015	2016	2017	TOTAL
	Number of surviving infants	Table 4	#	1,010,579	1,036,402	1,062,907	1,088,958	1,115,122	5,313,968
	Number of children to be vaccinated with the first dose	Table 4	#	929,067	880,941	999,133	1,048,215	1,084,222	4,941,578
	Number of children to be vaccinated with the second dose	Table 4	#	858,992	880,941	903,472	947,854	970,094	4,561,353
	Immunisation coverage with the second dose	Table 4	%	85.00 %	85.00 %	85.00 %	87.04 %	86.99 %	
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.33	1.33	1.25	1.25	1.25	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	1,363,000					
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	1,363,000					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.00	0.00	0.00	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		14.00 %	14.00 %	14.00 %	14.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NA

Co-financing tables for Measles second dose, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Intermediate

	2013	2014	2015	2016	2017
Minimum co-financing			0.00	0.00	0.00
Your co-financing		0.00			

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015	2016	2017
Number of vaccine doses	#	- 203,300	208,400	274,900	331,100
Number of AD syringes	#	- 543,400	- 45,500	14,100	66,100
Number of re-constitution syringes	#	- 22,300	23,000	30,300	36,500
Number of safety boxes	#	- 6,200	- 225	500	1,150
Total value to be co-financed by GAVI	$	- 83,500	59,500	85,000	107,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015	2016	2017
Number of vaccine doses	#	0	0	0	0
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country [1]	$	0	0	0	0

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	929,067	880,941	0	880,941
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B x C*	929,067	880,941	0	880,941
E	**Estimated vaccine wastage factor**	*Table 4*	1.33	1.33		
F	**Number of doses needed including wastage**	*D X E*		1,171,652	0	1,171,652
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		- 12,031	0	- 12,031
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	1,299,200			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		- 203,300	0	- 203,300
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		- 543,499	0	- 543,499
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		- 22,363	0	- 22,363
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		- 6,224	0	- 6,224
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		- 49,808	0	- 49,808
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		- 24,457	0	- 24,457
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		- 89	0	- 89
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		- 31	0	- 31
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		- 6,973	0	- 6,973
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		- 2,457	0	- 2,457
T	**Total fund needed**	*(N+O+P+Q+R+S)*		- 83,815	0	- 83,815
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		0.00 %		

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 2)

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %			0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	999,133	0	999,133	1,048,215	0	1,048,215
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1			1		
D	**Number of doses needed**	*B x C*	999,133	0	999,133	1,048,215	0	1,048,215
E	**Estimated vaccine wastage factor**	*Table 4*	1.25			1.25		
F	**Number of doses needed including wastage**	*D X E*	1,248,917	0	1,248,917	1,310,269	0	1,310,269
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	29,548	0	29,548	15,339	0	15,339
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	1,070,087	0	1,070,087	1,050,771	0	1,050,771
H2	**Reported stock on January 1st**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	208,400	0	208,400	274,900	0	274,900
J	**Number of doses per vial**	*Vaccine Parameter*	10			10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	- 45,546	0	- 45,546	14,062	0	14,062
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	22,925	0	22,925	30,240	0	30,240
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	- 248	0	- 248	488	0	488
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	53,976	0	53,976	73,674	0	73,674
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	- 2,049	0	- 2,049	633	0	633
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	92	0	92	121	0	121
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	- 1	0	- 1	3	0	3
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	7,557	0	7,557	10,315	0	10,315
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	- 195	0	- 195	76	0	76
T	**Total fund needed**	*(N+O+P+Q+R+S)*	59,380	0	59,380	84,822	0	84,822
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0			0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %			0.00 %		

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,084,222	0	1,084,222
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	1,084,222	0	1,084,222
E	**Estimated vaccine wastage factor**	*Table 4*	1.25		
F	**Number of doses needed including wastage**	*D X E*	1,355,278	0	1,355,278
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	11,253	0	11,253
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	1,035,433	1,035,433	1,035,433
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	331,100	0	331,100
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	66,047	0	66,047
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	36,421	0	36,421
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	1,128	0	1,128
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	91,053	0	91,053
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	2,973	0	2,973
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	146	0	146
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	6	0	6
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	12,748	0	12,748
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	313	0	313
T	**Total fund needed**	*(N+O+P+Q+R+S)*	107,239	0	107,239
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	0.00 %		

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2013	2014	2015	2016	2017	TOTAL
	Number of surviving infants	Table 4	#	1,010,579	1,036,402	1,062,907	1,088,958	1,115,122	5,313,968
	Number of children to be vaccinated with the first dose	Table 4	#	711,626	994,945	1,020,391	1,006,287	1,029,897	4,763,146
	Number of children to be vaccinated with the third dose	Table 4	#	711,626	994,945	999,133	1,048,215	1,084,222	4,838,141
	Immunisation coverage with the third dose	Table 4	%	70.42 %	96.00 %	94.00 %	96.26 %	97.23 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.01	1.01	1.01	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	1,800,000					
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	1,800,000					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.26	0.30	0.34	0.40	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NA

Co-financing tables for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2013	2014	2015	2016	2017
Minimum co-financing	0.23	0.26	0.30	0.34	0.40
Your co-financing	0.23	0.26	0.30	0.34	0.40

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015	2016	2017
Number of vaccine doses	#	1,447,500	1,921,700	1,823,000	1,869,000
Number of AD syringes	#	1,438,100	2,082,100	1,974,200	2,024,000
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	15,825	22,925	21,725	22,275
Total value to be co-financed by GAVI	$	5,268,000	6,958,500	6,583,500	6,732,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015	2016	2017
Number of vaccine doses	#	111,400	173,600	189,500	233,500
Number of AD syringes	#	110,700	188,100	205,200	252,900
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	1,225	2,075	2,275	2,800
Total value to be co-financed by the Country [1]	$	405,500	629,000	684,500	841,000

