



GAVI/14/225/dlc/ac

The Minister of Health  
Federal Ministry of Health  
Transitional Federal Government of Somalia  
Mogadishu  
Somalia

20 May 2014

Dear Minister,

***Annual Progress Report submitted by Somalia- HSS related clarifications***

I am writing in relation to Somalia's Annual Progress Report (APR) which was submitted to the GAVI Secretariat in May 2013.

Following a meeting of the GAVI Clarifications Review Panel that took place in February 2014, I am pleased to inform you that the clarifications regarding the HSS reprogramming were judged satisfactory. Therefore, the GAVI Alliance has approved Somalia for GAVI support as specified in the Appendices to this letter.

The Appendices includes the following important information:  
Appendix A: Description of approved GAVI support to Somalia  
Appendix B: Financial and programmatic information per type of support  
Appendix C: A summary of the IRC Report  
Appendix D: The terms and conditions of GAVI Alliance support

The following table summarises the outcome for each type of GAVI support for Somalia:

Type of support	Appendix	Approved for year 2014
Health Systems Strengthening (HSS)	B	US\$2,549,515

Please do not hesitate to contact my colleague Anne Cronin ([acronin@gavialliance.org](mailto:acronin@gavialliance.org)) if you have any questions or concerns.

Yours sincerely,

Hind Khatib-Othman  
Managing Director, Country Programmes

cc: The Minister of Finance  
The Director of Medical Services  
Director Planning Unit, MoH

The EPI Manager  
WHO Country Representative  
UNICEF Country Representative  
Regional Working Group  
WHO HQ  
UNICEF Programme Division  
UNICEF Supply Division  
The World Bank

## Description of GAVI support to Somalia (the “Country”)

### New Vaccines Support (NVS)

The GAVI Alliance has approved the Country’s request for supply of vaccine doses and related injection safety material which are estimated to be required for the immunization programme as set out in Appendix B. Financing provided by GAVI for vaccines will be in accordance with:

- The GAVI Alliance Guidelines governing Country’s Annual Progress Report (APR) or equivalent; and
- The APR as approved by the High Level Review Panel (HLRP) including any subsequent clarifications.

The vaccines provided will be used as the country has proposed. The principles of the WHO-UNICEF-UNFPA joint statement on safety of injections (WHO/V&B/99.25) shall apply to all immunisation provided with these vaccines.

Item number 11 of Appendix B summarises the details of the approved GAVI support for vaccines in the years indicated.

Any required taxes, customs, toll or other duties imposed on the importation of vaccines and related supplies can not be paid for using GAVI funds.

GAVI is not responsible for any liability that may arise in connection with the distribution or use of vaccines and related supplies after title to such vaccines and related supplies has passed to the country, excluding liability for any defect in vaccines and related supplies, which remain the responsibility of the applicable manufacturer.

### *Country Co-financing*

In accordance with the GAVI Co-financing Policy, the Country has agreed to make the required contribution to co-financing vaccine doses as indicated in Appendix B. Item number 14 of Appendix B summarises the budget and the quantity of supply that will be procured with country’s funds in the corresponding timeframe. The total co-financing amount indicates costs for the vaccines, related injection safety devices (only applicable to intermediate and graduating countries) and freight.

Countries may select to co-finance through UNICEF Supply Division, PAHO’s Revolving Fund, or self-procure their co-financing requirement following their own procedures, except for the Pneumococcal vaccine that needs to be procured through UNICEF.

If the purchase of the co-financed supply is carried out through UNICEF or PAHO, the payment is to be made to UNICEF or PAHO (whichever is applicable) as agreed in the Procurement Services Memorandum of Understanding between UNICEF or PAHO (whichever is applicable) and the country, and not to the GAVI Alliance. Please keep in contact with UNICEF or PAHO (whichever is applicable) to understand the availability of the relevant vaccine(s) and to prepare the schedule of deliveries.

