GAVI/14/258/ks/mp

The Minister of Health
Ministry of Health
P.O. Box M 44
Accra
Ghana

10 June 2014

Honorable Minister,

Ghana's Proposal for Health System Strengthening (HSS) support to the GAVI Alliance

Further to our letter dated 2nd April 2014 on Ghana's proposal for Health System Strengthening (HSS) support to the GAVI Alliance, we are pleased to inform you that the GAVI Alliance has approved Ghana for GAVI support as specified in the Appendices to this decision letter.

The Appendices include the following important information:
Appendix A: Description of GAVI support to Ghana
Appendix B: Financial and programmatic information of the support
Appendix C: A summary of the IRC Report
Appendix D: The terms and conditions of GAVI Alliance support

We would like to highlight that Ghana received a Partnership Framework Agreement in March 2013. To date, we have not received the signatures of the Ministry of Health and Ministry of Finance on the Partnership Framework Agreement. Please be advised that the GAVI Alliance will no longer disburse cash funds until the Partnership Framework Agreement has been signed between the GAVI Alliance and Ghana.

Please do not hesitate to contact my colleague Karan Sagar (ksagar@gavialliance.org) should you have any questions or concerns.

Yours sincerely,

Hind Khatib-Othman
Managing Director, Country Programmes

cc: The Director of Medical Services
Director Planning Unit, MoH
The EPI Manager
WHO Country Representative
UNICEF Country Representative
CSO Representative (Coalition Health NGOs)

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Appendix A

Description of GAVI support to *Ghana* (the "Country")

Ghana has been approved for Health System Strengthening (HSS) cash support for the period 2014-2018 for a total amount of $18,059,296. All GAVI support is subject to availability of funding and the terms and conditions of this letter and this Appendix.

Ghana is expected to report and deliver to GAVI in-country HSCC interim reports on unaudited financial expenditures of the HSS cash support. Country is also to report on progress against the expected activities and results stated in country's applications. It is the role of the HSCC to monitor progress.

The HSCC will incorporate the results of these individual reports into their GAVI Annual Progress Report (APR), or equivalent, for submission to the GAVI Alliance Secretariat.

It is understood that the ultimate aim of HSS support is to ensure increased and sustained immunization coverage through addressing health systems barriers in Ghana, as specified in:

- the relevant GAVI HSS guidelines.
- the relevant GAVI HSS application form.
- Ghana HSS proposal to GAVI.
- Ghana approved grant proposal and any responses to the HSS IRC's request and your subsequent clarifications.

GAVI support will only be provided if the Country complies with the following requirements:

Programme Fiduciary Oversight (formerly Transparency and Accountability Policy (TAP)): Compliance with any Programme Fiduciary Oversight (PFO) requirements pursuant to the GAVI TAP Policy and the requirements under any Aide Memoire concluded between GAVI and the country.

Financial Statements & External Audits: Compliance with the GAVI requirements relating to financial statements and external audits.

Grant Terms and Conditions: Compliance with GAVI's standard grant terms and conditions (attached in Appendix D).

Monitoring and Annual Progress Reports: Country's use of financial support for the HSS programme specified in Appendix B is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance and other data sources including WHO/UNICEF immunization coverage estimates. As part of this process, National Authorities will be requested to monitor and report on the numbers of children immunized.

Country will report on the achievements and request support for the following year in the Annual Progress Report (APR), or equivalent. The APR must contain information on the number of children reported to have been vaccinated with DTP3 and 3 doses of pentavalent vaccine by age 12 months, based on district monthly reports reviewed by the Immunization Coordination Committee (ICC), and as reported to WHO and UNICEF in the annual Joint Reporting Form (JRF). The APR, or equivalent, will also contain information on country's compliance with the co-financing arrangements outlined in this letter. APRs, or equivalent endorsed by the ICC, should be sent to the GAVI Secretariat no later than 15 May every year. Continued funding beyond what is being approved in this letter is conditional upon receipt of satisfactory Annual Progress Reports and availability of funds.

Appendix B

GHANA – HEALTH SYSTEMS STRENGTHENING CASH SUPPORT
This Decision Letter sets out the Programme Terms of a Programme.

