GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Ghana

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

Please submit the APR 2011 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: **2011**

Requesting for support year: **2013**

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	Yellow Fever, 5 dose(s) per vial, LYOPHILISED	Yellow Fever, 5 dose(s) per vial, LYOPHILISED	2015
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	Measles, 10 dose(s) per vial, LYOPHILISED	Measles, 10 dose(s) per vial, LYOPHILISED	2014
Preventive Campaign Support	Meningogoccal, 10 dose(s) per vial, LIQUID		2012

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant Yes
CSO Type A	Yes	Not applicable N/A
CSO Type B	Yes	CSO Type B extension per GAVI Board Decision in July 2011: Yes

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 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	Mr Alban Kingsford Sumana BAGBIN	**Name**	Dr Kwabena DUFFUOR
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
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Dr. Daniel YAYEMAIN	Child Health Specialist, UNICEF-Ghana	+233244606315	dyayemain@unicef.org

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 Frank NYONATOR, Ag. Director General	Ghana Health Service		

Dr Afisah Zakariah, Ag. Director PPME	PPME, Ministry of Health		
Dr. V. M. ADABAYERI, Paediatrician	Paediatric Society of Ghana		
Dr. Iyabode OLUSANMI - UNICEF Representative	UNICEF Country Office, Ghana		
Dr. Idrissa SOW, WHO Representative	WHO Country Office, Ghana		
Dr. Joseph AMANKWA, Director - Public Health Division	Public Health Division, Ghana Health Service		
Mr. Winfred A. MENSAH, Chairman - Ghana National Polio Plus Committee of Rotary International	Rotary International		

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

All comments will be treated confidentially

Comments from Partners:

The Inter-Agency Coordinating Committee approved the 2011 APR for submission. They hoped that the report will receive favourable comments from the IRC and subsequent approval by GAVI. The ICC also hoped that the request for support for 2013 will be honoured by GAVI.

Comments from the Regional Working Group:

At the APR Peer-Review meeting on the 2011 APR, the Regional Working Group commended Ghana for the efforts in completing the 2011 APR as few comments were made after the review of Ghana's document. They hoped that Ghana will be able to meet the deadline for submission as the document was in an advanced stage.

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), , 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

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)

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Name/Title	Agency/Organization	Signature	Date
Abdul-Wahab MUSAH / M&E Officer	Ghana Coalition of NGOs in Health		
Patricia POREKUU / National Coordinator	Ghana Coalition of NGOs in Health		
Yaw YEBOAH / Accountant	Ghana Coalition of NGOs in Health		

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (or equivallent committees)- , endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organization	Signature	Date
Cecilia LODONU-SENOO	Ghana Coalition of NGOs in Health		

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	992,192	1,020,855	1,016,004	1,016,004	1,040,388	1,040,388	1,065,358	1,065,358	1,090,926	1,090,926
Total infants' deaths	51,211	51,042	52,594	50,800	54,014	52,019	55,472	53,268	56,970	54,546
Total surviving infants	940981	969,813	963,410	965,204	986,374	988,369	1,009,886	1,012,090	1,033,956	1,036,380
Total pregnant women	992,192	1,020,855	1,016,004	1,016,004	1,040,388	1,040,388	1,065,358	1,065,358	1,090,926	1,090,926
Number of infants vaccinated (to be vaccinated) with BCG	992,192	1,070,080	1,016,004	1,016,004	1,040,388	1,040,388	1,065,358	1,065,358	1,090,926	1,090,926
BCG coverage	100 %	105 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	886,027	884,615	907,292	907,292	929,067	929,067	951,364	951,364	974,197	974,197
OPV3 coverage	94 %	91 %	94 %	94 %	94 %	94 %	94 %	94 %	94 %	94 %
Number of infants vaccinated (to be vaccinated) with DTP1	904,879	0	926,596	0	948,834	0	971,606	0	994,925	0
Number of infants vaccinated (to be vaccinated) with DTP3	886,027	0	907,292	0	929,067	0	951,364	0	974,197	0
DTP3 coverage	95 %	0 %	94 %	0 %	94 %	0 %	94 %	0 %	94 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	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	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	914,632	887,086	926,596	926,596	948,834	948,834	971,606	971,606	994,925	994,925
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	897,729	887,086	907,292	907,292	929,067	929,067	951,364	951,364	974,197	974,197
DTP-HepB-Hib coverage	95 %	91 %	94 %	94 %	94 %	94 %	94 %	94 %	94 %	94 %
Wastage[1] rate in base-year and planned thereafter (%)	25	2	25	25	25	25	25	25	25	25
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.02	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	914,632	888,802	907,292	907,292	929,067	929,067	951,364	951,364	974,197	974,197
Yellow Fever coverage	94 %	92 %	94 %	94 %	94 %	94 %	94 %	94 %	94 %	94 %
Wastage[1] rate in base-year and planned thereafter (%)	25	23	25	25	25	25	25	25	25	25
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.3	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33
Maximum wastage rate value for Yellow Fever, 5 doses/vial, Lyophilised	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0	926,596	926,596	948,834	948,834	971,606	971,606		
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0	907,292	907,292	929,067	929,067	951,364	951,364		
Pneumococcal (PCV13) coverage		0 %	94 %	94 %	94 %	94 %	94 %	94 %		0 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	5	0	5	0	5		
Wastage[1] factor in base-year and planned thereafter (%)		1	1	1.05	1	1.05	1	1.05		1
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	926,596	926,596	948,834	948,834	971,606	971,606		
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		0	907,292	907,292	929,067	929,067	951,364	951,364		
Rotavirus coverage		0 %	94 %	94 %	94 %	94 %	94 %	94 %		0 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5	0	5	0	5		
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1.05	1	1.05	1	1.05		1
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	886,027	894,546	907,292	907,292	929,067	929,067	951,364	951,364	974,197	
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles		0	907,292	907,292	929,067	929,067	951,364	951,364		
Measles coverage	94 %	0 %	94 %	94 %	94 %	94 %	94 %	94 %	94 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	0	29	25	25	0	25	0	25	0	
Wastage[1] factor in base-year and planned thereafter (%)	1	1.41	1.33	1.33	1	1.33	1	1.33	1	1
Maximum wastage rate value for Measles, 10 dose (s) per vial, LYOPHILISED	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %
Pregnant women vaccinated with TT+	843,363	773,092	863,604	863,604	884,330	884,330	905,554	905,554	927,287	927,287
TT+ coverage	85 %	76 %	85 %	85 %	85 %	85 %	85 %	85 %	85 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	490,143	396,328	501,906	501,906	513,952	513,952	526,287	526,287	538,918	538,918
Vit A supplement to infants after 6 months	443,014	1,371,948	453,646	453,646	464,533	464,533	475,682	475,682	487,099	487,099

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	2 %	0 %	2 %	0 %	2 %	0 %	2 %	0 %	2 %	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.

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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 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 expected annual births quoted in the 2010 APR has been maintained in 2011. However, the number is likely to change as Ghana is still awaiting districts' breakdown of the results of the 2010 national Population and Housing Census (PHC). An update would be provided when the final census figures are released.

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

  The expected surviving infants quoted in the 2010 APR has been modified from 2011- 2015. This was because the infant mortality rate of 50/1000 live births was misapplied. However, the surviving infants for the period are still likely to change again as Ghana is still awaiting districts' breakdown of the results of the 2010 Population and Housing Census (PHC). An update would be provided when the final census figures are released.

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

  The target population by vaccine quoted in the 2010 APR has been maintained in 2011. However, the number is likely to change as Ghana is still awaiting districts' breakdown of the results of the 2010 Population and Housing Census (PHC). An update would be provided when the final census figures are released.

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

  The wastage rate for Pentavalent (DPT-HebB-Hib) has change from 5% to 25% from 2012 - 2015. This is because, Ghana has changed from the single-dose vial to 10-dose fully liquid vial.

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

Highlights of 2011 Achievements;
- The country has not reported any death from measles since 2003
- Since November 2008 there has been no report of wild polio virus
- No region, district or health facility reported of vaccine shortage within the year
- Number of children vaccinated with 3rd dose of Penta vaccine increased from 869,670 in 2010 to 887,086 in 2011. About 17,416 additional children were vaccinated in 2011. Penta 3 coverage however decreased from 91.6% in 2010 to 91.5% in 2011.
- The wastage rate for Penta was 2%.

Key Objectives/Priorities for 2011 were as follows;
- Protect all children in Ghana against nine(9) vaccine preventable diseases (VPDs)
- Increase and maintain routine immunization coverage for all childhood antigens to 90% and above
- Routine immunization
- Conduct Polio (S)NIDs (2 Rounds in March and May)
- MNT Elimination Assessment
- Commemoration of African Vaccination Week
- Commemoration of Child Health Promotion Week
- Data Management training
- Yellow Fever Preventive Campaign in 38 districts

Challenges included;
- inadequate funds at the operational level
- weak engagement of communities in immunization activities
- poor documentation
- competing activities
- weak supportive supervision

These challenges were addressed through the following;
- Soliciting for support from partners
- Strengthening linkages with communities and opinion leaders
- Training on data management and documentation/filing
- Improved integration of child survival intervention
- Monitoring of routine EPI activities during campaigns
- Regular feed-back to regions and districts were also provided.