The total co-financing amount expressed in item number 14 of Appendix B does not contain costs and fees of the relevant Procurement Agency, such as contingency buffer and handling fees.

Information on these extra costs and fees will be provided by the relevant Procurement Agency as part of the cost estimate to be requested by the country. UNICEF/PAHO will share information with GAVI on the status of purchase of the co-financed supply. In accordance with the GAVI Co-financing Policy (<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>), the co-financing contribution is payable annually to UNICEF/PAHO.

If the purchase of the co-financed supply is carried out by the Government, following its own procurement procedures and not procuring from UNICEF Supply Division or PAHO's Revolving Fund, the Government must submit to GAVI satisfactory evidence that it has purchased its co-financed portion of the vaccines and related supplies, including by submitting purchase orders, invoices, and receipts to GAVI. GAVI encourages that countries self-procuring co-financed products (i.e. auto-disable syringes and syringe and needle disposal boxes) ensure that products appear on the applicable WHO list of pre-qualified products or, for syringe and needle disposal boxes, that they have obtained a certificate of quality issued by a relevant national authority.

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

Transparency and Accountability Policy(TAP): Compliance with any TAP 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).

Country Co-financing: GAVI must receive proof of country co-payment from the Country such as invoices or shipment receipts if neither UNICEF nor PAHO is the procurement agent for country co-financed vaccine for the prior calendar year.

Monitoring and Annual Progress Reports: Country's use of financial support for the introduction of new vaccinations with the vaccine(s) 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 immunised and on co-financing of the vaccine.

Country will report on the achievements and request support for the following year in the Annual Progress Report (APR). 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 Immunisation Coordination Committee (ICC), and as reported to WHO and UNICEF in the annual Joint Reporting Form (JRF). The APRs will also contain information on country's compliance with the co-financing

arrangements outlined in this letter. APRs 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.



## DECISION LETTER FOR HSS CASH SUPPORT

**This Decision Letter sets out the Programme Terms of a Programme.**

<b>1. Country:</b> Somalia														
<b>2. Grant number:</b> 1015-SOM-10a-Y														
<b>3. Date of Decision Letter:</b> 20/05/2014														
<b>4. Date of the Partnership Framework Agreement:</b>  Not applicable														
<b>5. Programme Title:</b> Health Systems Strengthening (HSS)														
<p><b>6. HSS terms:</b></p> <p>The ultimate aim of HSS support is to ensure increased and sustained immunisation coverage through addressing health systems barriers in Country, as specified in:</p> <ul style="list-style-type: none"> <li>• The relevant GAVI HSS guidelines – please contact your CRO at <a href="mailto:acronin@gavialliance.org">acronin@gavialliance.org</a> for the guidelines.</li> <li>• The relevant GAVI HSS application form - please contact your CRO at <a href="mailto:acronin@gavialliance.org">acronin@gavialliance.org</a> for the form.</li> <li>• Country’s approved grant proposal and any responses to the HSS IRC’s request for clarifications.</li> </ul> <p>Any disbursements under GAVI’s HSS cash support will only be made if the following requirements are satisfied:</p> <ul style="list-style-type: none"> <li>• GAVI funding being available;</li> <li>• Submission of satisfactory Annual Progress Reports (APRs), or equivalent, by the Country;</li> <li>• Approval of the recommendation by a High Level Alliance Review Panel for continued support by GAVI after the second year;</li> <li>• Compliance with any TAP requirements pursuant to the TAP Policy and under any Aide Memoire concluded between GAVI and the Country;</li> <li>• Compliance with GAVI’s standard terms and conditions (attached in Appendix [D] or as set out in the PFA); and</li> <li>• 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.</li> </ul>														
<b>7. Programme Duration<sup>1</sup>:</b> 2011 to 2015														
<b>8. Programme Budget (indicative)</b>														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 12.5%;">2011</th> <th style="width: 12.5%;">2012</th> <th style="width: 12.5%;">2013</th> <th style="width: 12.5%;">2014</th> <th style="width: 12.5%;">2015</th> <th style="width: 12.5%;">Total<sup>2</sup></th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Programme Budget (US\$)</td> <td>2,786,791</td> <td>2,470,387</td> <td>0</td> <td>2,549,515</td> <td>3,738,808</td> <td>11,545,501</td> </tr> </tbody> </table>		2011	2012	2013	2014	2015	Total <sup>2</sup>	Programme Budget (US\$)	2,786,791	2,470,387	0	2,549,515	3,738,808	11,545,501
	2011	2012	2013	2014	2015	Total <sup>2</sup>								
Programme Budget (US\$)	2,786,791	2,470,387	0	2,549,515	3,738,808	11,545,501								