1. **Country:** Ghana

2. **Grant number:** 1418-GHA-10a-Y

3. **Date of Decision Letter:** 10 June 2014

4. **Date of the Partnership Framework Agreement:** Not signed yet.

5. **Programme Title:** Health Systems Strengthening (HSS)

6. **HSS terms:**

The ultimate aim of HSS support is to ensure increased and sustained immunisation coverage through addressing health systems barriers in Country, as specified in:

- The relevant GAVI HSS guidelines – please contact your Senior Country Officer at ksagar@gavialliance.org for the guidelines.
- The relevant GAVI HSS application form - please contact your Senior Country Officer at ksagar@gavialliance.org for the form.
- Country's approved grant proposal and any responses to the HSS IRC's request for clarifications.

Any disbursements under GAVI's HSS cash support will only be made if the following requirements are satisfied:

- GAVI funding being available;
- Submission of satisfactory Annual Progress Reports (APRs), or equivalent, by the Country;
- Approval of the recommendation by a High Level Alliance Review Panel for continued support by GAVI after the second year;
- Compliance with any Programme Fiduciary Oversight (formerly TAP) requirements pursuant to the Programme Fiduciary Oversight Policy and under any Aide Memoire concluded between GAVI and the Country;
- Compliance with GAVI's standard terms and conditions (attached in Appendix [D] or as set out in the PFA); and
- Compliance with the then-current GAVI requirements relating to financial statements and external audits, including the requirements set out for annual external audit applicable to all GAVI cash grants as set out in GAVI's grant terms and conditions.

The HSS cash support shall be subject to GAVI's performance-based funding (PBF). Under this, the HSS support will be split into two payments: the programmed payment (based on implementation of the approved HSS grant) and the performance-based payment (based on improvements in immunisation outcomes). This means that in the first year, Country will receive 100% of the approved ceiling, or programme budget if different (the initial Annual Amount), as an upfront investment. After the first year, countries will receive 80% of the ceiling, or programme budget if different, based on implementation of the grant, and additional payments will be based on performance on immunisation outcome indicators. Note that countries whose total grant budget would fall below US$3 million are exempt from this 80% rule.

Country will have the opportunity to receive payments beyond the programme budget amount, for exceptional performance on the same immunisation outcomes. The maximum programmed payment plus performance payment may be up to 150% of the country ceiling.

Given that Country's DTP3 coverage was **at or above 90%** in 2012 based on WHO/UNICEF estimates, Country will be rewarded for sustaining high coverage with:

- 20% of programme budget for maintaining DTP3 coverage at or above 90% and
- 20% of programme budget ensuring that 90% of districts have at or above 80% DTP3 coverage.

The performance payments under the performance-based funding shall be used solely for activities to be implemented in the country's health sector.

7. **Programme Duration**[1]: 2014 to 2018

8 **Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement, if applicable):**

Note that with PBF, annual disbursements may be more or less than these endorsed amounts after the first year (see section 6 above).

	2014	2015	2016	2017	2018	Total[2]
Programme Budget (US$)	4,299,400	3,440,096	3,439,650	3,440,000	3,440,150	18,059,296

9 **Indicative Annual Amounts (indicative) (subject to the terms of the Partnership Framework Agreement):**

The following disbursements are subject to the conditions set out in sections 6, 10, 11 and 12:

Programme Year	**2014**	**2015**	**Total[3]**
Annual Amount (US$)	4,299,400	3,440,096	7,739,496

10 Financial Clarifications: The Country shall provide the following clarifications to GAVI[4]:
If the bank account information most recently provided to GAVI has changed or changes prior to disbursement, the country will need to complete a bank account information form. Please contact gavihss@gavialliance.org for the form.

11 Documents to be delivered for future HSS cash disbursements:

The Country shall deliver the following documents by the specified due dates as part of the conditions for approval and disbursements of the future Annual Amounts.