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

Targets were not reached because of the challenges already enumerated above such as :
1. too many competing activities
2. irregular and late release of funds
3. creation of more districts without corresponding infra-structure
4. errors in tallying
5. low card retention rate for TT
6. Some vaccinators fail to probe to ascertain the status of pregnant women.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

NA

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **No**

What action have you taken to achieve this goal?

Ghana aims at total coverage for all eligible children, irrespective of sex.

In Ghana there is no cultural or social barriers to immunizations by sex. Indeed the Ghana Demographic and Health Survey (GDHS) in 2008 indicates that there is little difference in the proportions of children fully vaccinated by sex of child. As we continue to gather data through the GDHS every five years and then also through periodic coverage surveys appropriate measures will be undertaken to address this issues.

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)

There was no discrepancy between Ghana's data and the WHO/UNICEF Estimate of National Coverage data for 2010. We hope there will be no discrepancy in the 2011 data.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

EPI Coverage Survey conducted in the 1st Quarter of 2012. The survey is part of 2012 EPI Review which was conducted as part of the activities for the introduction of the new vaccines.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Data Quality Self-Assessment (DQS) was carried out between 12th October and 2nd November 2009 for three program areas: EPI, Nutrition and Reproductive Health. The objectives were to assess the quality of data and the monitoring and evaluation (M&E) functional systems with a view to determining any gaps based on which recommendations were made to improve data quality and management. Best practices found were also highlighted for replication. Tools used were the GAVI Data Quality Audit Excel Workbook for quality of data, the USAID Data Quality Audit Excel Workbook for M&E system functions and logbooks for recording all details and reasons for observed gaps or best practices.

In 2011, data management training was organize for EPI Data Managers to improve their skill in data management including mapping.

The Ghana Health service in collaboration with partners has instituted a monthly data validation meeting at the national level to reconcile immunization and surveillance data. The national level has also put in place monthly feedback of routine data to regions for action.Regions and Districts have been advised to hold monthly data review meetings to validate their data before 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.

As part of the strategies to improve data management for the new vaccines introduction, the Ghana Health Service has established a committee for Data Management, Monitoring and Evaluation (DMME) at the national level. The major role is to advise the EPI Programme on data management issues. The committee review districts data on monthly basis and those with problems are supported.

Regions have been advised for establish similar committee to help improve data management.

The EPI Technical Committee comprising of the National EPI Office, WHO and UNICEF is planning to institute a regular monitoring and supportive supervision at all levels to identify deficiencies and strengths in the management of data and put in place a training plan for all levels.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** 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$ = 1.5467	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 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	Rotary	To be filled in by country	To be filled in by country
Traditional Vaccines*	1,853,625	1,853,625	0	0	0	0	0	0
New and underused Vaccines**	3,371,103	897,603	2,473,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	2,760,598	177,123	2,583,475	0	0	0	0	0
Cold Chain equipment	329,354	0	329,354	0	0	0	0	0
Personnel	76,076	76,076	0	0	0	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	242,000	0	242,000	0	0	0	0	0
Campaigns costs	13,322,260	2,268,907	0	5,530,551	5,361,563	161,239	0	0
Support to regions and districts		0	66,666	0	0	0	0	0
Total Expenditures for Immunisation	21,955,016							
Total Government Health		5,273,334	5,694,995	5,530,551	5,361,563	161,239	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.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

An annual plan was developed and costed based on the cMYP 2010 - 2014. The difference between the available funding and expenditure for the reporting year was due to the fact that funds from government was not forthcoming.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Government component especially with regards to campaigns were not realized. The reason was that funds were not available

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Government pays for all traditional vaccines

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	1,724,125	1,926,489
New and underused Vaccines**	46,608,757	43,860,145
Injection supplies (both AD syringes and syringes other than ADs)	1,014,120	1,132,944
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	103,468	3,443
Personnel	77,598	79,150
Other routine recurrent costs	0	0
Supplemental Immunisation Activities	6,505,151	2,396,442
Total Expenditures for Immunisation	56,033,219	49,398,613

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

We may not receive all funds budgeted for 2012. Maintenance and overhead cost may be affected as this is usually supported with funds from government.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

We may not receive all funds budgeted for 2013. Maintenance and overhead cost may be affected as this is usually supported with funds from government.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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 2011? **5**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting 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

With regards to the expenditure and financing for immunization, the ICC was concerned about the release of funds from GAVI. The ICC noted that funds from GAVI are usually not timely which affects the implementation of activities. The ICC will therefore like to recommend to GAVI to release funds on time to countries.

The ICC approved the expenditure and financing for immunization

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

If Yes, which ones?

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

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

The main objective for the EPI Programme is reduce morbidity and mortality by controlling, eliminating or eradicating vaccine preventable diseases. This will be achieved by introducing more vaccines in the country.

The priority action for the country are;
- Strengthen routine immunization - Jan to Dec 2012
- Conduct Polio NIDs - March 2012
- Preparations for new vaccines introduction - 2011 - Apr 2012
- Introduction of Measles Second Dose (MSD) - February 2012
- African Vaccination Week - April 2012
- Launching of Pneumococcal and Rotavirus Vaccines - 26th April 2012
- Introduction of Pneumococcal and Rotavirus Vaccines - From 2nd May 2012
- Child Health Promotion Week - May 2012
- Active AEFI Monitoring - May 2012 - May 2013
- Meningitis A Conjugate vaccine Sub-national Vaccination Campaign - October 2012

Are they linked with cMYP? **Yes**

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 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	0.05ML AUTO DESTRUCT SYRINGE	GOVT OF GHANA
Measles	0.5 ML AUTO DESTRUCT SYRINGE	GOVT OF GHANA
TT	0.5 ML AUTO DESTRUCT SYRINGE	GOVT OF GHANA
DTP-containing vaccine	0.5 ML AUTO DESTRUCT SYRINGE	GOVT OF GHANA/GAVI
YELLOW FEVER	0.5 ML AUTO DESTRUCT SYRINGE	GOVT OF GHANA/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)

Our injection safety support ended in 2005. Since then the Government of Ghana has been paying for injection safety supplies. We received some safety boxes from JICA as part of their support for Maternal and Neonatal Tetanus Elimination campaign. We need to revise our Injection safety plan. however under waste management in our revised EPI Policy injection safety was dealt with.
The problems we encountered during implementation of the plan are as follows:

- Inadequate funding remains a major problem
- Creation of new districts – 32 newer districts were created in 2007 by the government and each of them is demanding an incinerator, which is outside our original plan. (42 new districts have been created in 2011)
- Some of the old incinerators (which are more than 6 years old) need major rehabilitation at the time cash flow is problematic
- Lack of ownership by some districts

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Incinerators have been constructed for all the older districts and we are in the process of constructing incinerators for the 32 newer districts. Further plans will be developed for the 42 new districts that were created in 2011. In the mean time, the Government has procured 20 mobile incinerator which could easily be transported to problematic areas in times of emergency.

Sharps waste are destroyed by incineration and for areas where there are no incinerators they are burnt in pits. Complete incineration of the needles has been problematic because high temperatures are not achieved during burning. As a further step towards injection safety we introduced into the system a needle destruction device upon positive recommendation by the Clinical Engineering Unit of the Ghana Health Service. We are also considering needle hub cutters for areas without incinerators to facilitate burning. The cut needles which will be smaller in volume
shall then be sent to the district level for incineration.

During the November 2011 Yellow Fever Campaign in Ghana, we assessed the effectiveness of the hub-cutter. The findings will be studied for direction.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	1,000,000	1,510,000
Remaining funds (carry over) from 2010 *(B)*	71,583	108,091
Total funds available in 2011 *(C=A+B)*	1,071,583	1,618,091
Total Expenditures in 2011 *(D)*	334,829	496,869
Balance carried over to 2012 *(E=C-D)*	736,754	1,121,222

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 is 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

ISS Funds are approved by the ICC. 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 are written. Upon completion of an activity, the technical report together with the financial report are submitted to the Director General.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

Construction and installation of cold rooms
Procurement of spare parts for refrigerators
Servicing and maintenance of vehicles
Procurement of three (3) double cabin vehicles to support monitoring, supervision and waste management
Procurement of one landcruiser to support the national level
Conducted data validation exercise in all region to improve the quality of reported data
Procurement of 20 mobile incinerators to improve waste management
Procurement of 1 cold vans for the national level
Support to regions and districts to improve monitoring

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 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (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).