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	7.14 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	711,626	994,945	71,083	923,862
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	2,134,877	2,984,835	213,248	2,771,587
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*		3,134,077	223,911	2,910,166
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		223,115	15,941	207,174
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,558,800	111,367	1,447,433
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		1,548,746	110,649	1,438,097
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		17,037	1,218	15,819
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		5,285,891	377,644	4,908,247
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		69,694	4,980	64,714
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		86	7	79
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		317,154	22,659	294,495
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		5,672,825	405,289	5,267,536
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		405,288		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		7.14 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	8.28 %			9.41 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,020,391	84,540	935,851	1,006,287	94,737	911,550
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B x C*	3,061,173	253,618	2,807,555	3,018,861	284,211	2,734,650
E	**Estimated vaccine wastage factor**	*Table 4*	1.01			1.01		
F	**Number of doses needed including wastage**	*D X E*	3,091,785	256,154	2,835,631	3,049,050	287,053	2,761,997
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	19,085	1,582	17,503	- 10,578	- 995	- 9,583
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	1,016,481	84,216	932,265	1,027,054	96,692	930,362
H2	**Reported stock on January 1st**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,095,200	173,587	1,921,613	2,012,400	189,458	1,822,942
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	2,270,155	188,082	2,082,073	2,179,352	205,175	1,974,177
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	24,972	2,069	22,903	23,973	2,257	21,716
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	7,060,824	584,987	6,475,837	6,763,677	636,766	6,126,911
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	102,157	8,464	93,693	98,071	9,233	88,838
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	125	11	114	120	12	108
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	423,650	35,100	388,550	405,821	38,206	367,615
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	7,586,756	628,560	6,958,196	7,267,689	684,216	6,583,473
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	628,560			684,216		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	8.28 %			9.41 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	11.11 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,029,897	114,373	915,524
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	3,089,691	343,117	2,746,574
E	**Estimated vaccine wastage factor**	*Table 4*	1.01		
F	**Number of doses needed including wastage**	*D X E*	3,120,588	346,548	2,774,040
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	17,885	1,987	15,898
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	1,037,738	1,037,738	1,037,738
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,102,400	233,476	1,868,924
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	2,276,822	252,846	2,023,976
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	25,046	2,782	22,264
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	7,047,245	782,612	6,264,633
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	102,457	11,379	91,078
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	126	14	112
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	422,835	46,957	375,878
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	7,572,663	840,960	6,731,703
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	840,960		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	11.11 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2013	2014	2015	2016	2017	TOTAL
	Number of surviving infants	Table 4	#	1,010,579	1,036,402	1,062,907	1,088,958	1,115,122	5,313,968
	Number of children to be vaccinated with the first dose	Table 4	#	948,834	994,945	1,020,391	1,006,287	1,029,897	5,000,354
	Number of children to be vaccinated with the second dose	Table 4	#	948,834	994,945	999,133	1,048,215	1,084,222	5,075,349
	Immunisation coverage with the second dose	Table 4	%	93.89 %	96.00 %	94.00 %	96.26 %	97.23 %	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.01	1.01	1.01	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	930,000					
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	930,000					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		No	No	No	No	
cc	**Country co-financing per dose**	Co-financing table	$		0.26	0.30	0.34	0.40	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NA

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Intermediate

	2013	2014	2015	2016	2017
Minimum co-financing	0.23	0.26	0.30	0.34	0.40
Your co-financing	0.23	0.26	0.30	0.34	0.40

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015	2016	2017
Number of vaccine doses	#	1,070,500	1,480,000	1,409,500	1,425,100
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by GAVI	$	2,878,500	3,967,500	3,830,000	3,872,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015	2016	2017
Number of vaccine doses	#	114,600	186,600	201,600	246,000
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country [1]	$	308,500	500,000	548,000	668,500

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	9.67 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	948,834	994,945	96,200	898,745
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B x C*	1,897,668	1,989,890	192,400	1,797,490
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*		2,089,385	202,020	1,887,365
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		24,209	2,341	21,868
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,185,000	114,576	1,070,424
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		3,034,785	293,429	2,741,356
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		151,740	14,672	137,068
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		3,186,525	308,100	2,878,425
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		308,100		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		9.67 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	11.19 %			12.51 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,020,391	114,196	906,195	1,006,287	125,907	880,380
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B x C*	2,040,782	228,391	1,812,391	2,012,574	251,813	1,760,761
E	Estimated vaccine wastage factor	*Table 4*	1.01			1.01		
F	Number of doses needed including wastage	*D X E*	2,061,190	230,675	1,830,515	2,032,700	254,331	1,778,369
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	12,723	1,424	11,299	- 7,052	- 882	- 6,170
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	407,654	45,622	362,032	414,703	51,888	362,815
H2	Reported stock on January 1st	*Table 7.11.1*						
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,666,500	186,504	1,479,996	1,611,000	201,568	1,409,432
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,254,575	476,143	3,778,432	4,169,268	521,658	3,647,610
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	212,729	23,808	188,921	208,464	26,083	182,381
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	4,467,304	499,950	3,967,354	4,377,732	547,741	3,829,991
U	Total country co-financing	*I x country co-financing per dose (cc)*	499,950			547,740		
V	Country co-financing % of GAVI supported proportion	*U / T*	11.19 %			12.51 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	14.72 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,029,897	151,601	878,296
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	2,059,794	303,201	1,756,593
E	**Estimated vaccine wastage factor**	*Table 4*	1.01		
F	**Number of doses needed including wastage**	*D X E*	2,080,392	306,233	1,774,159
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	11,924	1,756	10,168
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	421,825	421,825	421,825
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,671,000	245,971	1,425,029
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	4,324,548	636,572	3,687,976
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	216,228	31,829	184,399
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	4,540,776	668,400	3,872,376
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	668,400		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	14.72 %		

Table 7.11.1: Specifications for Yellow Fever, 5 dose(s) per vial, LYOPHILISED

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,010,579	1,036,402	1,062,907	3,109,888
	Number of children to be vaccinated with the first dose	Table 4	#	929,067	974,217	999,133	2,902,417
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.33	1.67	1.11	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	600,000			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	600,000			
	Number of doses per vial	Parameter	#		5	5	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.39	0.45	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NA

Co-financing tables for Yellow Fever, 5 dose(s) per vial, LYOPHILISED

Co-financing group	Intermediate

	2013	2014	2015
Minimum co-financing	0.23	0.26	0.30
Recommended co-financing as per APR 2012			0.45
Your co-financing	0.34	0.39	0.45

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015
Number of vaccine doses	#	760,300	562,500
Number of AD syringes	#	351,000	545,000
Number of re-constitution syringes	#	167,300	123,800
Number of safety boxes	#	5,700	7,375
Total value to be co-financed by GAVI	$	915,000	649,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

2014	2015

Number of vaccine doses	#	364,600	359,600
Number of AD syringes	#	168,400	348,400
Number of re-constitution syringes	#	80,300	79,200
Number of safety boxes	#	2,750	4,725
Total value to be co-financed by the Country [1]	$	439,000	415,000

Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	32.41 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	929,067	974,217	315,780	658,437
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B x C*	929,067	974,217	315,780	658,437
E	**Estimated vaccine wastage factor**	*Table 4*	1.33	1.67		
F	**Number of doses needed including wastage**	*D X E*		1,626,943	527,353	1,099,590
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		97,821	31,708	66,113
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,124,800	364,590	760,210
J	**Number of doses per vial**	*Vaccine Parameter*		5		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		519,242	168,306	350,936
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		247,457	80,211	167,246
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		8,434	2,734	5,700
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		1,230,532	398,862	831,670
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		23,366	7,574	15,792
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		990	321	669
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		43	14	29
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		95,982	31,112	64,870
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		2,440	791	1,649
T	**Total fund needed**	*(N+O+P+Q+R+S)*		1,353,353	438,673	914,680
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		438,672		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		32.41 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 2)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	39.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	999,133	389,628	609,505
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	999,133	389,628	609,505
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses needed including wastage**	*D X E*	1,109,038	432,487	676,551
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	6,229	2,430	3,799
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	193,264	75,367	117,897
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	922,050	359,568	562,482
J	**Number of doses per vial**	*Vaccine Parameter*	5		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	893,307	348,359	544,948
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	202,852	79,106	123,746
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	12,058	4,703	7,355
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	945,102	368,557	576,545
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	40,199	15,677	24,522
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	812	317	495
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	61	24	37
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	73,718	28,748	44,970
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	4,108	1,602	2,506
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,064,000	414,923	649,077
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	414,923		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	39.00 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2013**. All countries are expected to report on:

   a. Progress achieved in 2013

   b. HSS implementation during January – April 2014 (interim reporting)

   c. Plans for 2015

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2013

   b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

July,2014

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

The involvement of CSOs in health care delivery in the service has been strengthen, for instance the just ended reviews of the ten regional and head quarters were fully participated by the CSOs. These included partners from WHO, UNICEF, JICA and Coalition of NGO's in Health. Additionally, the CSO's have been involved in various reviews of annual health summits of the Ministry of Health. In the Health Summits, some of the CSOs work as facilitators of the summit and also contribute to innovative strategies for improving the health service delivery.

In the delivery of service, these organizations have, participated and supported health care delivery. GHS has taken keen interest in building capacity of CSOs managers in health by providing training in health activities. The GCNH was supported with HSS grant to develop their strategic plan.

The CSOs on their part organises quarterly review meetings which is attended by Expanded Programme on Immunisation (EPI) team, members of the Policy Planning Monitoring and Evaluation (PPMED team, WHO and the Coalition of NGOs in Health. The meeting serves as a platform to discuss activities of the CSOs and update stakeholders on what they have been doing on the field. In the meeting members discuss the joint monitoring activities of the CSOs and all the other health stakeholders.

Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework

Please provide data sources for all data used in this report.

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: US$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	1035500	7230500	767000	637000		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	1035500		3615250	2509625	2509625	
Total funds received from GAVI during the calendar year (*A*)	1035500		3615250	2509625		2509625
Remaining funds (carry over) from previous year (*B*)		762236	407449	2463160	3860055	1547227
Total Funds available during the calendar year (*C=A+B*)	1035500	762236	4022699	4972785	3860055	4056832
Total expenditure during the calendar year (*D*)	273264	354787	1559539	1112730	2312828	1422076
Balance carried forward to next calendar year (*E=C-D*)	762236	407449	2463160	3860055	1547227	2634756
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)	2634756			
Total Funds available during the calendar year (*C=A+B*)	2634756			
Total expenditure during the calendar year (*D*)	844464			
Balance carried forward to next calendar year (*E=C-D*)	1790292			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	1006506	9023664	1092208	943397		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	1006506		5148116	3716754	4050534	
Total funds received from GAVI during the calendar year (*A*)	1006506		5148116	3716754		4868672
Remaining funds (carry over) from previous year (*B*)		678862	171871	3055537	5052012	472613
Total Funds available during the calendar year (*C=A+B*)	1006506	678862	5319987	6772291	5052012	5341286
Total expenditure during the calendar year (*D*)	327643	506990	2264450	1720279	4579399	2757399
Balance carried forward to next calendar year (*E=C-D*)	678862	171871	3055537	5052012	472613	2583887
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)	2583887			
Total Funds available during the calendar year (*C=A+B*)	2583887			
Total expenditure during the calendar year (*D*)	1638259			
Balance carried forward to next calendar year (*E=C-D*)	945628			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	0.972	1.248	1.424	1.481	1.614	1.89
Closing on 31 December	1.199	1.429	1.452	1.546	1.98	1.94

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements

at both the sub-national and national levels; and the overall role of the HSCC in this process.

Consistent with the Government of Ghana financial management procedures and the recommendation from the FMA, the sector continues to maintain two accounts with the ECOBANK GHANA (cedi and dollar accounts respectively for the GAVI HSS cash support and other earmarked cash support).In terms of funds disbursements for carrying out activities, all funds are channeled to the Ghana Health Service headquarters and subsequently transferred to the various service implementation levels (Regional HealthService, District Health Service and Sub Districts). There is a bottom-up approach to financial reporting from the lower levels of service delivery(Community, Sub Districts and Districts) through to the Ministry of Health. In this system, the Districts collate financial expenditure outlays from the lower levels and submit to the Regional level for onward submission to headquarters.

The GHS headquarters every quarter,collates and analyses all the financial reports from the various levels and then report to the Ministry of Health. At the Ministry headquarters level, the financial statements are discussed together with other key performance indicators during the quarterly business meeting of the HSCC.

As per agreement(CommonManagement Arrangement) by the Ministry of health with its Partners, itwas external audit report should be ready nine months after the end of the reporting year.The 2013 audit report will be ready by September 2014.. The HSS budget is included in the annual health sector plan and annual work plan of the implementing agencies. The unaudited Financial statement for 2013 of theMoH will be added to this APR.

Has an external audit been conducted? Its being conducted and is due September 2014

Has an external audit been conducted? Yes

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2013 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Objective 1	Strengthening District and Sub-districts		
Objective 1.1	Strengthen management capacity in leadership		
Activity 1.1	Equip national and Regional in-service training centres	100	GHS PPMED 2013 Annual report
Activity 1.2	Train District directors and Senior managers in leadership and management	100	GHS HRDD 2013 Annual report
Activity 1.3	Train selected NGOs, RHMT and DDHS in teambuilding	60	GHS HRDD 2013 Annual report