Reports, documents and other deliverables	Due dates
Annual Progress Reports (APRs), or equivalent. The APRs, or equivalent, shall provide detail on the progress against milestones and targets against baseline data for indicators identified in the proposal, as well as the PBF indicators as listed in section 6 above. The APRs, or equivalent, should also include a financial report on the use of GAVI support for HSS (which could include a joint pooled funding arrangement report, if appropriate) and use of performance payments, which have been endorsed by the Health Sector Coordination Committee (HSCC) or its equivalent.	15 May 2015 or as negotiated with Secretariat
Interim unaudited financial reports. Unless stated otherwise in the existing Aide Memoire between GAVI and the Country, the Country shall deliver interim unaudited financial reports on the HSS cash support no later than 45 days after the end of each 6-month reporting period (15 February for the period covering 1 July – 31 December and 15 August for the period covering 1 January – 30 June). Failure to submit timely reports may affect future funding.	15 February and 15 August
In order to receive a disbursement for the second approved year of the HSS grant (2015), Country shall provide GAVI with a request for disbursement, which shall include the most recent interim unaudited financial report.	As necessary

12 Other conditions: The following terms and conditions shall apply to HSS support.

Cash disbursed under HSS support may not be used to meet GAVI's requirements to co-finance vaccine purchases.

In case the Country wishes to alter the disbursement schedule over the course of the HSS programme,

[1] This is the entire duration of the programme.
[2] This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.
[3] This is the amount approved by GAVI.
[4] Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements

this must be highlighted and justified in the APR, or equivalent, and will be subject to GAVI approval. It is essential that Country's Health Sector Coordination Committee (or its equivalent) be involved in this process both in its technical process function and its support during implementation and monitoring of the HSS programme proposal. Utilisation of GAVI support stated in this letter will be subject to performance monitoring.

As per GAVI communication to country (ref GAVI/14/201/ks/mp dated 2 April 2014), country is required to fulfil these requirements prior to first disbursement :

a) Ghana is to initiate the EVMA within next 2 months and complete it and submit the reports of EVMA and vaccine supply chain rehabilitation and maintenance plan by September 2014;
b) Specific measures for on boarding private sector financing for immunization services.

Country is to collect baseline data for M&E framework within the first quarter following disbursements.

Independent Review Committee (IRC) Country Report
GAVI Secretariat, Geneva • 27 February – 7 March 2014
Country: Ghana

1. Type of support requested

Type of support requested	Planned start date *(Month, Year)*	Duration of support	Vaccine presentation(s) *(1st and 2nd choice, if applicable)*
HSS	July 2014	5 Years	N/A

HSS budget ceiling: US$ 18.04 million. First year: US$ 4.3 million. Request: US$18,059,296

Population: 25.9 million
Birth cohort: 800,000
Infant mortality: 49/1000
GNI per capita: US$ 1,550 (intermediate GAVI group)

2. In-country governance mechanisms (ICC/HSCC)

Health Sector Working Group (HSWG) functions as an ICC, but is broader and seems well established with wide membership of all partners, including several CSOs. Meets regularly once a month. Informative minutes provided. Immunization mentioned at all meetings, including GAVI applications. Approximately 30 attendees at the meetings.

The HSS proposal development was led by MOH and ownership seems strong. Proposal development was co-ordinated by Dr. Afisah Zakariah, Director Policy Planning Monitoring and Evaluation Division, MOH.

Plans for the proposal started 1-2 years ago. The proposal was written during July-Dec 2013.

Proposal development took advantage of an annual review of the health sector.

3. Situation analysis – Status of the National Immunisation Programme

Christian Health Association of Ghana (CHAG) and private sector provide 40% of health services. Other CSOs also provide many immunization services.

The relatively new health insurance fund appears to be a success with regard to uptake. Enrolment of new members increased from 8.16 million in 2010 to 8.30 million in 2011 and 8.65 million at the end of 2012. This is 33.4% of the population.

The standard review of the health sector started in December with district reviews, followed by regional and national reviews. Ended with a health summit that culminated in the signing of an aide memoire between MoH and partners.

Coverage is high and there is relative consistency between data sources. However, measles first dose is reported as 93%, but only 86% in MICS survey. WHO/UNICEF estimates for MCV1 in 2012 was 88%.