6.3. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			869670	0
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-869670
3	Calculating	$20	per additional child vaccinated with DTP3		0
4	**Rounded-up estimate of expected reward**				0

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		1,560,900	1,550,000
Yellow Fever		902,800	0
Pneumococcal (PCV13)		0	0
Rotavirus		0	0
Measles		888,200	0

**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? ...)

  Ghana had adequate stock of DTP-HepB-Hib for the period

- 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)

  Postponement of shipment deliveries of vaccines to avoid overstocking

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	N/A	
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **January 0**

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° 20))

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**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . 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

N/A

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

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

N/A

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	234,135	79,300
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
1st Awarded Vaccine Yellow Fever, 5 dose(s) per vial, LYOPHILISED	273,780	143,790
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Government of Ghana	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	

1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	12,365	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	September	Government of Ghana
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	September	Government of Ghana
1st Awarded Vaccine Yellow Fever, 5 dose(s) per vial, LYOPHILISED	September	Government of Ghana
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

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/

Is GAVI's new vaccine support reported on the national health sector budget? **Not selected**

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 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Inadequate cold storage capacity at lower levels	Procure and install walk-in-cold-rooms for all reg	8 (88.9%) out of 9 walk-in-cold-room installed
Inadequate cold storage capacity at lower levels	Procure TCW 3000 and TCW 2000	Procurement process on-going
Inadequate vaccine transportation devices	Procure freeze-tags	Procurement ongoing, expected in 3rd Quarter 2012
Conduct cold chain inventory	Conduct cold chain inventory every 6 months	On-going

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

If yes, provide details

Ghana planned to procure 3 cold vans in the improvement plan. Fortunately, the Ghana Health Service with the support of Global Funds has procure one cold van each for the 10 regions to support transportation of medicines, including vaccines.

When is the next Effective Vaccine Management (EVM) assessment planned? **June 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for Meningogoccal 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)**
3539200	06/10/2012	0

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

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?

7.6.2. Programmatic Results of Meningogoccal 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

*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.

N/A

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?

N/A

What lessons have you learned from the campaign?

N/A

7.6.3. Fund utilsation of operational cost of Meningogoccal preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
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 2012

Renewal of multi-year vaccines support for Ghana is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	969,813	965,204	988,369	1,012,090	1,036,380	4,971,856
	Number of children to be vaccinated with the first dose	Table 4	#	887,086	926,596	948,834	971,606	994,925	4,729,047
	Number of children to be vaccinated with the third dose	Table 4	#	887,086	907,292	929,067	951,364	974,197	4,649,006
	Immunisation coverage with the third dose	Table 4	%	91.47 %	94.00 %	94.00 %	94.00 %	94.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.02	1.33	1.33	1.33	1.33	
	Vaccine stock on 1 January 2012		#	30,095					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.23	0.26	0.30	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
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	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2010			0.23	0.26	0.30
Your co-financing	0.20	0.20	0.23	0.26	0.30

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

		2012	2013	2014	2015
Number of vaccine doses	#	3,580,700	3,406,500	3,427,500	3,420,400
Number of AD syringes	#	3,073,300	2,848,500	2,866,000	2,860,100
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	34,125	31,625	31,825	31,750
Total value to be co-financed by GAVI	$	8,439,500	7,429,000	7,362,500	7,155,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	332,100	401,700	472,000	572,700
Number of AD syringes	#	285,000	335,900	394,700	478,900
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	3,175	3,750	4,400	5,325
Total value to be co-financed by the Country	$	783,000	876,000	1,014,000	1,198,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	8.49 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	887,086	926,596	78,629	847,967
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	2,661,258	2,779,788	235,887	2,543,901
E	**Estimated vaccine wastage factor**	*Table 4*	1.02	1.33		
F	**Number of doses needed including wastage**	*D X E*	2,714,484	3,697,119	313,730	3,383,389
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		245,659	20,847	224,812
H	**Stock on 1 January 2012**	*Table 7.11.1*	30,095			
I	**Total vaccine doses needed**	*F + G – H*		3,912,683	332,022	3,580,661
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		3,358,247	284,974	3,073,273
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		37,277	3,164	34,113
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		8,537,475	724,472	7,813,003
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		156,159	13,252	142,907
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)*		217	19	198
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		512,249	43,469	468,780
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		15,638	1,328	14,310
T	**Total fund needed**	*(N+O+P+Q+R+S)*		9,221,738	782,537	8,439,201
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		782,537		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		8.49 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	10.55 %			12.10 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	948,834	100,068	848,766	971,606	117,607	853,999
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	2,846,502	300,203	2,546,299	2,914,818	352,820	2,561,998
E	Estimated vaccine wastage factor	*Table 4*	1.33			1.33		
F	Number of doses needed including wastage	*D X E*	3,785,848	399,269	3,386,579	3,876,708	469,250	3,407,458
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	22,183	2,340	19,843	22,715	2,750	19,965
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	3,808,031	401,609	3,406,422	3,899,423	472,000	3,427,423
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	3,184,241	335,822	2,848,419	3,260,662	394,682	2,865,980
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	35,346	3,728	31,618	36,194	4,382	31,812
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	7,680,799	810,045	6,870,754	7,744,255	937,391	6,806,864
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	7,680,799	15,616	132,452	7,744,255	18,353	133,268
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)*	206	22	184	210	26	184
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	460,848	48,603	412,245	464,656	56,244	408,412
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	14,828	1,564	13,264	15,184	1,838	13,346
T	Total fund needed	*(N+O+P+Q+R+S)*	8,304,749	875,848	7,428,901	8,375,926	1,013,850	7,362,076
U	Total country co-financing	*I x country co-financing per dose (cc)*	875,848			1,013,850		
V	Country co-financing % of GAVI supported proportion	*U / T*	10.55 %			12.10 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	14.34 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	994,925	142,689	852,236
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	2,984,775	428,066	2,556,709
E	Estimated vaccine wastage factor	*Table 4*	1.33		
F	Number of doses needed including wastage	*D X E*	3,969,751	569,328	3,400,423
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	23,261	3,337	19,924
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	3,993,012	572,664	3,420,348
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	3,338,920	478,857	2,860,063
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	37,063	5,316	31,747
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	7,718,493	1,106,959	6,611,534
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	155,260	22,267	132,993
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)*	215	31	184
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	463,110	66,418	396,692
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	15,548	2,230	13,318
T	Total fund needed	*(N+O+P+Q+R+S)*	8,352,626	1,197,905	7,154,721
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,197,904		
V	Country co-financing % of GAVI supported proportion	*U / T*	14.34 %		

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

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	969,813	965,204	988,369	1,012,090	3,935,476
	Number of children to be vaccinated with the first dose	Table 4	#	894,546	907,292	929,067	951,364	3,682,269
	Number of children to be vaccinated with the second dose	Table 4	#	0	907,292	929,067	951,364	2,787,723
	Immunisation coverage with the second dose	Table 4	%	0.00 %	94.00 %	94.00 %	94.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.41	1.33	1.33	1.33	
	Vaccine stock on 1 January 2012		#	1,299,200				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.24	0.24	0.24	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.00	0.00	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		14.00 %	14.00 %	14.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate

	2011	2012	2013	2014
Minimum co-financing	0.00	0.00	0.00	0.00
Recommended co-financing as per Proposal 2011			0.00	0.00
Your co-financing			0.00	0.00

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

		2012	2013	2014
Number of vaccine doses	#	209,200	1,243,000	1,272,800
Number of AD syringes	#	1,342,000	1,039,400	1,064,300
Number of re-constitution syringes	#	23,300	138,000	141,300
Number of safety boxes	#	15,175	13,075	13,400
Total value to be co-financed by GAVI	$	127,000	397,000	406,500

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

		2012	2013	2014
Number of vaccine doses	#	0	0	0
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0

Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country	$	0	0	0

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	907,292	0	907,292
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	0	907,292	0	907,292
E	**Estimated vaccine wastage factor**	*Table 4*	1.41	1.33		
F	**Number of doses needed including wastage**	*D X E*	0	1,206,699	0	1,206,699
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		301,675	0	301,675
H	**Stock on 1 January 2012**	*Table 7.11.1*	1,299,200			
I	**Total vaccine doses needed**	*F + G – H*		209,174	0	209,174
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,341,954	0	1,341,954
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		23,219	0	23,219
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		15,154	0	15,154
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		50,621	0	50,621
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		62,401	0	62,401
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		86	0	86
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		88	0	88
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		7,087	0	7,087
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		6,258	0	6,258
T	**Total fund needed**	*(N+O+P+Q+R+S)*		126,541	0	126,541
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, 10 dose(s) per vial, LYOPHILISED (part 2)

		Formula	2013			2014		
			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 5.2.1*	929,067	0	929,067	951,364	0	951,364
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	929,067	0	929,067	951,364	0	951,364
E	Estimated vaccine wastage factor	*Table 4*	1.33			1.33		
F	Number of doses needed including wastage	*D X E*	1,235,660	0	1,235,660	1,265,315	0	1,265,315
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	7,241	0	7,241	7,414	0	7,414
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,242,901	0	1,242,901	1,272,729	0	1,272,729
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,039,302	0	1,039,302	1,064,244	0	1,064,244
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	137,963	0	137,963	141,273	0	141,273
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	13,068	0	13,068	13,382	0	13,382
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	300,783	0	300,783	308,001	0	308,001
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	300,783	0	48,328	308,001	0	49,488
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	511	0	511	523	0	523
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	76	0	76	78	0	78
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	42,110	0	42,110	43,121	0	43,121
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	4,892	0	4,892	5,009	0	5,009
T	Total fund needed	*(N+O+P+Q+R+S)*	396,700	0	396,700	406,220	0	406,220
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 (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2012**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