<sup>1</sup> This is the entire duration of the programme.

<sup>2</sup> 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.

## DECISION LETTER FOR HSS CASH SUPPORT

**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	2011-2013	2014	Total <sup>3</sup>
Annual Amount (\$US)	5,257,178	2,549,515	7,806,693

**10. Financial Clarifications:** The Country shall provide the following clarifications to GAVI<sup>4</sup>:

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](mailto: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. 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), which have been endorsed by the Health Sector Coordination Committee (HSCC) or its equivalent.	15 May 2014 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

**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, 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 with 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.

<sup>3</sup> This is the amount approved by GAVI.

<sup>4</sup> Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements

## DECISION LETTER FOR HSS CASH SUPPORT

Signed by,

A handwritten signature in black ink that reads "Alan Brooks (sic)". The signature is written in a cursive style.

**On behalf of the GAVI Alliance**

By (Sign): Hind Khatib-Othman

Title: Managing Director, Country Programmes

Date: 20/05/2014



**NEW PROPOSALS IRC COUNTRY REPORT**  
**GAVI Secretariat, Geneva, 7 – 22 November 2013**

Appendix C

**Country: Somalia**

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**1. Type of support requested**

Type of support requested	Planned start date (Month, Year)	Duration of support	Level of Support
HSS - Reprogramming	October 2013	Through December 2015	Total approved grant: US\$11,545,500 Funds spent: US\$2,934,621 Funds remaining for reprogramming US\$8,610,880

This proposal is based on a previous IRC recommendation for reprogramming to include support of a strengthened national health sector monitoring framework. Initial disbursement scheduled for 2009 was delayed to 2011, and activities began in late 2011. Changing context, findings from field visits, discussions with Somali Health Authorities, and feedback from WHO zonal project officers indicated that reprogramming the grant for the remaining 2.25 years would increase effectiveness. It is hoped that reprogrammed activities will be accelerated and grant can be completed by end of December 2015.

The original requested amount submitted in 2009 was US\$11,544,180; the amount granted by GAVI was US\$ 11,545,500. The proposal was intended to cover five years from 2010 to 2014. A sum of US\$2,934,621 had been spent by 30 September 2013. The remaining amount is US\$8,610,880.

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

Somalia has an internationally recognised Federal MoH, while each of the autonomous zones of Puntland and Somaliland has a separate Ministry that coordinates EPI activities.

The Somali Health Sector Committee (HSC) began in February 2011, meets on a quarterly basis and is composed of the 3 Somali Health Authorities, UN agencies (UNAIDS, UNDP, UNICEF, WFP, WHO), NGOs (World Vision, Somali Health for All Initiative Trust, SOS Children’s Village, International Rescue Committee, Agency for Peace and Development, MUQAL Development Organisation International, etc.) and donors (France, Global Fund, JICA, SIDA, SDC, DFID, USAID). The HSC is the coordinating health mechanism, including oversight of GFATM and GAVI awards and development of new proposals. A Health Systems Analysis Team (HSAT) is being formed now to conduct assigned analysis to support the HSC. Somalia also has a Health Advisory Board (HAB), a policy forum that brings together senior Heads of Agencies, donor and NGO representatives and the Health Ministries to set overall health policy objectives, strategies and priorities.