"Community-based Health Planning and Service" is a key strategy of the Government to improve access to maternal and child health services. It consists of four activities:

- Micro planning fostering dialogue between community representatives and service providers
- Involvement of traditional community leaders
- Training of CHWs
- Reliance on personnel who are knowledgeable with the local context

Bottleneck analysis:
Bottlenecks were assessed in depth. The following was identified as the main bottlenecks:

- Weak Governance (weak coordination, ineffective inter-sectoral collaborations, participation and integration)
- Gaps in geographical and financial access to quality health care
- Inadequate and inequitable distribution of critical staff mix

Lessons learned from previous HSS:
The first GAVI HSS grant was approved in 2007 for the period of 2008 -2012, which was extended to 2013. Progress was good. Most objectives were fully achieved. For the others, the delays were well explained. There has been no post program evaluation of this support. While it is mentioned in the proposal, the lessons learned could have been better articulated.

4. Overview of national health documents

The following documents are currently in development:

- Ghana Shared Growth and Development Agenda 2014-2017 (the National Medium Term Development Plan)
- Health Sector Medium Term Development Plan (HSMTDP II) 2014-2017, which has, been in progress since July 2013. A detailed timetable of the development of this document is enclosed. A draft was circulated to members for comments in the December health sector working group meeting.

Good efforts have been made throughout the HSS proposal to link with draft objectives of HSMRDP II,

The cMYP covers 2010-2014 (revised 2011).

5. Gender and Equity

Ghana has a strong record on gender equality in government policies and institutional knowledge and data on socio-economic, geographic, and gender related barriers to access to immunization services.

With reference to socio-economic gaps, "according to MICS 2011, it was estimated that there are twice as many under-fives dying per 1,000 live births in the poorest wealth quintile compared to the richest. It was also noted that under-five mortality inequality gap between the richest and poorest has been widening with a projection that those within the richest quintile are more likely to reach the MDG target." The Government of Ghana's community health strategy seeks to tackle equity gaps by: (i) a bottom up planning process to foster dialogue between community representatives and service providers; (ii) greater involvement of traditional community leaders in transmitting messages about health seeking behavior; (iii) structured training and mentorship programmed, to ensure that community health workers have skills to deliver; and (iv) reliance on personnel from the local community knowledgeable about the local context.

The application does not address gender barriers to immunization coverage but, according to UNICEF, adolescent girls (15-19) are at higher risk of early childbearing at lower to higher levels of education (26%/3%) and rural to urban (22%/7%). Early marriage can affect the autonomy of mothers in relation to health decisions for their children. The 2010 Sub-National Immunization Coverage Survey in Northern and Volta Regions looked at vaccine failure and found that the main obstacles were mother too busy, vaccinator absent, place of immunization too far, and time of immunization inconvenient. In effect, these are gender-related barriers to immunization, which will require special measures within the community health strategy.

The routine collection of sex-disaggregated data is not specifically addressed in the proposal but is picked up through surveys such as MICS. The two mandatory equity indicators are fleshed out in the M&E Framework.

6. Proposed activities, budgets, financial planning and financial sustainability

The proposed objectives and the total budget are summarized in the table below. The Government has already secured US$ 46.4 million and GAVI HSS will be used to fill the funding gap for the project. The other funding have been secured from $73m IDA loan through the World Bank. The request to GAVI is **US$ 18,059,296** for a period of five years from 2014 - 2018. Unit costs are generally realistic with a few notable exceptions for which the secretariat should seek clarifications.

HSS Objectives	Resource Requirement	Total secured funding excluding GAVI HSS	Funding Gap	GAVI HSS
1. Objective "1"To strengthen and scale-up community health interventions aimed at improving the quality of primary health care services	36,197,490	24,927,974	11,269,516	11,269,516
2. Objective "2"To strengthen health worker capacity and distribution so as to address equity issues at district level	2,405,000	2,296,500	108,500	108,500
3. Objective "3"To improve storage, distribution and management of logistics and ensure the availability of potent, quality and safe vaccines, medicines and devices	4,615,000	4,160,000	455,000	455,000
4. Objective "4"To empower civil society for increased demand for health services at the community	2,300,000	294,200	2,005,800	2,005,800
5. Objective "5"To strengthen governance and health information management for improved health service delivery	18,899,000	14,678,520	4,220,480	4,220,480
Total	64,416,490	46,357,194	18,059,296	18,059,296