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

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	969,813	965,204	988,369	1,012,090	3,935,476
	Number of children to be vaccinated with the first dose	Table 4	#	0	926,596	948,834	971,606	2,847,036
	Number of children to be vaccinated with the third dose	Table 4	#	0	907,292	929,067	951,364	2,787,723
	Immunisation coverage with the third dose	Table 4	%	0.00 %	94.00 %	94.00 %	94.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.23	0.26	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate

	2011	2012	2013	2014
Minimum co-financing		0.20	0.23	0.26
Recommended co-financing as per Proposal 2011			0.23	0.26
Your co-financing		0.20	0.23	0.26

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

		2012	2013	2014
Number of vaccine doses	#	3,454,700	2,822,700	2,865,900
Number of AD syringes	#	3,688,600	2,984,900	3,030,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	40,950	33,150	33,650
Total value to be co-financed by GAVI	$	13,006,000	10,625,000	10,788,000

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

		2012	2013	2014
Number of vaccine doses	#	193,900	183,700	212,700
Number of AD syringes	#	207,000	194,300	224,900
Number of re-constitution syringes	#	0	0	0

Number of safety boxes	#	2,300	2,175	2,500
Total value to be co-financed by the Country	$	730,000	691,500	800,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.31 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	926,596	49,226	877,370
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	2,779,788	147,677	2,632,111
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*	0	2,918,778	155,061	2,763,717
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		729,695	38,766	690,929
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		3,648,473	193,827	3,454,646
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		3,895,527	206,951	3,688,576
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		43,241	2,298	40,943
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		12,769,656	678,392	12,091,264
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		181,143	9,624	171,519
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)*		251	14	237
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		766,180	40,704	725,476
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		18,140	964	17,176
T	**Total fund needed**	*(N+O+P+Q+R+S)*		13,735,370	729,695	13,005,675
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		729,695		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		5.31 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	6.11 %			6.91 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	948,834	57,977	890,857	971,606	67,112	904,494
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	2,846,502	173,929	2,672,573	2,914,818	201,334	2,713,484
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	2,988,828	182,626	2,806,202	3,060,559	211,401	2,849,158
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	17,513	1,071	16,442	17,933	1,239	16,694
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	3,006,341	183,696	2,822,645	3,078,492	212,639	2,865,853
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	3,179,057	194,249	2,984,808	3,255,354	224,856	3,030,498
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	35,288	2,157	33,131	36,135	2,496	33,639
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	10,522,194	642,934	9,879,260	10,774,722	744,237	10,030,485
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	10,522,194	9,033	138,794	10,774,722	10,456	140,918
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)*	205	13	192	210	15	195
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	631,332	38,577	592,755	646,484	44,655	601,829
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	14,804	905	13,899	15,159	1,048	14,111
T	Total fund needed	*(N+O+P+Q+R+S)*	11,316,362	691,460	10,624,902	11,587,949	800,408	10,787,541
U	Total country co-financing	*I x country co-financing per dose (cc)*	691,459			800,408		
V	Country co-financing % of GAVI supported proportion	*U / T*	6.11 %			6.91 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2012**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

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

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	969,813	965,204	988,369	1,012,090	3,935,476
	Number of children to be vaccinated with the first dose	Table 4	#	0	926,596	948,834	971,606	2,847,036
	Number of children to be vaccinated with the second dose	Table 4	#	0	907,292	929,067	951,364	2,787,723
	Immunisation coverage with the second dose	Table 4	%	0.00 %	94.00 %	94.00 %	94.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.23	0.26	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate

	2011	2012	2013	2014
Minimum co-financing		0.20	0.23	0.26
Recommended co-financing as per Proposal 2011			0.23	0.26
Your co-financing		0.20	0.23	0.26

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

		2012	2013	2014
Number of vaccine doses	#	2,250,700	1,832,100	1,853,100
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	25,000	20,350	20,575
Total value to be co-financed by GAVI	$	6,026,500	4,905,500	4,962,000

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

		2012	2013	2014
Number of vaccine doses	#	181,700	172,200	199,300
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0

Number of safety boxes	#	2,025	1,925	2,225
Total value to be co-financed by the Country	$	486,500	461,000	534,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	7.47 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	926,596	69,214	857,382
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	1,853,192	138,428	1,714,764
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*	0	1,945,852	145,349	1,800,503
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		486,463	36,338	450,125
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		2,432,315	181,686	2,250,629
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		26,999	2,017	24,982
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		6,202,404	463,299	5,739,105
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)*		310,121	23,165	286,956
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)*		6,512,525	486,463	6,026,062
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		486,463		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		7.47 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	8.59 %			9.71 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	948,834	81,506	867,328	971,606	94,349	877,257
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B X C*	1,897,668	163,012	1,734,656	1,943,212	188,697	1,754,515
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	1,992,552	171,163	1,821,389	2,040,373	198,132	1,842,241
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	11,675	1,003	10,672	11,956	1,161	10,795
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	2,004,227	172,166	1,832,061	2,052,329	199,293	1,853,036
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	22,247	1,911	20,336	22,781	2,213	20,568
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	5,110,779	439,022	4,671,757	5,233,439	508,197	4,725,242
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	5,110,779	0	0	5,233,439	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)*	255,539	21,952	233,587	261,672	25,410	236,262
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)*	5,366,318	460,973	4,905,345	5,495,111	533,606	4,961,505
U	Total country co-financing	*I x country co-financing per dose (cc)*	460,973			533,606		
V	Country co-financing % of GAVI supported proportion	*U / T*	8.59 %			9.71 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2012**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	969,813	965,204	988,369	1,012,090	1,036,380	4,971,856
	Number of children to be vaccinated with the first dose	Table 4	#	888,802	907,292	94.00 %	951,364	974,197	4,650,722
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.30	1.33	1.33	1.33	1.33	
	Vaccine stock on 1 January 2012		#	982,978					
	Number of doses per vial	Parameter	#		5	5	5	5	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.90	0.90	0.90	
cc	**Country co-financing per dose**	Co-financing table	$		0.30	0.34	0.40	0.46	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.30	0.34	0.40	0.46
Recommended co-financing as per APR 2010			0.34	0.40	0.46
Your co-financing	0.30	0.30	0.34	0.40	0.46

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

		2012	2013	2014	2015
Number of vaccine doses	#	177,100	826,200	770,700	712,100
Number of AD syringes	#	764,400	690,800	644,500	595,400
Number of re-constitution syringes	#	39,300	183,500	171,100	158,100
Number of safety boxes	#	8,925	9,725	9,075	8,375
Total value to be co-financed by GAVI	$	211,500	838,000	781,500	722,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	59,600	416,800	502,100	591,300
Number of AD syringes	#	257,000	348,600	419,900	494,500
Number of re-constitution syringes	#	13,300	92,600	111,500	131,300
Number of safety boxes	#	3,000	4,900	5,900	6,950
Total value to be co-financed by the Country	$	71,000	423,000	509,500	600,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	25.16 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	888,802	907,292	228,291	679,001
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B X C*	888,802	907,292	228,291	679,001
E	Estimated vaccine wastage factor	*Table 4*	1.30	1.33		
F	Number of doses needed including wastage	*D X E*	1,155,443	1,206,699	303,626	903,073
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		12,814	3,225	9,589
H	Stock on 1 January 2012	*Table 7.11.1*	982,978			
I	Total vaccine doses needed	*F + G – H*		236,535	59,517	177,018
J	Number of doses per vial	*Vaccine Parameter*		5		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		1,021,318	256,981	764,337
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		52,511	13,213	39,298
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		11,920	3,000	8,920
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		212,882	53,565	159,317
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		47,492	11,950	35,542
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		195	50	145
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		70	18	52
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		16,605	4,179	12,426
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		4,776	1,202	3,574
T	Total fund needed	*(N+O+P+Q+R+S)*		282,020	70,961	211,059
U	Total country co-financing	*I x country co-financing per dose (cc)*		70,961		
V	Country co-financing % of GAVI supported proportion	*U / T*		25.16 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	33.53 %			39.45 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	929,067	311,537	617,530	951,364	375,310	576,054
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	929,067	311,537	617,530	951,364	375,310	576,054
E	Estimated vaccine wastage factor	*Table 4*	1.33			1.33		
F	Number of doses needed including wastage	*D X E*	1,235,660	414,345	821,315	1,265,315	499,162	766,153
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	7,241	2,429	4,812	7,414	2,925	4,489
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,242,901	416,773	826,128	1,272,729	502,087	770,642
J	Number of doses per vial	*Vaccine Parameter*	5			5		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,039,302	348,502	690,800	1,064,244	419,841	644,403
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	275,925	92,524	183,401	282,546	111,464	171,082
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	14,600	4,896	9,704	14,950	5,898	9,052
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,118,611	375,096	743,515	1,145,457	451,879	693,578
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	1,118,611	16,206	32,122	1,145,457	19,523	29,965
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	1,021	343	678	1,046	413	633
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	85	29	56	87	35	52
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	87,252	29,258	57,994	89,346	35,247	54,099
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	4,944	1,658	3,286	5,063	1,998	3,065
T	Total fund needed	*(N+O+P+Q+R+S)*	1,260,241	422,588	837,653	1,290,487	509,092	781,395
U	Total country co-financing	*I x country co-financing per dose (cc)*	422,587			509,092		
V	Country co-financing % of GAVI supported proportion	*U / T*	33.53 %			39.45 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 5 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	45.37 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	974,197	441,965	532,232
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	974,197	441,965	532,232
E	**Estimated vaccine wastage factor**	*Table 4*	1.33		
F	**Number of doses needed including wastage**	*D X E*	1,295,683	587,814	707,869
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	7,592	3,445	4,147
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	1,303,275	591,258	712,017
J	**Number of doses per vial**	*Vaccine Parameter*	5		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	1,089,786	494,405	595,381
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	289,328	131,260	158,068
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	15,309	6,946	8,363
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,172,948	532,133	640,815
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	50,676	22,991	27,685
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	1,071	486	585
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	89	41	48
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	91,490	41,507	49,983
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	5,184	2,352	2,832
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,321,458	599,507	721,951
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	599,507		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	45.37 %		