A NITAG has not been established in Somalia yet but its establishment is being discussed in the HSC. The “Supporting Independent Vaccine Advisory Committee” (SIVAC) has been mandated to promote its establishment and to provide technical assistance and some financial support for the first two to three years.

Proposal development was broadly participatory and well-coordinated with WHO, UNICEF and key INGOs working in the health sector. Endorsement signatures for

the reprogrammed proposal were provided by the Health Sector Coordinator and the Minister of Health.

### **3. Situation analysis (burden of disease and health system bottlenecks)**

The provision of health services in Somalia is fragmented as a result of continued civil strife since 1991. The country is divided into three major administrative entities (Somaliland, Puntland and Central/South zones), which complicates health policy, planning and service provision. The immunisation programme is supported by UNICEF, WHO and over 40 NGOs.

For 2012, the Administrative Coverage Estimate for DTP3 coverage is reported at 61%, whereas the WHO/UNICEF Estimate is at 42%.

Pentavalent vaccine was introduced country-wide in April 2013. According to the cMYP, the country has been polio-free for more than three years and successful rounds of measles catch-up and follow-up campaigns have resulted in about 90% reduction in measles mortality. This reflects good overall progress since 2007, when immunisation coverage was only 36%, according to the Joint Administrative Report of UNICEF/WHO. Coverage rates are lower in Puntland and Somaliland than in Central/South and lower in rural than urban areas.

An EVM assessment was conducted in Feb-Mar 2013. Country overall score was 59%. The UNICEF-contracted central store located in Nairobi with 1+ and 1- very large cold room (if the EVM numbers are current) was rated at 71%, however, stores of Somaliland and Puntland only returned scores of 54% and 47% respectively. The aggregate of health facilities visited was 58%. Temperature management, stock management, health worker knowledge and maintenance were identified as key weaknesses. Storage capacity does not appear to be a major issue. The improvement plan is not available.

A Post Introduction Evaluation (PIE) is planned for December 2014. The country has no co-financing history; UNICEF will continue to provide traditional vaccines in 2013 and 2014. Surveillance of Vaccine Preventable Diseases is conducted in collaboration with WHO.

**Country context:** Since 1991, conflict and statelessness in Somalia have had profound effects on the health care system and resulted in a grim situation for Maternal and Child Health, with MDG indicators among the worst globally. The new 'Government of National Unity' (GNU) is trying to establish jurisdiction in Mogadishu despite resistance from opposing factions. It is difficult for the MoH to coordinate public and private health services in the country, given the number of partners and independent governments in the two autonomous regions.

The country's health sector largely depends on external funds. Health financing mechanisms have yet to be developed and implemented. Most health care is being paid for out-of-pocket and provided by an unregulated private sector. In the two relatively stable zones, Somaliland and Puntland, there is some space to build up capacities of local health authorities, implement programmes and create ownership. Previous attempts to develop the health system and immunisation services have resulted in development of guidelines and policies but little translation into operational strategies.

**Bottlenecks that resulted in reprogramming and create ongoing challenges:**

- The Grant faced delays in starting as the signing happened much later than approval.
- After receiving the first tranche November 2011 (nearly 2 years later than the expected start date) WHO and UNICEF had to review the original activity plan and budget allocations given a changing environment and increasing costs.
- Implementation of activities in 2012 continued to be delayed; security situation in South Central hampered the recruitment of Female Health Workers (FHW). Also in the 2 other zones, starting activities were delayed.
- Geographical distance between project management in Nairobi and implementation in the three Somali Health Authorities (SHAs) poses constant constraints.

#### **4. Overview of national health documents**

The EPI Working Group was involved in developing the cMYP and monitors its progress. The plan has objectives and immunisation targets for 2011-2015, based on identified priority areas that are derived from analysis of the country's immunisation programme within the broader health and socio-economic situation. The cMYP is specifically linked to the GAVI HSS plan and the HSS component of GFATM funding.