Activity 1.4	Develop simplified financial management and procurement operational manual for sub districts, CHOs and NGOs	100	GHS PPMED 2011/2013 Annual report
Activity 1.5	Train sub district managers and CHOs in procurement and financial management	100	GHS PPMED 2013 Annual report
Objective 1.2	Strengthen District Health planning, prioritization and resource allocation		
Activity 1.2.1	Technical assistance to update DHA tools to support DSS sites	100	GHS PPMED 2013 Report
Activity 1.2.2	Train Senior managers including national, regional and district directors in the use of DHIP and DHA for priority setting and decision-making	100	GHS PPMED 2013 Report
Objective 1.3	Strengthen Support & Supervision Systems		
Activity 1.3.1	Train district, sub districts and NGOs in supportive supervision	100	GHS PPMED 2013 Report
Activity 1.3.2	Provide fuel and stationery to districts, sub districts and NGOs to undertake supportive supervision	100	GHS PPMED 2013 Report
Objective 2	Objective 2 Expand functional CHPS coverage to deliver essential services especially for MDG 4 and 5		
Activity 2.1	Procure vehicles for sub districts	100	GHS HASS 2012 Report
Activity 2.2	Procurement of Service delivery kits for CHOs	100	GHS PPMED 2013 Report
Objective 3	Strengthening sub-district Health Information Systems especially at the CHPS zone level using District Wide Information Management System (DWIMS)		
Activity 3.1	Procure PDA (Smart phones) for CHOs	100	GHS PPMED 2013 Annual report
Activity 3.2	Train CHOs in the use of PDA (Smart phone) equipment	60	GHS PPMED 2013 Annual report
Activity 3.3	Customise and Integrate PDA data into existing health management information system	100	GHS PPMED 2013 Annual report
Objective 4	Strengthening Information management, M&E and operational and implementation research		
Activity 4.1	Undertake operational and implementation research	50	PPMED 2010 Annual Report
Activity 4.2	Support national & regional level M&E	100	GHS 2013 Annual Report
Activity 4.3	Review and Evaluation of HSS support	10	

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**

Objective 1	Strengthening District and Sub-districts
Objective 1.1	Strengthen management capacity in leadership
Activity 1.1 Equip national and Regional in-servic	Funds have been transferred to all the remaining regions for the resourcing of their in-service training centers. At the moment these centers have functional teleconference facilities and efforts are being made to make the remaining functional linking them up to each other.
Activity 1.2 Train District directors and Senior m	The Leadership Development Program (LDP) is an organizational process that develops people at all levels to learn Leading and Managing practices, face challenges and achieve measurable results. The process brings about transformation in how people work as teams, how those teams approach challenges, and the thinking that underlies their approaches. Adopted by the GHS to quip managers within the GHS with skills to lead and manage for better results and improve leadership especially at the district level. All targeted staff from the various levels of the GHS as planned in the GAVI HSS have been trained. Efforts were also made to leverage funding support from other Partners such as UNICEF, FOCUS-(Foundation of Orthopedics and Complex Spinex) and USAID to scale up training to include some of the staff from the newly created districts. This includes 111 regional staff made up of Volta Region (41), Greater Accra (35), and Western Region (62), Ashanti (124), Central (66), Northern (87), Upper West (71), Upper East (62), Headquarter (55) Brong Ahafo(30). The (Millenium Acceleration Fund is currently supporting roll-out of the program in Brong Ahafo and Upper West Regions (mainly for Reproductive and Child Health staff)
Activity 1.3 Train selected NGOs, RHMT and DDHS in	This activity was re-programmed with a focus on strengthening sub-district management systems by upgrading them into BMC status. The activity was implemented together with the support and supervision activity. The sub district certification process will provide facilitative and technical support as follow up to the sub district management training to ensure adherence to good management practice. In 2014 the task to develop criteria to certify sub districts as BMCs capable of managing their resources,analysing effective decision, to improve service delivery has been set up. A certification checklist has also been developed by the team, which will be applied to 50% of trained sub district teams on management to upgrade status as managing BMCs. The intent within the original plan was not to isolate NGO activities but to make it a part of the implementation of the activities in the sub district.
Activity 1.4 Develop simplified financial manageme	The development of a sub district management manual as a management guide and training tool for strengthening sub-district management capacity was completed in 2010. As a follow up activity, the manual was printed in 2011. The manual has been used to train all the sub districts in the ten regions of Ghana. The training participants comprised of the sub district management team and other key officers of the sub district.
Activity 1.5 Train sub district managers and CHOs	The sub district management trainings was aimed at building capacity in management including service delivery at the sub district level with the focus of scaling up interventions in which immunisation and outreach services to the communities are key. The training created awareness for managers to be responsible in service delivery and their skills developed in the management capacity (Planning and budgeting, financial management, Auditing, Administration, Procurement and Service Delivery). A task team from the GHS headquarters including two external consultants was constituted to facilitate the training. At the Regional level, participants included selected managers from the Regional Health Directorate and District Health Directorate. The district level were made up of mostly District Directors, midwives, staff nurses while the sub-districts included the Sub-District Head, enrolled nurses, community health officers. Since 2011 to date, a total of 3,106 staff in the 10 regions have been trained namely: Greater Accra (160) Central (330

	managers), Western (365 managers), Eastern (573 managers) and Ashanti (409 managers) Volta (331Managers) Brong Ahafo (395) Northern (204 Managers) Upper East (210 Managers) Upper West (129 Managers). Sixty (60) participants from the civil society organisation were nominated from the Coalition of NGOs in Health and trained in the sub district management manual covering all the six key sections in the manual
Objective 1.2	Strengthen District Health planning, prioritization and resource allocation
Activity 1.2.1 Technical assistance to update DHA	In 2013, the DHIP together with other existing planning tools were redefined and brought on board to enhance health planning in the sector. With additional technical assistance from UNICEF, the Bottleneck Analysis (BNA) tool for planning and budgeting was developed for use by GHS. A national, regional and district BNA training (cascaded training) was organised and used in the preparation of the 2014 GHS plans and budget. UNICEF funded the technical assistance provided for the BNA.
Activity 1.2.2 Train Senior managers including nat	In the year under reporting, further training using the BNA tools was carried out. The BNA was conducted across the country for the various levels (HQ, National up to the district level). The BNA was employed as an evidence-based tool for a bottom up approach to the development of the GHS strategic plan for 2014-2018. All the BMCs developed tracers and identified key bottlenecks associated with them and strategies for improvement The training comprised a series of meetings towards rolling out the bottleneck analysis training. The meeting provided participants with better understanding of the principles, steps, actions of BNA for National and Regional level planning monitoring of progress, provide participants with skills to use programme data to populate the tool, identify bottlenecks for National and Regional levels, identify geographical disparities for Regions, identify causes of bottlenecks as well as the strategies to solve them, develop capacity to plan based on BNA and also develop capacity for monitoring plans based on BNA. So far the number of officers trained in the use of the BNA tool in the various regions includes Upper East Region(138 Officers), Ashanti (137 officers), UW (90 officers), Eastern (165 officers), Western Region(110 officers), Central Region (150 officers), Northern Region(135, Officers), Volta Region(137.Officers), Greater Accra Region(70 officers), Brong Ahafo (152 Officers)
Objective 1.3	Strengthen Support & Supervision Systems
Activity 1.3.1 Train district, sub districts and N	The District and sub district level supportive supervision visits were carried out as part of the integrated monitoring and supervision visits. The national and regional levels were supported to conduct supportive supervisory visits at the district and sub district level.
Activity 1.3.2 Provide fuel and stationery to dist	Transfer of fund to subdistricts is one of the activities that is considered as very essential to support financial decentralisation and address one of the major bottlenecks that wee identified across the regions, (lack of funds for conducting home visits and outreaches). Disbursement was made to the district to support service delivery.
Objective 2	Expand functional CHPS coverage to deliver essential services especially for MDG 4 and 5
Activity 2.1 Procure vehicles for sub districts	A number of vehicles have been purchased to strengthen National, Regional and District capacity to go on routine