8. Injection Safety Support (INS)

Ghana is not reporting on Injection Safety Support (INS) in 2012

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 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, 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 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. 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 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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 activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve 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. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

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 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 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 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

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 **Yes**

If yes, please indicate the amount of funding requested: **2509625** US$

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)$

	2007	2008	2009	2010	2011	2012
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	
Total funds received from GAVI during the calendar year (*A*)		1035500		3615250	2509625	
Remaining funds (carry over) from previous year (*B*)		90417	990833	407449	2463160	3860055
Total Funds available during the calendar year (*C=A+B*)		1125917		6078410	4972785	
Total expenditure during the calendar year (*D*)		135084	358226	1559539	1112729	
Balance carried forward to next calendar year (*E=C-D*)		990833	2463160	4518871	3860055	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	2509625

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
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*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

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	2007	2008	2009	2010	2011	2012
Opening on 1 January	0.912	0.972	1.248	1.424	1.481	1.614
Closing on 31 December	0.968	1.199	1.429	1.452	1.546	

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 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:)**

If any expenditures for the January April 2012 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:)**

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.

Two accounts have been created for the GAVI HSS funds. A cedi and a dollar account at ECOBANK. This was in response to the FMA issues and subsequently, the aide memoire arising from the FMA. Before the FMA the GHS operated a dollar account atECOBANK, which receives the funds transferred from GAVI. This new arrangement is consistent with government financial management operations.

Generally,all funds to sub national level are channeled through the regions; this also applies to the GAVI HSS funds. The reporting of expenditure is bottom up. The districtsreport expenditure to regions. Regions collate district expenditure to national level. There is a standard format for reporting financial statement and this isuse at all levels. At GHS national level, financial statements are prepared quarterly and submitted to MoH.

The quarterly business meetings of HSCC discuss the quarterly reports of the sector including financial and progress on key indicators.

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:)

9.2. Progress on HSS activities in the 2011 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 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Objective 1:	Strengthening District and Sub-districts to support Service Provision		
Objective 1.1:	Strengthen Management Capacity in Leadership and Management		
Activity 1.1:	Equip national and regional in-service training units to improve the quality of in-service training programmes organised by 2011	83	2011 Annual report of PPMED of GHS
Activity 1.2:	Train District Directors and Senior managers in leadership and management	73	2011 Annual report of the Human Resource Division of GHS
Activity 1.3:	Train Selected NGOs, RHMT and DDHS in team building	73	2011 Annual report of the Human Resource Division of GHS
Activity 1.4:	Develop simplified Financial management and procurement operational manual for sub districts, CHOs and NGOs	100	2011 Annual report of PPMED-GHS
Activity 1.5:	Train District, sub districts managers and CHO in procurement and financial management	10	2011 Annual report of PPMED-GHS

Objective 1.2:	Strengthen District Health Planning, prioritisation & Resource Allocation		
Activity 1.2.1:	Technical Assistance to update the DHA tools support DSS sites	100	GAVI HSS 2011report
Activity 1.2.2:	Train senior managers including National, Regional and District Directors in the use of DHIP and DHA in for priority setting and decision-making	100	GAVI HSS 2011 report
Objective 1.3:	Sstrengthen Support & Supervision System		
Activity 1.3.1:	Train district, sub-districts and NGOs in supportive supervision		
Activity 1.3.2:	Provide fuel and stationery to districts, sub-districts and NGOs to undertake supportive supervision	100	2011 Annual report of PPMED-GHS
Objective 2:	Expand functional CHPS coverage to deliver essential services especially for MDG 4 and 5		
Activity 2.1:	Procure Vehicles for National/Regional/Districts/Sub-districts	100	2011 annual report of HASS-PPMED
Activity 2.2:	Procurement of Service delivery kits for CHOs	100	
Objective 3:	Strengthening sub-district Health Information Systems especially at the CHPS zone level using District Health Information Management System (DHIMS)		
Activity 3.1:	Procure PDA for CHOs	16	2011 annual report of PPMED-GHS
Activity 3.2:	Train CHOs in the use of PDA equipment	16	GAVI HSS 2011 report
Activity 3.3:	Customise and Integrate PDA data into existing health management information system	100	2011 Annual report of PPMED-GHS
Objective 4:	Strengthening Information management, M&E and operational and implementation research		
Activity 4.1:	Undertake operational and implementation research	50	
Activity 4.2:	Support national & regional level M&E	100	2011 Annual report of PPMED-GHS
Activity 4.3:	Review and Evaluation of HSS support		

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**
Activity 1.1:Equip national and regional in-servic	Efforts were made to complete the resourcing of all the 8 training centres started in 2010. Two more training centres were brought on board and resourced in 2011. This brings to a total of 10. The remaining two centres also received funds in 2011 toward improving their training centres to be delivered hopefully in 2012.

Activity 1.2:Train District Directors and Senior	A Leadership Development Programme (LDP) was designed to combine the training listed for Activities 1.2 and 1.3. Six RHMTs and 37 DHMTs have been trained in team building. Activities 1.2 and 1.3 are therefore part of the Leadership Development Programme (LDP). Each regional (RHMT) and district team (DHMT) is made up of 6 and 5 persons respectively by 2010. In total, 10 national level Directors, 36 regional managers and 185 districts managers have been trained making a total of 231. In 2011 16 staff were taken through phase 1 of LDP. These comprised of five regions and HRD. Ashanti region also did phase two of LDP during 2011. In addition 24 training workshop sessions organized and 18 coaching and support visits to participating Teams was organized.
Activity 1.3:Train Selected NGOs, RHMT and DDHS	This activity is part of the training module being undertaken in activity 1.2 through the leadership development Programme (LDP).
Activity 1.4:Develop simplified Financial manageme	The development of the manual was completed in 2010 The manual was printed in 2011.
Activity 1.5: Train District, sub districts manage	In 2011 training of Sub District Managers on Management was undertaken in the Central and Western Regions. Eight regions are oustanding to be trained. The training starts with the ToT at the regional and all DHMT members. The sub-district training take place conrruently for the sub-districts by joint national and regional teams. The regional training takes about five weeks. The challenge has been the inability of the sub-districts to make time for the training since they are the same people providing service at the various communities.
Activity 1.2.1: Technical Assistance to update the	District Health Intervention Plan for 2010 was developed and integrated into the planning software for planning and budgeting at the district, regional and national level. This was employed in 2011 to develop the 2012-2014 MTEF plans and budgets for the sector.
Activity 1.2.2: Train senior managers including Na	Training was integrated into the annual Medium Term Planning Expenditure Planning and Budgeting. In 2011 all regional and district managers were trained
Activity 1.3.1:Train district, sub-districts and N	The supportive supervision module was developd by JICA. They intend to revise the module in the second phase of their project. According to their time table the revision will take place in September 2012. As the module was developed by JICA, we have been waiting to jointly undertake the revision to enable the training to take place. With the delay we will want to proceed to use the funds for districts to conduct supportive supervision visits to sub-districts and CHPS zones
Activity 1.3.2:Provide fuel and stationery to dist	Funds were disbursed to all 170 districts and sub-districts to support the provision of fuel and other logistics for supportive supervision
Activity 2.1:Procure Vehicles for National/Regiona	100 vehicles were procured to support and stregnthen the health system. in 2010 52 were procured. The contract for the remaining 48 vehicles were awarded in 2011 and will be delivered in 2012. 80% of the vehicles have been allocated to dist and sub dist. 10% has been allocated to regional level to specifically support immunization activities, due to the introduction of two new vaccines. the remaining 10% has been allocated to national level (MoH/GHS) to support monitoing activities
Activity 2.2:Procurement of Service delivery kits	The procurement process has been completed for the supply of the service delivery kits in 2012.