Somalia's three zones have developed their health sector strategic plans (HSSP) for years 2013 to 2016 in early 2013 and have developed Annual Work Plans. This is the first time the three Zonal Ministries of Health have produced strategic plans.

WHO and UNICEF along with other partners have jointly prepared a Global Immunisation Vision and Strategy (GIVS) for the years 2006–2015. Somaliland has developed a five-year health strategic plan with an investment plan and a health strategic framework.

#### **5. Proposed activities, budgets, financial planning and financial sustainability**

Like the original proposal, the reprogrammed proposal aims to strengthen the development of HRH, community based immunisation and MCH service infrastructure, renovation of cold chain, rehabilitation and equipping MCH centres, supporting Health posts and CHWs and, on a pilot basis, creating a cadre of female community health workers who are embedded within the communities.

Proposal objectives remain largely the same as in original application.

The GFATM grant largely focuses on HSS at the district level and above, while the GAVI grant concentrates on HSS and immunisation services from district level below with an efficient inter-phase between the two levels. The major outcome and impact indicators are aligned with national objectives.

The re-programming will keep outputs and key activities as in the original plan, but will intensify implementation, as requested by the HSC, and increase budget allocation. Closer links with the EPI programme are embedded in the re-programmed activities, responding to some of the evident challenges. Among them:

- Conduct comprehensive training of vaccinators;
- Include establishment of EPI outreach;
- Intensify: coordination & communication; monitoring and supervision; support to logistics;



- Involve MoH staff at district and regional levels

**Table: Allocation of funds to programme objectives - original and reprogrammed budget**

	<b>Original</b>	<b>Reprogrammed</b>	<b>Difference</b>
<b>Objective 1</b>	2,890,000	3,104,388	214,388
<b>Objective 2</b>	2,532,800	2,434,185	-98,615
<b>Objective 3</b>	1,791,000	773,500	-1,017,500
<b>Objective 4</b>	611,500	651,003	39,503
<b>Program management</b>	3,718,880	4,582,424	863,544
	<b>11,544,180</b>	<b>11,545,500</b>	<b>1,320</b>

There have been shifts in funds allocated to programme objectives resulting from significant changes in the weighting of activities. Justification for changes of activity and allocated sums have been provided. The proposed changes indicate improvements in targeting and focus on going beyond design and development of activities towards interventions, e.g. where an activity described the development and implementation of a system of regular EPI outreach from MCH centres to the catchment areas of health posts and FHWs (Activity 1.10), a budget upgrade now allows the finalisation of the strategy and the actual implementation of outreach activities for the 40 MCH clinics. The changes are coherent throughout.

The reprogrammed budget sees greater allocations to programme management activities.

1. WHO management operational costs have been reduced from US\$880,740 to US\$313,247. Here, US\$440,000 have been removed for the provision of incentives to MoH HSS focal points; this has been defined as a new line item (Activity 1.15). The remainder of the reduction is due to delays in programme implementation.
2. Technical support WHO has reduced from US\$2,499,140 to US\$1,681,661 due to cost readjustment for a four-year period.
3. The line item for M&E support costs (UNICEF) has increased from US\$339,000 to US\$512,062. *This covers the costs of security, administration and finance support functions (both at central Nairobi level and in the zonal offices), operations (including office rent, utilities, communications, fuel, stationery, IT, etc.), transport, planning, monitoring, evaluation and reporting. Out of the total, 3% is allocated to planning, monitoring and evaluation, which also includes communications and risk management. The other 12% contributes to the operations budget.*
4. Technical support UNICEF has been increased by US\$502,662 to US\$1,320,141 (original budget not provided in the proposal's overview table)
5. 7% of all budget items are retained by the agencies' headquarters as Programme Support Costs (PSC).