	monitoring visits in the quest to improve the GHS service delivery mandate. The vehicles including 11 Toyota 4WDs and 30 Pickups were received and distributed to the districts and and headquarters. The vehicles at headquarters have strengthened the integrated monitoring and has also increased the number of technical monitoring visits to the regions and districts.
Activity 2.2 Procurement of Service delivery kits	One thousand five hundred midwifery kits were procured and distributed to all the ten regions. The procurement process started in 2013 and the goods were delivered and distributed in 2014. The entity tender committee approved the report. Contract was then awarded. Currently, the 1500 service delivery kits have been procured and delivered to the central medical stores for distribution to the various sub district service in the regions.
Objective 3	Strengthening sub-district Health Information Systems especially at the CHPS zone level using District Wide Information Management System (DWIMS)
Activity 3.1 Procure PDA (Smart phones) for CHOs	The strategy to use mobile phones in capturing and reporting health service data at the community level started with the support to a pilot in the Sene District in 2007 and has been expanded to include the use of laptops for sub districts which is the supervisory level for the CHPS (CHOs were given phones), The Sene Smart phone EPI data capture initiative was initially expanded to three districts of Ghana (Asuogyaman, Kintampo North and Sene) and has now been scaled up with a centralized web based electronic register for immunization in Five regions at the district level only. This can be accessed with smartphones or personal PC and laptops. The aim is to use mobile technology to improve service delivery at the lowest level of service delivery – Community Based Health Planning and Services (CHPS) compounds to reduce the time Community Health Officers spend to generate monthly report on services, generate more accurate reports that can be used to make decisions by the CHO and the DHMT, improve the follow up of children/mothers registered for services, reduce the drop- out rate for immunization and safe motherhood services. The e-Register collects EPI data to ensure that every registered child completes his/her immunization. The Safe motherhood aspect of data collection including Antenatal Care, Supervised Delivery and Postnatal Care is now being thought through to be integrated.
Activity 3.2 Train CHOs in the use of PDA (Smart p	Training has been organized for five regions (Regional and district) and the remaining 5 regions will be completed in 2014. The training delayed because of other training and service delivery activities. The number of staff trained include; Central (180), Volta (190), UER (100), NR (220) and UWR (110). Further training will be conducted for the remaining five regions in 2014. A technical team from the Policy Planning Monitoring and Evaluation Division carried out five-regional based training for the district or municipal health administration on the e-Register and system after which the districts are expected to train all CHOs in their districts on the use of the e-Register. Ten officers from each districts were trained, officers trained at the district level included; District director of health services, Health information officers, Disease control officer, Nutrition officer, Public health, nurse, training coordinator and the regional nutrition and health information officer.
Activity 3.3 Customise and Integrate PDA data into	Innovatively the PDA system has been upgraded to the use of Smart phones and mini laptops for capturing data using the GHS e-Register system. The e-Register system is to be expanded and integrated into the district health information management system (DHIMS2). Standardization of data elements and data sets of the two systems is being developed to allow the integration of the two systems. GHS continue to use GAVI HSS to improve on the system and also include new parameters on the system including hosting and

	system upgrade.
Objective 4	Strengthening Information management, M&E and operational and implementation research
Activity 4.1 Undertake operational and implementat	In 2014 further operational research will be conducted in the areas of assessing the impact of the Smart phone, e-Register system and DHIMS2 in strengthening health information management. However, the finding from the operational research that was conducted in 2011 has been incorporated into the recommendations for capacity building in sub district management manual. In 2014, this activity will be carried out with the perceptive of documenting the best practices from the implementation of the HSS support.
Activity 4.2 Support national & regional level M&E	Ghana Health service (GHS) has also instituted an integrated monitoring system. The system has been disseminated and operationalized at the various levels. This system brings staff of the various divisions of GHS Headquarters together to undertake monitoring and supportive supervision of the activities of the regions. Thus Activity 1.3.1 Train district, sub districts and NGOs in supportive supervision was implemented as part of the integrated monitoring and supervision activity. To ensure uniformity, an Integrated Monitoring Tool was used for this purpose. Each region was visited and assessed twice within the year. Headquarters came up with a league table displaying the performance of all the regions at the end of the year. The country was zoned into three. Ten teams of staff completed the project in 3 batches. Staffs were drawn from almost all the divisions under the Ghana Health Service Headquarters. The integrated monitoring visits were scheduled and conducted as follow: Western, Volta and Eastern Region - 13th to 17th May, 2013, Upper East, Northern and Central - 24th to 28th June, 2013, Ashanti, Brong Ahafo, Upper West and Greater Accra - 2nd to 5th July, 2013. The areas assessed included, Immunization, Planning, Governance, Management and Access to Health Services, HMIS, Generate Information through relevant Operational Research, Transport and Logistics Management Finance and Audit, Human Resource, MNCH, Quality Assurance Emergency Care, Surveillance and Disease. A number of trainings has been carried out for senior managers on the DHIMS2 to facilitate data entry, analysis and reporting on all indicators. Specialized trainings were organized weekly (every Monday afternoon) for managers on the DHIMS2. Desk officers at the headquarters (CHIM) have been assigned to each Region to look at the Regional data and provide weekly reports and feedback on the progress of all indicators to the Regions and Districts. The Desk officers also address challenges that are associated with the implementation of DHIMS2 at their respective assigned Regions. GAVI HSS funds are also used to support the routine monitoring and evaluation of the Service including the National, Regional and District performance reviews and senior managers meetings organized annually and biannually respectively.
Activity 4.3 Review and Evaluation of HSS support	The review and evaluation of the HSS support has been initiated. The process has started with the writing of the term of reference. The document has been review and the necessary correction is being done to put the ToR in the right perceptive for the activity to be implemented. The purpose is to evaluate the relevance, contribution, effectiveness, efficacy, efficiency and results of the GAVI support. Results of the evaluation will allow the country, GAVI and the various national and international partners to learn from the experience and help to inform opportunities for improvement of future GAVI support to Ghana and other countries

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

The Government decentralisation programme has been on-going for sometime and will affect the subdistrict certification process as they will not be a separate management units but a part of the Municipal/Metropolitan/District Assembly when the decentralisation take off. With the HSS phase ending, this certification part of the activity will not be implemented. However the major area of concern,which was the strengthening of the capacity of staff at subdistrict level in service delivery, planning, finance, procurement and administration has taken place. It is hoped that when the decentralisation takes place, this expertise will enhance delivery within the local government.