Activity 3.1: Procure PDA for CHOs	In 2011 50 smart phones were procured to complement the 32 PDAs procured in 2010 and distributed to CHOs through their respective districts. This brings to a total of 82 units out of 500 planned. Direct entry at the district level without equiping the sub-districts has been a barrier to the information and communication chain. This has the discussion on the involvement of sub-district on the use of smart phone has delayed the process. Hoewever, the discussion to improve sub-districts involvement in the use of smartphones and laptops to accomadate data has been taken and the scaling up will be done in 2012
Activity 3.2: Train CHOs in the use of PDA equipme	30 CHOs has been trained and are using the PDAs. In 2011 two more districts Kintampo South and Asougyaman districts were trained on the use of the Smart phones. Two training centers have further been set up at Sene for districts in the northern part of Ghana and CHIM for districts in the southern part of the country
Activity 3.3:Customise and Integrate PDA data into	The customization has been completed and deployed for being used. However, there are demands for integration of more programme data e.g. nutrition into the software to ensure gradual unification of primary data collection systems at the community level. This future integration will be supported by GAVI/HSS and other programmes e.g. nutrition/malaria control for child survival project- an IDA grant
Activity 4.1:Undertake operational and implementat	An operational research on decentralizing of resource to the sub-district level was conducted in 2011. The aim is to find out challenges associated with planning, budgeting and financial management at the lower level of service delivery. The report will be shared the senior managers meeting in 2012 and steps taken to address the challenges.
Activity 4.2: Support national & regional level M	GAVI/HSS funds supportted PPMED to develop a comprehensive monitoring and evaluation framework to facilitate a coordinated approach. The framework has been disseminated to all levels and its operationalization will take effect in 2012 GAVI/HSS was also used to support the training of health managers in HMIS known as DHIMSII. This is the official software for GHS for aggragating and reporting all health indicators.
Activity 4.3:Review and Evaluation of HSS support	No activity was planned in 2011

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

The supportive supervision activity could be carried as a result of the delay in revision of the module developed by JICA. They intend to revise the module in the second phase of their project.According to their time table the revision will take place in September 2012.As the module was developed by JICA, we have been waiting to jointly undertake the revision to enable the training to take place. With the delay we will want to proceed to use the funds for districts to conduct supportive supervision visits to sub districts and CHPS zones

Training of sub-district management team in eight (8) regions is still outstanding.The reason being that the sub-districts' training take place concurrently, for the sub-districts by joint national and regional teams. The regional training takes about five weeks. The fundamental challenge has been the inability of the sub-districts to make time for the training since they are the same people providing service at the various communities. However, systems have been put in place to ensure that the outstanding eight regions are covered with the training in 2012.

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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?

The GAVI HSS support has not been used to provide human resource incentive; instead the funds have rather been used to build capacity of both senior level managers and those at the sub district through the sub district training of managers. It must be noted that training of sub district mangers in recent times through GAVI HSS support has been great of help in strengthening of the health system, especially at the district and sub district levels.

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 2010 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	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
Objective 1:											
1.2: Proportion of Regional and District Directors	6.7	Training Reports/2005	100%	436	0%	0%		100%	100%	Training reports	
1.2.1: Number of Health teams trained in team buil	0%	2007	138	50				43%	100%	Training reports	
1.2.2: Proportion of Districts using DHAP and MBB	12%	2007	100%				100%	100%	100%		
Objective 2:											
2.2:proportion of functional CHPS zones with full	11%		72%	100%	0%	0%	0%	0%	100%		
Objective 3:											
3.3:Number of CHOs using PDAs	7%	2007	500			3	10	30	82	Monitoring report	50 smart phones were procured in 2011 in addition to 32 PDA procured in 2010.

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

Over the years the GHS has been confronted with the challenge of low sub-district management capacity, this has had some kind of implication especially with planning and budgeting and other issues that has to do with financial management at the lower level of service delivery. As a major accomplishment,the sub-district management manual was published which through training based on the manual is addressing these challenges associated with management of the sub-district. The sub-district management manual presents a brief step-by-step procedure for service delivery, planning and budgeting, procurement,administration, human resource planning, financial management and auditing. It also worth noting that the training of sub district managers has been so useful that regional directors of health service have been asking for training in the regions that have not yet and been visited.

Another, accomplishment is the fact that in 2011, the application of the PDA SMART phones for immunization data collection was expanded to include child welfare and maternal health data. These have improved upon the data capturing and dissemination of relevant data related to the MDGs 4 &5. The use of the SMART phone has also enhance relations between pregnant women and community health officers who can reach their client within the shortest possible time and can also monitor the progress of pregnant women and mothers.

The GHS has been beset with the use of multiple child registers which over the years have undermined the uniformity in data capturing. In view of this a team led by reproductive and child health department with the support of GAVI/HSS reviewed the exiting registers and recommendations were presented at a stakeholders meeting. This culminated in the development and printing of a national user friendly child health register.

With the experience from the use of Smart phones and integration similar software for managing the immunization service data has been upgraded to be a web bases centralized system with global access. Initially, each district has its database on district server.

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

The GAVI FMA provided good recommendations that have improved the financial environment for procurement and financial management. To address the recommendations in the FMA areas to safeguard assets and finances, the accounting software is being updated to manage accounting and logistics management system for regional and district level BMCs. These will greatly improved financial transactions and reporting at these levels, removing the use of spread sheets in the preparation of accounting transaction and in the production of financial statements.

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

GAVI funds are disbursed monitored and evaluated as part of a system approach to all co-funded funds in the earmarked pool accounts.

Each level conducts quarterly monitoring visits to levels below to review progress with the implementation of their specific programmes. Multi disciplinary teams are formed and in some case specific teams (e.g. financial, audit or monitoring and evaluation) to review activities and usage of the funds for intended purposes.

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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.

The sector review at national and regional levels and the fourth quarter reviews at the district level are used to assess the annual performance of the sector review. Districts start their annual performance review in December of the review year. This is followed by regional performance reviews in February. In March, national reviews are held for all the agencies of the MoH as well as for Development partners. An independent review is conducted each year to provide an independent opinion of the performance of the sector. The report is submitted to the MoH and partners (HCSS).The last stage of the reviews is the health summit that brings together all stakeholders in health where aide memoire is signed between MoH and its stakeholders.

The second health summit is used toset the agenda and agree on priorities for the sector for the following year and is held by the third quarter usually around November/December. The process starts with broad policy guidelines and directives to all three levels of the health sector to begin the process. The process culminates in health summit with the signing of aide memoire between the Ministry and its stakeholders especially DPs,

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

Key activity in the HSS that will involve CSOs is the financial management training at the sub-district level. This is expected to build the capacity of CSOs as part of the process to ensure that they are capable of managing funds including GAVI CSO funds. As described above this has delayed and will take place in 2012 for the remaining regions.

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.

The GAVI/HSS supported the modification of the Coalition of NGOs in health strategic document for2011-2015. The support created the opportunity for CSOs to be supported in their activity since it impacts on the health service indicators in the country. The support provided was in terms of funding and technical assistance.

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

Activities are carried out and paid for through the pooled accounts depending on the type of activity. When funds in the pooled cedi account are low, transfers are made from the pooled dollar account to the pooled cedi account. The rate and amount of fund transfer from the dollar to the cedi account is based on the cash flow plan determined by quarterly cash projections and work plans from all the programmes. The current system is used for all health partners using the earmarked funds including GAVI.There has not been any problem and has been effective.

There are currently not much inherent internal constraints with the disbursement of funds. However, based on the recommendations that arose from the recent FMA done in March 2011 and the agreed aide memoire, some necessary changes may occur.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Objective 1:	Strengthening District and Sub-distri	1300000				
Objective 1.1:	Strengthen Management Capacity in L	140000				
Activity 1.1:	Equip national and regional in-ser					
Activity 1.2:	Train District Directors and Senior managers in leadership and management					
Activity 1.3:	Train Selected NGOs, RHMT and DDHS in team building					
Activity 1.4:	Develop simplified Financial managem					
Activity 1.5:	Train District, sub districts managers and CHOs in procurement and financial management	140000				
Objective 1.2:	Strengthen District Health Planning, prioritisation and resource allocation	100000				
Activity 1.2.1:	Technical Assistance to update the					
Activity 1.2.2:	Train senior managers including Na					
Objective 1.3:	Strengthen Support & Supervision Sy	1160000				
Activity 1.3.1:	Train district, sub-districts and NGOs in supportive supervision	160000				
Activity 1.3.2:	Provide fuel and stationery to dis	1000000				
Objective 2:	Expand functional CHPS coverage to deliver essential services especially for MDG 4 & 5	909625				

Activity 2.1:	Procure Vehicles for Districts/Sub-d	709625				
Activity 2.2:	Procurement of Service delivery kits	200000				
Objective 3:	Customise and Integrate PDA data into					
Activity 3.1	Procure PDA for CHOs					
Activity 3.2:	Train CHOs in the use of PDA equipme					
Activity 3.3:	Customise and Integrate PDA data int					
Objective 4:	Strengthening Information management,	300000				
Activity 4.1:	Undertake operational and implementa	200000				
Activity 4.2:	Support national & regional level M&					
Activity 4.3:	Review and Evaluation of HSS support	100000				
		6419250	0			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve 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 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (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 2013** (if relevant)
Objective 1:	Strengthening District and Sub-distri	1300000			
Objective 1.1:	Strengthen Management Capacity in L	140000			
Activity 1.1:	Equip national and regional in-service training units to improve the quality of in-service training programmes organised by 2011				
Activity 1.2:	Train District Directors and Senior managers in leadership and management				