The new programme management budget amounts to US\$4,582,424 or 40% of the total grant amount. (A further breakdown of support costs by HR categories has been provided with the reprogramming request.)

## 6. Gender and Equity

The Proposal M&E Framework includes two equity indicators. However, under Objective 3, the intermediate outcome states: “% of mothers having knowledge about immunisation and danger signs of pregnancy and childhood illnesses”; it is a lost opportunity to fine-tuning programming if these are not disaggregated by sex and other equity variables.

Across all objectives, the proposal for reprogramming focuses on immunisation and other essential MCH services and reflects an awareness of gender issues.

## 7. Specific comments related to requested support – HSS

The GAVI HSS programme is managed by a WHO / UNICEF team that includes a full time international HSS specialist, two programme assistants and two (3 are planned) national officers in the zonal offices (all WHO staff) and a MCH Manager and BCC/C4D specialist. This team provides hands on technical support to zonal, regional and district MoH teams.

Grant funds also support MoH focal points in each zone/region/district included in the grant through payment of incentives. The level of incentives has been discussed and agreed upon with Ministry authorities and reflects the level paid to similar positions by other programmes.

### Results chain and Monitoring & Evaluation Framework

The reprogrammed HSS M&E Framework is revised to match the developing national framework through use of same data sources:

- Impact and outcome indicators: MICS; Joint Reporting Form;
- Output indicators: reports from M&E and supervision visits; monthly coordination meetings; supervisory checklist of FHW, filled by supervisors; training reports produced by Master trainers; monthly activity report produced by GAVI/HSS Focal points; quarterly WHO/UNICEF progress reports.

The IRC is concerned that some M&E framework intermediate indicators are not clearly aligned with outcome indicators and encourages the review and revision of the framework.

**Linkages to immunisation outcomes, action plan for immunisation results and added value:** Linkages are strong and clear and well aligned with other donor supported HSS efforts and with national bodies, policies, plans.

### Engagement of civil society, including for implementation:

As part of HSCC, CSOs were involved in the HSS planning process and will be responsible for implementation of selected activities.

Different CSOs play different roles in single activities within the programme.

While the SRCS (Somalia Red Crescent Society) directly support some of the selected MCH centres and participates in selection of FHWs and FHW supervisors, recruitment of additional staff for the MCH sites they support, rehabilitation of MCH centers; 2 other NGOs PSI and BBC Media Action have been identified to support and mentor at least 5 local NGOs in Behavior Change Communication. In Puntland the IHSAN Religious Leaders Network has agreed with UNICEF to work with MoH to promote Child Health in 12 communities within the GAVI districts. In collaboration with the Ministry of Health and Education, Kow

Media Corp (KMC), an 'edutainment' media NGO with presence in all 3 zones, has been identified to increase dialogue on key child survival and development messages in schools.

The IRC notes that there is good opportunity within the grant to immunise children in rebel controlled areas through the mobilisation of NGO's.

**Technical assistance needs:**

Short term expertise is being contracted such as for developing tools for supervision. Some TA is budgeted under specific budget lines. A budget line has been included, "technical support WHO consultants", to allow flexible TA as needs arise.

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

The current cMYP covers the years 2011 to 2015, coinciding with the timeframe of the programme. Consistency between the programme and the cMYP is one of the focus areas of the programme. The proposal is well aligned with other programmes and planning processes in the country (cMYP, JHNP, Global Fund Grant, Health Sector Strategic Plans). There is currently no EPI policy in place. A draft by the EPI Working Group has been discussed by the HSC.

**9. Overview of the proposal**

The Reprogramming Request reflects diligent planning and the intent to achieve the maximum possible outcomes in a difficult environment. Original activities have been strengthened to move towards the effective implementation of the envisaged measures.

The Reprogramming Request was endorsed and signed by the Health Sector Coordinator (HSC) upon presentation at the HSC meeting 10/11 September 2013. The Minister of Health signed the Reprogramming Request on 14 September 2013.