The proposed activities under the project are summarized in the table below. Objectives 2, 3 and 5 are national in nature, but objectives 1 and 4 are focused on specific districts. The cold chain procurement included in objective 1 is targeting 46 newly created districts and the CSO engagement is in selected deprived communities in 20 districts where they are operating. The population covered in the 20 CSO districts amount to 7.9 million.

Summary of project activities:

Objective 1: Service delivery 62% of budget	• Procure needed logistics and improve transport capacity to support service delivery • Strengthen capacity and provide resources needed to undertake outreach services at the district and sub district levels • Support National, Regional, Districts and Sub District team Supervision and monitoring • Construct and renovate cold chain infrastructure and equipment • Train staff (CHMCs, CHVs Middle Level Managers (MLM) for EPI staff, EPI equipment Technicians, Waste Management focal persons, Cold Chain and logistics Management)
Objective 2: Workforce and human resources 1% of budget	• Develop HR productivity measuring framework/tools • Train CHOs and SDHMTs in Management • Scale-up Management capacity building at district and sub district levels
Objective 3: Procurement, Logistics and Health Technologies 3% of budget	• Reorganise the national and district stores to improve logistics management • Build capacity, support and monitor procurements at district and sub district levels • Improve the use of the central logistics management information system at regional medical stores and expand to regional and district hospitals
Objective 4: Empower	• Strengthen the national level to coordinate CSOs activities in health • Develop capacity of CSOs to better support community level services, including

Communities and local actors 11% of budget	mainstreaming gender (Male involvement) • Establish and build the capacities of five satellite sites for CSOs to support community service delivery • Recruit/train retired Community Health Nurses and Midwives to partner CSOs to operate in the established satellite sites in hard to reach communities • Undertake community outreach activities in partnership with DHMTs and retired Midwives in hard-to- reach communities in the selected 20 districts (See annex 3 for list of selected districts by CSOs).
Objective 5: Governance and health information management 23% of budget	• Upgrade management information system • Build capacity of health information officers and CHOs and undertake quarterly technical and financial data validation at district and sub-district levels • Improve capacity of sub-district and CHPS Zones staff in micro-planning and develop micro-plans at these levels • Support the development of health accounts and joint annual performance review • Strengthen data management and M&E systems

Strategies have also been put in place to ensure the timely disbursement of funds to the implementing levels to facilitate the achievement of the stated objectives of this proposal.

Good financial management practices are in place. There are no outstanding TAP issues relating to the earlier HSS window or other GAVI supported windows. However, the country is yet to sign the PFA.

PBF is planned based upon FIC coverage indicators. No further information on this is provided in the proposal.

The Government recently developed a national Public Private Partnership Policy. The health sector has also developed its PPP policy. These policies will be used as one of the main tools in bringing on board the private sector for immunization services.

7. Specific comments related to requested support

Results chain and Monitoring & Evaluation Framework

The Policy Planning Monitoring and Evaluation Division of Ministry of Health, which oversees the implementation of the heath sector's Common Management Arrangement (CMA), will coordinate implementation of the GAVI/HSS grant.

Linkages to immunisation outcomes, action plan for immunisation results and added value:

The proposed activities will have a direct impact on immunization services. This is in particular the case for objective 1 and objective 3. Activities under objective 1 are focused on increasing vaccination coverage in new districts by the investing in the cold chain and enhancing outreach services. Activities under objective 3 aim to increase vaccination coverage by supporting CSOs working in hard to reach areas, including recruitment and training of retired health workers to work with these organisations.

The overall targeted immunisation *outcomes* are:

1. Increased Penta 3 coverage from 92% in 2012 to 95% by 2018

2. Increased MCV1 coverage from 93% in 2012 to 95% by 2018.

3. % of districts that have at least or above 80% Penta 3 coverage from 80% in 2012 to 90% by 2018.