Activity 1.3:	Train Selected NGOs, RHMT and DDHS in team building				
Activity 1.4:	Develop simplified Financial management and procurement operational manual for sub districts, CHOs and NGOs- This has been developed and ready for printing				
Activity 1.5:	Train District, sub districts managers and CHO in procurement and financial management	140000		In addition to the training of managers in financial management, GHS is considering the certification of sub-district into BMC status which will require development of certification guidelines and further training which means additional resources wil be needed.	640000
Objective 1.2:	Strengthen District Health Planning, prioritisation & Resource Allocation	100000		There will be a continuous strengthening of districts and sub-districts to prepare their annual plans and budgets to guide implementation of interventions at those levels.	100000
Activity 1.2.1:	Technical Assistance to update the DHA tools support DSS sites				
Activity 1.2.2:	Train senior managers including National, Regional and District Directors in the use of DHIP and DHA in for priority setting and decision-making				
Objective 4:	Strengthening Information management, M&E and operational and implementation research	300000			
Activity 3.2:	Train CHOs in the use of PDA equipment				
Activity 3.3:	Customise and Integrate PDA data into existing health management information system				
Activity 4.1:	Undertake operational and implementation research	200000			
Objective 1.3:	Strengthen Support & Supervision Systems	1160000			

Activity 1.3.1:	Train district, sub-districts and NGOs in supportive supervision	160000			
Objective 2:	Expand functional CHPS coverage to deliver essential services especially for MDG 4 and 5	909625			
Objective 3:	Customise and Integrate PDA data into existing health management information system				
Activity 2.1:	Procure Vehicles for Districts/Sub-districts	709625			609625
Activity 2.2:	Procurement of Service delivery kits for CHOs	200000			
Activity 3.1:	Procure PDA for CHOs				
Objective 3:	Customise and Integrate PDA data into existing health management information system				
Activity 1.3.1:	Train district, sub-districts and NGOs in supportive supervision	160000			
Activity 1.3.2:	Provide fuel and stationery to districts, sub-districts and NGOs to undertake supportive supervision	1000000			500000
		6479250			

9.6.1. If you are reprogramming, please justify why you are doing so.

In view of the delays in relase of funds and the processes involve in procurement, the GHS has reprogrammed the activities implemented in 2011 to 2012. The HSS interventions will thus continue to be implmented in order to achieve the targets set in the main propsal.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

There has not been a significant change in the proposed activities and budgets. The reprograming did not result in over 15% of the orignal proposed budgets.

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
Objective 1:							
1.2: Proportion of Regional and District Directors	Number of Regional & District Directors Trained	Total number of Regional & District Director		6.7%/2007	Training report/quarterly Reports	100%	
1.2.2: Proportion of Districts using DHAP and MBB	Number of Districts with Budgets in DHA format	Total number Districts trained in the use of DHA and MBB Tools		12%	M&E Reports	138 (100%)	170
.1.3: Number of Health teams trained in team build	Number of 'District Heath Management Teams'	138 DHMT's now 170 DHMT's		0%	Training Report	100%	60
Objective 3:							
3.1 Number of CHOs using PDAs	Number of CHOs using PDA for primary data collection	Total number of CHOs in functional CHPS zones in targeted districts		7%/2007	Routine Reports	100%	100

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

The indicators are still valid and relevant for 2012, no changes have been made

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

Not applicable

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

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

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
GHS 2011 annual report	Validated with regional reports	
Monitoring reports	Information was validated with regional reports	
PPMED divisional reports		

Regional reports	This was validated using the regional review presentations from the BMCs who reported on the performance	
Statement of Accounts from GHS Finance Division	Validated with GAVI FMA report	

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.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010??

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

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

This section is to be completed by countries that have received GAVI TYPE A CSO support 1

Please list any abbreviations and acronyms that are used in this report below:

N/A

10.1.1. **Mapping exercise**

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation.

Please describe the mapping exercises, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed **(Document number)**

If the funds in its totality or partially utilized please explain the rational and how it relates to objectives stated in the original approved proposal.

N/A

If there is still remaining balance of CSO type A funds in country, please describe how the funds will be utilised and contribute to immunisation objectives and outcomes as indicated in the original proposal.

N/A

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

N/A

10.1.2. **Nomination process**

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

N/A

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

N/A

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

N/A

Please provide the list of CSOs, name of the representatives to HSCC or ICC and their contact information

Full name	Position	Telephone	Email

10.1.3. **Receipt and expenditure of CSO Type A funds**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0

Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	0	0
Total Expenditures in 2011 *(D)*	0	0
Balance carried over to 2012 *(E=C-D)*	0	0

Is GAVI's CSO Type A support reported on the national health sector budget? **No**

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

This section is to be completed by countries that have received GAVI TYPE B CSO support1

Please list any abbreviations and acronyms that are used in this report below:

CCM - Country Coordinating Mechanism
CSO - Civil Society Organization
DHMT - District Health Management Team
GAVI - Global Alliance on Vaccines and Immunization
ICC - Interagency Coordination Committee for immunization
M&E - Monitoring and Evaluation
NGO - Non-Governmental Organization
NID - National Immunization Day
SWOT - Strengths, Weaknesses, Opportunities and Threats.

10.2.1. **Programme implementation**

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Main activities for 2011 were done in December. The activities mainly were; the designing of terms of reference for a consultant to undertake a baseline study of key GAVI indicators in the two operational Districts, identification of the main stakeholders and building rapport through stakeholder meeting with them, and collaborate with relevant stakeholders to identify the 100 hard-to-reach communities. The project detailed implementation plan was discussed with the three CSOs and management of the Coalition. This was agreed to by all partners and contracts signed between the Coalition and the CSOs after an approval was given by the Board of Trustees of the Coalition.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

The major problem has been the delay in release of money for the activities as funds were transfered in October and subsequently transfered to CSOs in January, 2012 after receiving plans from them. CSOs embarked on no-cost activities and tied them to other programme activities for the period before the funds were tranfered to them. The lead organization is the Ghana Coalition of NGOs in Health which took full responsibility of managing the grant implementation after Ghana Red Cross Society was taken off the frontline.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

There has been improved collaboration with the Minitsry of Health and the Ghana Health Service especially in the areas of programme planning and implementation at various levels (National, Regional, District, sub-District and Community levels). CSOs have been holding joint activity planning and sharing of ideas and relevant materials. CSOs support NID activities in the communities by mobilising mothers with children under five years, educating them on the benefit of immunising their children.

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number and names of CSOs involved, and the initial number and names of CSOs).

Initial number of CSOs in immunisation before this support were the three main ones which are subgrantees to the Coalition. These are Hope for future Generations, Future Generation International, ans Seek to Save Foundation. Currently, there are a total of nine other CSOs that are involve in immunisation with this project in the two opeartional Districts apart from the three project CSOs. They have been sub-contracted by the three CSOs and are; Somebody Cares Foundation, Hope for Future International, Rural Life Association, Bethel Youth Aid Foundation, Hero Network, Ghana Red Cross Society, Devine favour Agency, and Royal Health Organization.

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

The delayed disbursement also resulted in the postponement of some key activities that needed to be carried out within some particular period. For example, sensitization and awareness creation in hard-to reach communities which is should idealy be done in dry seaon was quite missed pushing some of the processes to the rainy season.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Table 10.2.1a: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2011	Outcomes achieved
Future Generation International	Participate in NIDs, part of DHMT	identification of hard-to-reach communities	100 hard-to-reach communities identified
Hope for Future Generations	Financial support for NIDs, Part of DHMT	Interaction with stakeholders in project areas	key stakeholders bought into the project
Seek To Save Foundation	Participate in NIDs, part of DHMT	signing of sub-grant agreements	funds released for project implementation

Please list the CSOs that have not yet been funded, but are due to receive support in 2011/2012, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Table 10.2.1b: Planned activities and expected outcomes for 2011/2012

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2011/2012	Expected outcomes
Future Generations International	Participate in NIDs, part of DHMT	1. undertake community entry activities to sensitize and create awareness in difficult-to-reach communities. 2. Organize sensitization workshop for community stakeholders, training of traditional leadership as advocates for immunization and RCH services, 3. Form network of existing organized groups to assist in the management of the project. 4. Train implementing NGOs/CSOs in project management. 5. Identify, train and organize community volunteers to assist in immunization and RCH service delivery. 6. Organize and participate in quarterly review meetings with community leadership, women and men immunization support groups, and volunteer leadership.	1. Community entry activities undertaken in all 100 identified communities. 2. Well informed traditional leaders who advocate for immunization and RCH services. 3. Functional network of existing groups established in 2 Districts. 4. NGOs/CBOs equipped with technical capacity to manage the project. 5. 100 trained community volunteers undertake educational talks on immunisation and RCH issues with organized groups. 6. Quarterly review review meetings organised for community stakeholders in 100 difficult-to-reach community.

