



## Joint Appraisal Update report 2019

<b>Country</b>	GHANA
<b>Full JA or JA update<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>JA update</b>
<b>Date and location of Joint Appraisal meeting</b>	8-9 <sup>th</sup> October, 2019, AH Hotel
<b>Participants / affiliation<sup>2</sup></b>	MoH, GHS, CSOs, DPs and Gavi Monitoring Agent/ TCA Implementers.
<b>Reporting period</b>	July, 2017 – June, 2019 *
<b>Fiscal period<sup>3</sup></b>	January, 2018 – December, 2018
<b>Comprehensive Multi Year Plan (cMYP) duration</b>	2014 – 2019
<b>Gavi transition / co-financing group</b>	Preparatory Transition

\*N/B In 2018 Joint Appraisal was replaced by the full portfolio planning process, which is the new grant to be implemented from 2020

### 1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

<b>Vaccine (NVS) renewal request (by 15 May)</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Does the vaccine renewal request include a switch request?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>HSS renewal request (Submitted Years 4 &amp; 5)</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
<b>CCEOP renewal request</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

### 2. GAVI GRANT PORTFOLIO

**Existing vaccine support** (please refer to Annex C, by Gavi)

**Existing financial support** (please refer to Annex C, by Gavi)

**Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future<sup>4</sup>**

Indicative interest to	Programme	Expected application year	Expected introduction year
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<sup>1</sup> Information on the differentiation between full JA and JA update can be found in the Guidelines on reporting and renewal of Gavi support, <https://www.gavi.org/support/process/apply/report-renew/>

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

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

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

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

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introduce new vaccines or request HSS support from Gavi	HSS3	2018 (IRC reviewed in 11.2018, not yet approved)	2020
	HPV national	2021	2022

**Grant Performance Framework – latest reporting, for period 2018** (please refer to Annex C, by Gavi)

**PEF Targeted Country Assistance: Core and Expanded Partners** (please refer to Annex C, by Gavi)

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

The JA update does not include this section.

### 4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

The JA update does not include this section.

### 5. PERFORMANCE OF GAVI SUPPORT

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

Objective 1	
Objective of the HSS grant (as per the HSS proposal or PSR)	<b>To strengthen and scale-up community health interventions aimed at improving the quality of primary healthcare services</b>
Priority geographies / population groups or constraints to C&E addressed by the objective	National, Regional, Districts/ Facilities and CHPS Zones
% activities conducted / budget utilisation	All activities have been fully complemented under the first-year grant with 78% completion achieved for year two. The year three HSS grant has 92.7% budget execution rate.
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	<p>The overall aim of this objective is to improve access to quality health care services with a direct focus on immunization services. The key activities undertaken under this objective for the period under review include procurement of service delivery equipment, completion of EPI offices, monitoring and supervision.</p> <p><b>Procurement</b>            Within the period under review, the following procurements were made:</p> <ul style="list-style-type: none"> <li>● 120 Public Address System to support the EPI programme</li> <li>● 500 Voltage Stabilizers</li> <li>● Duty post vehicle for Deputy Director General, GHS</li> </ul>

- Ashok Leyland & Generator Sets at the Regional cold rooms as follows: Takoradi (Western Region), Kumasi (Ashanti Region), Bolgatanga (Upper East Region). Generator sets were also procured for the EPI Disease Control Unit at Korle Bu
- Equipment for cold chain technicians training

### **Service Delivery**

- The 200 additional motorbikes procured using the Year One funds were received in August 2017 and distributed to the various Districts across the country.
- Funds were transferred to the Western, Central, Upper East and Upper West Regions to conduct cold chain training of CHOs in Cold Chain Management.
- The 2017 African vaccination week & Child Health Promotion week was also undertaken. This event is one of the sustainable ways of improving and increasing awareness on the provision of integrated child health services to children under five (5) years of age throughout the country. The week is therefore dedicated to improving coverage of essential preventive services for children under five and also to enhance the provision of services for children who are not adequately covered in routine services.
- A Training of Trainers (ToT) workshop was held for 24 cold chain equipment technicians on theory on performance of cold chain equipment, operations of the equipment, major and minor repairs and conducting planned preventive maintenance.

### **Monitoring and Supervision**

- Aside the national integrated monitoring undertaken to all regions as part of the performance review process, the Director General and his team undertook monitoring visits to all Regions. The output of this visit is the creation of the Regional league tables to assess the overall performance of the Regions.
- The annual EPI review meeting was also undertaken in the year under review. This review meeting is part of feedback process to peripheral levels. Amongst other things, the review meetings have been used as a platform to discuss achievements of planned activities, lessons learnt and challenges that hinder implementation and achievement of set targets. The specific objectives of this meeting were to:
  - Review progress made by regions and districts in achieving the 90/80 objective, reduction of partially and un-immunized children with the aim of improving equity for immunization.
  - Discuss opportunities of addressing barriers to immunisation services
  - Discuss opportunities of accelerating the achievement of eradication/elimination goals of the priority vaccine-preventable diseases
  - To discuss strategies to strengthen Routine Immunization
  - Provide Key EPI updates and
  - Obtain consensus with regions on priority activities to be implemented in 2018