**Strengths:**

- Proposed activities operate in tandem with the GFATM HSS grant, each focusing on strengthening different levels of the health care system through interfaced strategies.
- HSS strategies integrate immunisation activities into MCH platforms of service delivery that are also strengthened, and this is well reflected in indicators.
- The programme tackles gaps that would otherwise not be addressed.
- Alignment with national immunisation and broader MCH objectives and indicators.
- Good expenditure balance between many HSS activities, including strengthening of the M&E Framework (not just procurement);
- Deployment of FHW provides opportunities for women with low income and literacy.
- HRH activities include performance incentives for health workers.

**Weaknesses:**

- Not all budget line items within the very diverse set of activities have been explained; the budget as presented in the proposal form does not tally with the grant amount.



- There is an absence of baseline data in M&E Framework, which is largely unavoidable given the country situation; however reprogramming activities include collection of baseline data for some indicators to strengthen the M&E framework.

**Risks:**

- There is no longer-term experience with the chosen approaches.
- The political and security context jeopardises the outcomes.

**Mitigating strategies:**

- Progress on joint efforts (EPI policy, HSSPs, etc.)
- CSO network can provide support in the implementation of activities.

**10. Conclusions**

This is a strong well-justified Reprogramming Request. The reprogrammed HSS activities reflect changes in operational landscape since the original proposal was written, as well as newly identified needs or shifts in emphasis. The new activity to strengthen the national health M&E Framework seems very useful to the country.

Planned activities are well aligned with broader government HSS and service delivery planning. WHO and UNICEF as key partners will manage funds and implementation. Rationales for reprogrammed activities seem sound and as feasible as can be expected within an uncertain, fragile states context. The programme seems well positioned to accelerate reprogrammed/remaining activities.

During the pentavalent launch in April 2013, the President of Somalia invited the international community to re-establish offices in Mogadishu. If key HSS partners are able to shift operational centers from Nairobi to Mogadishu in coming months, this has implications for the speed at which reprogrammed HSS activities can be implemented.

The large share of support costs in the overall budget is justified by the requirements of the difficult context and the scope of tasks that UNICEF and WHO are facing.

**11. Recommendations**

**HSS Reprogramming Recommendation:**

**Approval with Clarifications and release of the tranches for 2013 (US\$972,441) and 2014 (US\$3,899,631)**

**The tranche for 2014 (US\$3,899,631) will be released upon submission of a revised and strengthened M&E framework (including strengthening with a view to address and measure gender and equity issues with appropriate indicators).**

**Table 1: Approved budget for HSS**

	Jan – Dec 2013 (or other annual period depending on country budget)	Jan – Dec 2014 (or other annual period depending on country budget)	Jan – Dec 2015 (or other annual period depending on country budget)	<b>TOTAL</b>
	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	



5-year annual ceilings provided by GAVI (\$) <i>[country annual budget cannot exceed this amount]</i>	NA	NA	NA	
Budget request from Country Proposal (\$)	<b>972,441</b>	<b>3,899,631</b>	<b>3,738,808</b>	<b>8,610,880</b>
Budget approved by IRC - if different from proposal budget (\$)	<b>972,441</b>	<b>3,899,631</b>	<b>3,738,808</b>	<b>8,610,880</b>

**Issues for clarification:**

1. Please provide a revised and strengthened M&E framework (including a focus on gender and equity) as a precondition for the release of the 2014 tranche.
2. Provide detailed unit costs, unit totals, and budget assumptions for all activities and revise the budget table in the proposal to tally with the budget provided in the separate document.
3. Explain the reasonableness of the funds allocated to MoH staff for incentives and ensure national approval of the incentive schemes across the three zones (WHO and UNICEF).
4. Provide an EVM improvement plan and justify the adjusted cold chain rehabilitation and equipment renovation budget.

**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.