GHS was unable to carry out operational research as described in the proposal. However the integrated monitoring carried out provided some insights into the support ofHSS funds to regions and district levels. The funds will be used to document best practices for eRegister and fund disbursement to subdistrict level.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

A major component of the funding has been used to train key managers atthe district level in the bottleneck analysis which is evidence based, by thistraining, district have prepared their plans and also identify their varioustrancer intervention for identifying bottleneck, finding the causes of thisbottleneck and developing strategies and solutions for these constraints. It isimportant to state that, HSS support has not been used to provide nationalhealth human resources incentives but has rather been used for health systemstrengthening activities in the Service. A key component of these health systemactivity is the training of the desk officers and key GHS staff in the DHIMS2software which has improved data capture monitoring and evaluation in thehealth information system in the service. It is now easier for the head of theInformation Monitoring and Evaluation Department at the headquarter level tocheck data and report on district and regions who are not performing well intheir operational activities. The funds were also used to build capacity inleadership and develop through the Leadership and Development (LDP) trainings.Sub district managers were also trained in management in the areas ofprocurement, financial management, administration and administration andservice delivery.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2009	2010	2011	2012	2013		
1.2: Proportion of Regional and District Directors trained leadership and management	6.7	Training reports/2005	138	100%						Training Report	The target set for the LDP training has been achieved. However, the service is still continuing the training in order to strengthen capacity of managers for improved service deliveryBy the end of the project, 2013, the total number of districts in Ghana has risen to 216. Most of the new staff were from old districts and therefore considered as trained.
1.2.1: Number of Health teams trained in team	0	2007	138	100%						Training Report	GHS is reprogramming this activity to

building											integrate it with training in supportive supervision, which will be an important component of the sub district certification process. The certification process has delayed because there was the need to complete the sub district management training. This will be followed up with supportive supervision to ensure that the sub district meets the certification criteria before the certification process starts. In 2014 the final phase of this activity will be implemented.
1.2.2: Proportion of Districts using DHAPand MBB(MBB developed into BNA)	12	2007	100	100%						M&E Report	This activity has been implemented and completed.
2.2 Proportion of functional CHPS zones with full compliment of service delivery kits	11	2007	72	100%						PPME 2013 Annual Report	The 1500 service delivery kits has now been procured and delivered to the central medical stores for distribution to the various sub district service in the regions. See attachment (distribution list)
3.3 Number of CHOs using PDAs	7%	2007	500	100%						Routine Report	As part of strengthening the sub district health systems support districts were supported to procure 13” laptops and internet modems for all their sub districts and these were made available during the training for the sub district management team. This enable the sub district staff to familiarize themselves with the basic user functions of the laptops and the modem The focus and purpose of the

											training was to strengthen the capacity of the sub districts to capture electronic data at their level and also to be able to support the CHPs zone and the health centers in this regards. Five (5) staff from each sub district were trained to use the laptop to acess the eRegister . Sixty eight (68) sub districts from the 12 districts in four (4) regions i.e. Volta, Central, Eastern and Brong Ahafo region participated in phase one of the GHS e-register system training. Two regions out of ten, Upper East and Upper West have trained all their sub districts and procured with modems and laptops to capture health service data at the sub district level and below. District level training has been done only for five out of ten regions additionally two region out of ten regions sub district have been trained. In all 212 lab tops and modem have been procure and delivered to the districts and sub district. The remaining sub district and district will be trained and equipped in 2014.
Number of NGO's participating in district performance review	25	2007	80%	80%						DHMT Annual Report	

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

As part of strengthening district level planning prioritisation and resource allocation, the Service sought to re-programme the DHIP and DHA training and included Bottleneck Analysis (BNA) which is the current tool for health planning in the health sector. Training workshops has been carried outin all the Regions and National to equip managers in the use of the DHIP andDHA for priority setting and decision-making (including BNA). In all, 3106participants were trained in the ten regions. The training enabled participants to identify the key bottlenecks in immunisation and service delivery, analyse the causes and develop solutions and strategies to address the problems at building capacity in management including service delivery at the sub district level with the focus of scaling up interventions in which immunisation and outreach services to the communities are key. The training created awareness for managers to be responsible in service delivery and their skilled developed in the management capacity.

Innovativelythe PDA system has been upgraded to the use of Smart phones for capturing data.This has been linked to the e-Register system. The e-Register system has beenexpanded and integrated into the DHIMS2. The Health Service through the support of GAVI introduced two newvaccines, this needed to be incorporated into the system with the new EPI reporting template andalso address the local base server issue which requires CHOs to travel todistricts health directorate before their data could be upload onto the server. To address this, a new integratedregister and a web based immunization e-Register system has been developed,This is hosted centrally for easy data access and entry from the sub district andfacility level. Data can be entered using the smart phone with internetconnection. The idea is that, the e-Register will be linked to all auxiliaryservices offered by the CHOs at the CHPS compound or at the health center andwill be implemented in five regions, Central, Volta, Upper East, Upper West andthe Northern region

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

The major challenged encountered in theimplementation of HSS activities were other service delivery activities thatconflicted with management time and decision. However, with the training inplanning and management a proper coordinated system of implementation ofactivities has been set up by the new leadership to ensure that theseactivities are implemented and integrated as part of the routine servicedelivery activities. By the new systemof planning and coordination each department provides weekly itinerary which isdiscuss at management meeting every week to ensure that activities are properlycoordinated and implemented on scheduled. This will facilitate theimplementation of HSS activities, which have been programmed to be implementedin 2014

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

Financial monitoring and evaluation of GAVI funds is undertaken as an integral part of the overall health sector donor coordinated earmarked funds process. In this regard, the existing GHS financial monitoring and evaluation systemarchitecture and software are used to capture and report on financial outlay with regards to the use of GAVI funds. Specifically financial reporting is done through the use of the ACCPAC software.