Hope for Future Generations	Financial support for NIDs, Part of DHMT	1. undertake community entry activities to sensitize and create awareness in difficult-to-reach communities. 2. Organize sensitization workshop for community stakeholders, training of traditional leadership as advocates for immunization and RCH services, 3. Form network of existing organized groups to assist in the management of the project. 4. Train implementing NGOs/CSOs in project management. 5. Identify, train and organize community volunteers to assist in immunization and RCH service delivery. 6. Organize and participate in quarterly review meetings with community leadership, women and men immunization support groups, and volunteer leadership.	1. Community entry activities undertaken in all 100 identified communities. 2. Well informed traditional leaders who advocate for immunization and RCH services. 3. Functional network of existing groups established in 2 Districts. 4. NGOs/CBOs equipped with technical capacity to manage the project. 5. 100 trained community volunteers undertake educational talks on immunisation and RCH issues with organized groups. 6. Quarterly review review meetings organised for community stakeholders in 100 difficult-to-reach community.
Seek To Save Foundation	PArticipate in NIDs, part of DHMT	1. undertake community entry activities to sensitize and create awareness in difficult-to-reach communities. 2. Organize sensitization workshop for community stakeholders, training of traditional leadership as advocates for immunization and RCH services, 3. Form network of existing organized groups to assist in the management of the project. 4. Train implementing NGOs/CSOs in project management. 5. Identify, train and organize community volunteers to assist in immunization and RCH service delivery. 6. Organize and participate in quarterly review meetings with community leadership, women and men immunization support groups, and volunteer leadership.	1. Community entry activities undertaken in all 100 identified communities. 2. Well informed traditional leaders who advocate for immunization and RCH services. 3. Functional network of existing groups established in 2 Districts. 4. NGOs/CBOs equipped with technical capacity to manage the project. 5. 100 trained community volunteers undertake educational talks on immunisation and RCH issues with organized groups. 6. Quarterly review review meetings organised for community stakeholders in 100 difficult-to-reach community.

10.2.2. **Future of CSO involvement to health systems, health sector planning and immunisation**

Please describe CSO involvement to future health systems planning and implementation as well as CSO involvement to immunisation related activities. Provide rationale and summary of plans of CSO engagement to such processes including funding options and figures if available.

If the country is planning for HSFP, please describe CSO engagement to the process.

CSOs will be involved in health planning and implementation at various levels. This will include the ICC, CCM, the Health Summit, organization of the National and Regional Health Fora, supporting in NID activities especially in hard-to-reach areas in the country. financial support will also be given to District Directorate of GHS in the organization of NIDs, provision of transport to support community level health promotion activities, and provide technical support to the Regional and District Health Management Teams

10.2.3. Please provide names, representatives and contact information of the CSOs involved to the implementation.

1. Hope for Future Generations, Cecilia Lodonu-Senoo-Executive Director. hopeftr@yahoo.com/info@hffg.org. +233-244457231
2.Future Generation Intrenationals, Joan Awunyo-Akaba, Executive Director, jawukaba@yahoo.com. +233-244721189
3. Seek to Save Foundation, Commend Akpeloo Collins, Executive Director, seektosavefoundation@yahoo.com. +233-243784516

10.2.4. **Receipt and expenditure of CSO Type B funds**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2011 year

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	392,492	612,288
Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	392,492	612,288
Total Expenditures in 2011 *(D)*	0	0
Balance carried over to 2012 *(E=C-D)*	392,492	612,288

Is GAVI's CSO Type B support reported on the national health sector budget? **No**

Briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B 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.

Funds was tranfered from the Ghana Health Servce to the Coalition's accounts and subsequently, specified amount will then be transfered to each CSO base on quarterly plans and disbursement mechanism agreed by all parties. The three CSOs are required to submit their quarterly plans with accompanying budgetary needs which has to be reviewed by the programme management team and finally approved by the Borad of Trustees of the Coalition. Funds are then transfered into the repective accounts of the three CSOs. The three CSOs submit their quarterly technical and financial reports which serve as the basis for the submission of financial request for the transfere of another tranch.

Detailed expenditure of CSO Type B funds during the 2011 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2011 calendar year **(Document Number)**. Financial statements should be signed by the principal officer in charge of the management of CSO type B funds.

Has an external audit been conducted? No

External audit reports for 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 during your governments most recent fiscal year, this must also be attached (Document Number).

10.2.5. **Monitoring and Evaluation**

Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Table 10.2.5: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target
Functional network of existing groups established	Functional group	N/A	0	0	31/12/11	50	30/6/12
1. Community entry activities undertaken in all 10	Communities well sensitizes	N/A	0	0	31/12/11	100	31/3/12
100 trained community volunteers undertake educati	100 volunteers	N/A	0	0	31/12/11	100	31/3/12
Well informed traditional leaders who advocate for	Trained Traditional leaders	N/A	0	0	31/12/11	50	30/6/12

Planned activities :

Please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

Full scale implementation of project activities began in January 2012. Report on operational research to genrate baseline data on project targets is being finalised by the consultant. Key monitoring and evaluation strategies for activities are;
A. Quarterly review meetings of the District Health Management Team to provide data and collect feedback from stakeholders on project implementation.
B. Set up standardise data collection systems in communities.
C. Organize one-day half quarterly review meetings qith community volunteers, to collect and undertake SWOT analysis on project implementation.
D. Undertake four two-day field visits for data validation through cross checking information at the facilities with reports that are submitted by community volunteers.
E. Conduct evaluation of the 18 month project.
F. Organize dissemination meeting with stakeholders to discuss and of project with stakeholders.
G. Quarterly monitoring visit to project operational areas by the M&E officer for the Coalition.

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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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						
Wedges & 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 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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						
Wedges & 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 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, 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						
Wedges & 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 2011	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	✓	Signature of Minister of Health.pdf File desc: File description... Date/time: 5/21/2012 12:53:28 PM Size: 735347
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of Minister of Finance and Economic Planning.pdf File desc: File description... Date/time: 5/21/2012 12:57:18 PM Size: 735347
3	Signatures of members of ICC	2.2	✓	Signatures of members of ICC.pdf File desc: File description... Date/time: 5/21/2012 1:01:17 PM Size: 1203109
4	Signatures of members of HSCC	2.3	✗	Application clarification.docx File desc: File description... Date/time: 5/22/2012 12:29:32 PM Size: 12953
5	Minutes of ICC meetings in 2011	2.2	✓	Minutes of ICC meetings in 2011.docx File desc: File description... Date/time: 5/22/2012 9:31:39 AM Size: 121834
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Minutes ICC_10 05 12_WHO.pdf File desc: File description... Date/time: 5/22/2012 11:46:43 AM Size: 199775
7	Minutes of HSCC meetings in 2011	2.3	✗	MINUTES OF HSWGM 2011.doc File desc: File description... Date/time: 5/22/2012 2:28:03 PM Size: 269824
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	MINUTES_OF_HSWGM_ON_3rd may 2012.doc File desc: File description... Date/time: 5/21/2012 3:07:19 PM Size: 76800
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	GAVI HSS FS.pdf File desc: File description... Date/time: 5/21/2012 2:17:49 PM Size: 1107058
10	new cMYP APR 2011	7.7	✓	Revised cMYP 2010 - 2014_MS Word (2011).pdf File desc: File description...

				Date/time: 5/21/2012 2:22:23 PM Size: 1103279
11	new cMYP costing tool APR 2011	7.8	✓	Revised cMYP_Costing_Tool 2011.xlsx File desc: File description... Date/time: 5/21/2012 3:10:37 PM Size: 1535821
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	✗	GAVI CSO FS.pdf File desc: File description... Date/time: 5/21/2012 2:21:42 PM Size: 2656130
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	GAVI ISS FS.pdf File desc: File description... Date/time: 5/21/2012 2:15:26 PM Size: 1117527
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Application clarification.docx File desc: File description... Date/time: 5/22/2012 12:30:05 PM Size: 12953
15	EVSM/VMA/EVM report APR 2011	7.5	✓	EVM Ghana report-final draft.doc File desc: File description... Date/time: 5/21/2012 1:19:07 PM Size: 650240
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	Cold Chain Management Improvement Plan.doc File desc: File description... Date/time: 5/21/2012 1:16:04 PM Size: 61440
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	Status of Implementation of EVM Improvement Plan.docx File desc: File description... Date/time: 5/22/2012 2:43:05 PM Size: 15520
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	Audited Financial Report.pdf File desc: File description... Date/time: 5/22/2012 11:28:48 AM Size: 3732248
20	Post Introduction Evaluation Report	7.2.2	✓	Application clarification.docx File desc: File description... Date/time: 5/22/2012 12:29:44 PM Size: 12953
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	Minutes ICC_10 05 12_WHO.pdf File desc: File description...

				Date/time: 5/22/2012 11:46:17 AM Size: 199775
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3		Audited Financial Report.pdf File desc: File description... Date/time: 5/22/2012 11:30:51 AM Size: 3732248
23	HSS Health Sector review report	9.9.3		Health Sector 2011 Review_draft.doc File desc: File description... Date/time: 5/21/2012 3:12:36 PM Size: 1605120
24	Report for Mapping Exercise CSO Type A	10.1.1		Application clarification.docx File desc: File description... Date/time: 5/22/2012 12:29:51 PM Size: 12953
25	External Audit Report (Fiscal Year 2011) for CSO Type B	10.2.4		Audited Financial Report.pdf File desc: File description... Date/time: 5/22/2012 11:32:18 AM Size: 3732248