4. % of children aged 12-23 months who receive all basic vaccinations in a country's routine immunisation program increased from 77% in 2011 (MICS) to 83% by 2018.

5. Percentage point difference between PENTA 1 and PENTA 3 coverage from 4.6% in 2012 to 4% in 2018.

These are relatively small, but realistic targets. Sustainability of high coverage rates is the main outcome of the proposal.

The Related Intermediate Results Indicators are all good and feasible. However, for many of these it is essential that a baseline survey is done as they do not look like routine data.

Engagement of civil society, including for implementation:

Engagement of civil society is strong and the sole focus of objective 4 (11% of budget), allocating $2m to CSO support. The CSOs participated in the proposal development. Funds will be transferred to the CSO just like other implementers for the implementation of their activities.

The IRC 2013 reported that the CSO grant involved 12 NGOS operating in Ghana, under the Ghana Coalition of NGOs in Health. In 2012, three NGOs have worked in two districts to reach 100 "hard to reach" communities, in collaboration with DHMT and District Assembly.

A national steering committee was established to oversee the implementation of the project and provide technical assistance required. Those implementing CSOs actively engaged key local stakeholders and communities to raise awareness of and increase demands for immunization services, particularly in the 100 communities. Through the CSOs project, many NGOs in Ghana have now actively been involved in health system strengthening planning and activities. CSOs will continue to use different strategies to stimulate demand for immunization services in hard to reach communities, facilitate the provision of regular scheduled outreached services in at least 8 newly created districts (including island rural communities and urban slums) and deepen the already existing activities in the 3 districts. Capacities of community leaders, women groups and community volunteers using local systems will be institutionalized to monitor community health.

Technical assistance needs:

A need for TA support is indicated and a budgetary provision of $1.283m included for a variety of TA categories that are defined.

8. Country document quality, completeness, consistency and data accuracy

The country has been requested to start work on developing a new cMYP and also inform GAVI when they finalize the new health sector plan.

The last EVM was undertaken in September 2010. The 2013 IRC reports that the country made progress in implementing the EVM Improvement Plan, and there are no cold chain capacity issues or capacity deficits at any level. Improvement activities included construction of 9 cold rooms (93% completed), purchase of 6000 vaccine carriers, purchase of 400 cold boxes, and procurement of 11 cold vans. The next EVM is now scheduled for September 2014, 48 months after the first EVM.

Accenture made a nationwide Cold Chain inventory of in 2013, which reveals a substantial different picture. About 51% of fridges and freezers are over 10 years old, of which 28% are non functional and only 65% (1643) of cold chain equipment is functional. The needs in the 46 new districts are indicated along with needs to replace aged equipment. 300 refrigerators and almost 100 freezers will be provided through GAVI support. The bottleneck analysis flags that many cold rooms are in a deplorable state. This is not addressed in the proposal.

There are no major issues of data inconsistency in the documents submitted.

9. Overview of the proposal

Strengths:

Ghana has a strong EPI program with consistently good performance hence a solid basis upon which to structure this proposal that is well written and includes a comprehensive analysis of bottlenecks etc.

Government of Ghana is becoming the major funder of health care in Ghana (National Health Accounts (2005 -2010). As part of Government sustainability measures, a clear budget line has been established to make specific GOG budgetary allocations to support vaccines and essential logistics procurement for immunizations and other child health interventions.

Major investment expenditure and procurement items, such as vaccines and cold chain equipment are procured centrally at the national levels. In addition, there is an earmarked fund from the NHIF (National Health Insurance Fund) for public health interventions services with specific allocations for immunizations. Both commitments from government are progressive towards ensuring sustainability.

There is full ownership by the MOH to the proposal with strong linkages with the mid term health development plan. The 5 objectives are all aligned with priorities identified in health sector and immunization reviews. There is a strong emphasis on equity and CSOs and a very good consultation process during proposal development.

Weaknesses:

Limited reference to the learning's from the previous GAVI HSS experience. No explanation of the PBF component of GAVI support.

Risks:

The proposal does not quantify the need to increase numbers of medical professional for health service delivery which is cited as an important bottleneck to service delivery.