In terms of activities and performance indicators reporting at the various levels, theGhana Health Service is currently using the DHIMS 2 as the official data repository for reporting on all health service aggregated data. All GHS staff at the National, Regional, and District and Sub districts levels can access this. The DHIM2 generates the Sector wide indicators aligned to health system sstrengthening. Aside that there is an annual performance review where each level of service delivery organised mid year review and annual reviews.GAVI HSS funds are used to support the national level review and the observer teams that visit the district and regional performance reviews. These reviews provide an opportunity for all activities implemented with GAVI HSS funds to be reviewed as part of the other service delivery activities of the GHS. The service has also introduced the integrated monitoring system. Thesystem has been disseminated and operationalized at the various levels. This system brings staff of the various divisions ofGHS Headquarters together to undertake monitoring and supportive supervision ofthe activities of the regions. To ensure uniformity, an IntegratedMonitoring Tool is used for this purpose. Each region is visited and assessedtwice within the year. After the monitoring visit a league table is created displaying the performance of all the regions atthe end of the year.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

An integrated M&E framework has been developed and disseminated to all levels (Regions and Districts) to guide these levels in their monitoring and evaluation activities.

In terms of system monitoring and evaluation of performance, the Common Management Arrangement outlines various arrangements for it's undertaken to which reporting on GAVIHSS funds are embodied. The following structures are specifically employed:

1. The inter-agency leadership committee set up to ensure the institutionalisation of key leadership structures across MoH and Agencies. Members of this committee meet quarterly to deliberate on strategic direction relating to health policies.

2. Sector Working Groups (SWG)deals with crosscutting sectoral issues, share information and agree on sectoral operational directions. This group meets monthly and is chaired by theChief Director of the Ministry.

3. Quarterly Business Meetings held in April/May to review sector performance appraisal, October/November to discuss key performance indicators and August to review performance from the beginning of the year.

4. Since 2012, Annual HealthSummits (Sector Reviews) are organised to discuss annual performance reviews and development of sector programmes for the coming year. Till 2012 two An include participation by all stakeholders including CSOs and the self-financing private sectors.

5. Decentralised level dialogue; a sector dialogue that take place at the decentralised levels and coordinated by the Ghana Health Service and the Ministry of Health aimed at planning effectively for the delivery of district health interventions.

At the Ghana Health Service level, 3 Senior Managers Meetings are organised within the year. The first, which is organised in April, is used to appraise the performance of the previous year, the second SMM is organised inJuly to detail out policies and priorities for planning and the third SMM,which is held in November, discusses the budget for the next year and the outlook. These meetings also provide a forum for the services to discuss issues of concern relating to service delivery. In all these various levels of performance appraisal are conducted with all stakeholders in the health sector including CSOs. Currently the 2013 annual performance review has being held from the 3rth to 4thof April to review the performance of all the various BMC in the GHS.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

The involvement of CSO in health care delivery in the service has been strengthened, for instance the just ended reviews of the ten regional and head quarters were fully participated by CSO. These included partners from WHO, UNICEF, JICA and Coalition of NGO's in Health. Additionally, the CSO have been involved in various reviews of annual health summits of the Ministry of Health. In the Health Summits, some of the CSOs work as facilitators of the summit and also contribute to innovative strategies for improving the health service delivery.

In the delivery of service, these organisations have, participated and supported for health care. GHS has taken key interest in building capacity of CSO managers in health by providing training in health activities.

The CSOs on their part organises quarterly review meetings which is attended by Expanded Programme on Immunisation (EPI) team, members of the Policy Planning Monitoring and Evaluation (PPMED team, WHO and the Coalition of NGOs in Health. The meeting serves as a platform to discuss activities of the CSOs and update stakeholders on what they have been doing on the field. In the meeting members discuss the joint monitoring activities of the CSOs and all the other health stakeholders.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

CSOs have been much involved in the various health sector policy engagement processes such as the annual performance reviews, senior managers meetings, health summits, health sector working coordinating groups and Interagency coordinating committee meetings. The intent within the original plan was not to isolate NGO activities but to make it a part of the implementation of the activities. For example, the CSO

(Ghana Coalition of NGOs in Health) were supported to finalise their strategic plan and its intended that some activities within the strategic plan will be supported. The also involve the service in their district and sub district monitoring activities. The recent GAVI HSS Cash support proposal was done jointly with the CSO and the team spirit is very high.As part of promoting stakeholder (especially Civil Society Organisations), participation and support in 2012, GHS organised training in health management for selected CSO managers across the country.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The HSS budget is included in the annual health sector plan and annual work plan of the implementing agencies. Financial management for the HSS funds has greatly improved in terms of disbursement and reporting of funds for the HSS activities. The improvement involves improvement in the accounting reporting system through the use of electronic system for reporting(ACCPAC and the introduction of GIFMIS). The procurement procedure, which was a major challenge, has significantly improved with the installation of procurement software for the department.

In terms of structure, the GHS HeadquartersPPMED still continuous to have oversight and coordinating responsibilities for the management of HSS funds and ensuring that activities outlined in the proposal are carried out to achieve the mandate of the Service as well as the outlined objectives in the HSS proposal.

There have not been any constraints in internal funds disbursement of the HSS funds for the implementation of activities. There are no unforeseen changes in the management processes in the coming year.

Although there will not be any significant change in the structural and managerial processes of the HSS funds, the introduction of GIFMIS the government accounting software for public sector in Ghana has improve the overall reporting of the funds as an integral part of financial reports to the MoH and MoFEP.

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Activity 1.3.2	Provide fuel and stationery to district					739444
Activity 3.3	Customise and Integrate PDA data into DHIMS					45000
Activity 4.1	Undertake Operational and Implementation Research			Documentation of best practices		61184
Activity 4.3	Review and Evaluation of HSS support					100000
		0	0			945628

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
N/A					
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
N/A			

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
2013 Annual Reports	In validating this report, various Regional reports were reviewed.	
PPMED 2013 Divisional Report	Validated with meeting reports of various activities carried out by the Division	
Regional Reports	It was validated with information from the DHIMS2 and also with the Regional presentations at the various Regional Performance review meetings.	
Statement of Accounts from GHS Finance Division	Validated with various internal audit reports	

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

N/A

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?4

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Ghana **has NOT received GAVI TYPE A CSO support**

Ghana is not reporting on GAVI TYPE A CSO support for 2013

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Ghana **has NOT received GAVI TYPE B CSO support**

Ghana is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS *1*

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	GAVI signed sheet.pdf **File desc:** Signature of the Minister of Health Ghana **Date/time :** 15/05/2014 08:34:03 **Size:** 694 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	GAVI signed sheet.pdf **File desc:** Minister of Finance yet to sign page. **Date/time :** 16/05/2014 07:41:14 **Size:** 694 KB
3	Signatures of members of ICC	2.2	✓	ICC signatures.pdf **File desc:** Signatures of members of ICC **Date/time :** 15/05/2014 02:02:43 **Size:** 386 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	MINUTES OF INTER AGENCY COORDINATING COMMITTEE MEETING.docx **File desc:** Signatures of members of ICC **Date/time :** 15/05/2014 02:00:01 **Size:** 183 KB
5	Signatures of members of HSCC	2.3	✓	Health Sector Working Group.pdf **File desc:** signature Health Sector coordinating committee **Date/time :** 16/05/2014 12:27:14 **Size:** 332 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	MINUTES OF INTER AGENCY COORDINATING COMMITTEE MEETING.docx **File desc:** The APR was approved at the ICC Meeting on 6th May, 2014 Minutes Attached) **Date/time :** 16/05/2014 07:36:14 **Size:** 183 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	SCAN0008.PDF **File desc:** Financial Statement for ISS Grant Fiscal Year 2013 **Date/time :** 16/05/2014 07:27:01 **Size:** 534 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	2012 - MOH - Executive Summary 11 Nov Final Print OL-2.docx **File desc:** External Audit Report Health Sector for the Year Ended, 2012 **Date/time :** 16/05/2014 07:47:03 **Size:** 298 KB

9	Post Introduction Evaluation Report	7.2.2	✓	PIE Ghana Final Report REV Mar 28 2014_MCV2_ROTA_PCV.doc **File desc:** Post introduction report on measles second dose, Rotavirus and pneumoccal vaccines **Date/time :** 11/05/2014 04:07:28 **Size:** 2 MB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	SCAN0004.PDF **File desc:** Summary of Income and Expenditure - Introduction of New vaccine Support **Date/time :** 16/05/2014 08:00:12 **Size:** 529 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	Attachment.docx **File desc:** See others for Attachment. **Date/time :** 16/05/2014 11:22:00 **Size:** 26 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM Ghana report.pdf **File desc:** Report of EVM conducted in September 2010 **Date/time :** 11/05/2014 04:24:37 **Size:** 951 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Cold Chain Management Improvement Plan.pdf **File desc:** EVM improvement plan developed after the 2010 EVM Assessment **Date/time :** 11/05/2014 04:26:11 **Size:** 388 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Status of Implementation of EVM Improvement Plan.docx **File desc:** Signatures of members of ICC **Date/time :** 15/05/2014 01:52:23 **Size:** 15 KB
16	Valid cMYP if requesting extension of support	7.8	✓	Revised cMYP 2010 - 2014.pdf **File desc:** Revised cMYP 2010-2014 **Date/time :** 15/05/2014 09:32:46 **Size:** 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✓	Revised Ghana cMYP_Costing_Tool_Vs.2.5_ver1.0_MR_140513.xls **File desc:** Financial Statement for ISS Grant Fiscal Year 2013 **Date/time :** 16/05/2014 07:18:07 **Size:** 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✓	MINUTES OF INTER AGENCY COORDINATING COMMITTEE MEETING.docx **File desc:** Signatures of members of ICC

				Date/time : 15/05/2014 01:56:47 **Size:** 183 KB
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	SCAN0009.PDF **File desc:** Financial Statement HSS for Fiscal Year 2013 **Date/time :** 16/05/2014 11:09:05 **Size:** 180 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	SCAN0005.PDF **File desc:** Financial Statement for ISS Grant Fiscal Year 2013 **Date/time :** 16/05/2014 07:14:11 **Size:** 474 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	2012 - MOH - Executive Summary 11 Nov Final Print OL-2.docx **File desc:** External Audit Report Health Sector for the Year Ended, 2012(See other files for Part One) **Date/time :** 15/05/2014 08:38:47 **Size:** 298 KB
22	HSS Health Sector review report	9.9.3	✓	Ministry of Health Ghana 2012 Holistic Assessment Report.pdf **File desc:** Ministry of Health Ghana 2012 Holistic Assessment **Date/time :** 14/05/2014 01:36:02 **Size:** 2 MB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening	0	✓	Consolidated Bank Statement.pdf **File desc:** Consolidated Bank Statement **Date/time :** 16/05/2014 12:46:55 **Size:** 1 MB

	and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013			
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded
	Other		✗	Holistic Assessment draft 1.docx **File desc:** Draft Holistic Assessment of 2013 **Date/time :** 14/05/2014 02:09:06 **Size:** 495 KB 2012 - MOH - Executive Summary 11 Nov Final Print OL.docx **File desc:** External Audit Report for the Year Ended, 2012(Part One) **Date/time :** 15/05/2014 08:45:04 **Size:** 298 KB SCAN0007.PDF **File desc:** GAVI ISS HPV Summary of Income and Expenditure **Date/time :** 16/05/2014 08:05:32 **Size:** 228 KB SCAN0006.PDF **File desc:** GAVI ISS RUBELLA MEASLES - Summary of Income and Expenditure **Date/time :** 16/05/2014 08:10:15 **Size:** 432 KB HSMTSP Final March 2011.pdf **File desc:** HSMTSP Final March **Date/time :** 14/05/2014 01:52:07 **Size:** 1 MB 4 July, HSWG Meeting minutes 2.docx **File desc:** Minutes of health Sector Working Group **Date/time :** 14/05/2014 01:44:03 **Size:** 30 KB 6TH JUNE, 2013.docx **File desc:** Minutes of health Sector Working Group **Date/time :** 14/05/2014 01:45:48 **Size:** 38 KB

				MINUTES OF HEALTH SECTOR WORKING GROUP MEETING. 12TH December 2013docx(1).docx **File desc:** Minutes of health Sector Working Group **Date/time :** 14/05/2014 01:47:24 **Size:** 32 KB
				MINUTES OF HEALTH SECTOR WORKING GROUP MEETING.docx **File desc:** Minutes of health Sector Working Group **Date/time :** 14/05/2014 01:49:04 **Size:** 27 KB
				Minutes ICC_07 02 13_GHS.docx **File desc:** Minutes of ICC meeting Feb 2013 **Date/time :** 15/05/2014 02:14:04 **Size:** 225 KB
				Minutes of ICC_August_2013.docx **File desc:** Minutes of ICC meeting Feb 2013 **Date/time :** 15/05/2014 02:16:31 **Size:** 33 KB
				Minutes ICC_03 05 13_GHS.docx **File desc:** Minutes of ICC meeting May 2013 **Date/time :** 15/05/2014 02:10:38 **Size:** 74 KB
				REVIEW OF GHANA HSMTDP 2010-2013.pdf **File desc:** Review of Ghana HSMTDP 2010-2013 **Date/time :** 14/05/2014 01:40:30 **Size:** 1 MB
				DELIVERY SET DISTRIBUTION_updated.xls **File desc:** Service Delivery Kit(Distribution List) **Date/time :** 14/05/2014 02:42:42 **Size:** 30 KB
				SCAN0004.PDF **File desc:** Summary of Income and Expenditure - Introduction of New vaccine Support,Summary of Income and Expenditure - Introduction of New vaccine Support **Date/time :** 16/05/2014 07:55:09 **Size:** 529 KB