The proposal classifies risks of implementing each of the 5 objectives as low with the exceptions of the capacity to CSO to deliver and the MoH capacity to implement its strategies that are rated to have medium risk.

Objective 4 will be challenging to implement and will require good organisation and technical expertise. Sustainability of this activity needs to be addressed from the outset.

Baseline data need to be collected to ensure tracking of the monitoring and evaluation indicators.

Mitigating strategies:

Measures to mitigate fiduciary, institutional and operation risks for each of the 5 project objectives are clearly defined in section 21 of the proposal.

10. Conclusions

The proposal is well written and responds in a comprehensive manner to each of the sections of the application. The budgetary and M&E excel sheets are also completed in a comprehensive manner. A large number of supporting reports and studies are also provided indicating the comprehensive manner in which Ghana analyses and plans its health programs. Targets for achievement are very modest however

Health system bottlenecks are well defined and categorized, highlighting poor access to hard to reach districts, inadequate health staff, inadequate cold chain capacity at lower levels, week community participation and weak micro planning, logistics management and infrastructure. This provides a

solid basis upon which to develop the proposal. There are a number of important shortcomings however.

No EVM has been conducted since 2010 hence little in known about weaknesses in vaccine management practices except storage capacity, which has been addressed to a major extent in an equipment inventory of 2013.

Staffing and staff retention measures are not well defined and certain expenditures require explanation.

Improvements in data reporting systems are required, despite substantial efforts to modernise the system. Measures relating to EPI data are not defined, and a parallel system is still in operation.

FIC coverage indicators are proposed as a basis for PBF, but no detail is provided in the proposal.

11. Recommendations

HSS: Yes (Approval)

Comments to the country:

1) An EVMA should be conducted at the earliest and no later than September 2014. It should be complimented by a vaccine supply chain rehabilitation and maintenance plan indicating needs through 2019. An adjustment of expenditures relating to vaccine management may be necessary to address improvement plan estimated costs.

2) Ghana is commended for developing a strong and feasible results chain monitoring and evaluation framework. All the proposed intermediate results indicators are feasible and relevant to the particular objectives and activities. If this framework is implemented during the course of the project, the IRC is confident that results can be continuously monitored in a very useful manner. The IRC emphasises the need however to collect baseline data for the indicators before the start of the project.

3) Specific measures envisaged to involve PPP in the sector should be defined by the GOG and how this will be used as one of the main tools in bringing on board private sector financing for immunization services as indicated in the proposal.

Comments to the Secretariat:

1) The Secretariat and GoG should revisit certain line item expenditures, such as $172,000 for cold chain inventory in 2015 and $400,000 for MLM training.

2) The Secretariat is requested to follow up with the GoG to schedule, budget and implement a post project evaluation of HSS 1 support at the earliest.

Table 1: Approved budget for HSS

	Jan – Dec 2014 (or other annual period depending on country budget)	Jan – Dec 2015 (or other annual period depending on country budget)	Jan – Dec 2016 (or other annual period depending on country budget)	Jan – Dec 2017 (or other annual period depending on country budget)	Jan – Dec 2018 (or other annual period depending on country budget)	**TOTAL**
	Year 1	*Year 2*	*Year 3*	*Year 4*	*Year 5*	
5-year annual ceilings provided by GAVI ($) *[country annual budget cannot exceed this amount]*	4.3	3.44	3.44	3.44	3.44	18.04 Five Yr ceiling: 21.48
Budget request from Country Proposal ($)	**4,299,400**	**3,440,096**	**3,439,650**	**3,440,000**	**3,440,150**	**18,059,296**
Budget approved by IRC - if different from proposal budget ($)	**4,299,400**	**3,440,096**	**3,439,650**	**3,440,000**	**3,440,150**	**18,059,296**

GAVI Alliance Terms and Conditions

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this 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 this 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 this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this 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 this 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 government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to perform the programmes described in this application.

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 will comply with its requirements.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to this 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 language of the arbitration will be English.

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 this 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 this application.

USE OF COMMERCIAL BANK ACCOUNTS

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants. The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.