	<ul style="list-style-type: none"> <li>• The EPI specific monitoring was also undertaken to address programmatic challenges and to support the Regions that were consistently not achieving the targets stipulated in the Global Vaccine Action Plan (GVAP). Based on the findings, recommendations were made for all levels (National, Regional and Districts/facilities) to improve the performance of the immunization programme.</li> </ul> <p><b>Health Infrastructure</b></p> <ul style="list-style-type: none"> <li>• The renovation and provision of office equipment and furniture for the EPI offices, which started in 2016, was completed in 2018 to address the challenge of inadequate office space for the staff of the Programme.</li> <li>• The ground floor of the uncompleted four (4) storey Public Health Division office complex at Korle-Bu has been completed for the EPI programme.</li> <li>• Currently, the whole EPI programme is now located on the ground floor of the Disease Control department.</li> </ul>
<p><b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated <b>changes in technical assistance</b><sup>12</sup>)</p>	<p><b>The following activities would be undertaken and completed before the end of the year 2019:</b></p> <ul style="list-style-type: none"> <li>○ Construction and renovation of incinerators</li> <li>○ Procurement of two Fiber Boats</li> <li>○ Printing of Child Health Records Books</li> <li>○ Purchase computers/laptops for data management</li> <li>○ Procurement of Cold Chain equipment (TCW 2000, Freezers, cold boxes, vaccine carriers, Vehicles, Motorbikes, Voltage stabilisers, Spare parts and printing of data recording forms.</li> </ul>
<p><b>Objective 2:</b></p>	
<p><b>Objective of the HSS grant</b> (as per the HSS proposal or PSR)</p>	<p><b>To strengthen health worker capacity and distribution so as to address equity issues at district level</b></p>
<p><b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b></p>	<p>National, Regional, Districts/ Facilities and CHPS Zones</p>
<p><b>% activities conducted / budget utilisation</b></p>	<p>All activities under this objective have been implemented for all relevant years.</p>
<p><b>Major activities implemented &amp; Review of implementation progress</b> including key successes &amp; outcomes / activities not implemented or delayed / financial absorption</p>	<p><b>Performance Based Financing</b> As part of the advocacy efforts of the service in performance based financing, a staff was supported to attend a conference in the United States to make a presentation on the “Macro economic Benefits of Strong PFM Practices: Performance Based Financing As a PFM Mechanism Geared Towards Service Delivery”. The objectives of this presentation was to explore whether providing performance based incentives to CHPS zone could influence behavior change of the Community Health Teams, resulting in improved access, utilization and quality of health services. It also sought to strengthen focus on results and quality at the community level and increases coverage of high impact interventions in districts with weak maternal and child health indicators.</p>

	<p><b>Review of Sub district manual and Training of CHOs in Management</b>  The Sub District Management Manual developed with the support of Gavi funds is intended to be a training guide to strengthen capacity building at the implementation levels of GHS. The manual further serves as a reference point and guidance for step-by-step service delivery and operational management. The models in the manual cover service provision, administrative functions, planning and budgeting, procurement activities, financial management and auditing, health information management systems and human resource activities. The manual review process was based on the following objectives:</p> <ul style="list-style-type: none"> <li>○ Provide opportunity for senior officers at the regional level to contribute their expertise into the review of the manual,</li> <li>○ Undertake a rapid training of senior officers at the regional level in the use of the manual in order to ascertain the capacity building gaps, and</li> <li>○ To identify the capacity building and content gaps in the use of the manual and provide inputs for further revision through the eliciting of views from the implementation levels.</li> </ul> <p>Based on the training, Regional core teams were formed to undertake the implementation level capacity building.</p>
<p><b>Major activities planned for upcoming period</b>  (mention significant changes / budget reallocations and associated changes in technical assistance<sup>12</sup>)</p>	<p>There is an intention to support selected low performing districts to undertake mop-up exercises in the last quarter of the year.</p> <ul style="list-style-type: none"> <li>○ In the 2018 PBF, funds will be provided to support sub district health teams (including CHOs) to undertake outreach activities. These include mop-ups in sub-districts with low coverage rates and vaccination on island and riverine communities.</li> <li>○ In view of integration of services, the cPBF pilot under the WB programme will also provide funding to selected district to support performance based financing activities.</li> </ul>
<p><b>Objective 3</b></p>	
<p><b>Objective of the HSS grant</b> (as per the HSS proposal or PSR)</p>	<p><b>To improve storage, distribution and management of logistics and ensure the availability of potent, quality and safe vaccines, medicines and devices</b></p>
<p><b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b></p>	<p>National, Regional, Districts/ Facilities and CHPS Zones</p>
<p><b>% activities conducted / budget utilisation</b></p>	<p>92.8%</p>
<p><b>Major activities implemented &amp; Review of implementation progress</b>  including key successes &amp; outcomes / activities not implemented or delayed / financial absorption</p>	<p><b>Support Development of Assets Management and Archival System</b>  Under this activity there has been a meeting to discuss the current in style for collecting data on assets and review and refine the data set on the excel sheet for data capture. There has also been has the classified and processed of assets information sitting on the excel sheet and folder. The service has also developed an in -house application to manage data and information on assets register which is 70% completed.</p>

	<p><b>Strengthening of Routine Immunization System- Support Record Management Information System</b></p> <p>A one-day seminar on documentation was held to discuss the need to meet information and documentation requirement vide Act 535 1997, accountability requirement and historical and research requirement. The meeting outlined what documentation structures needs to be set up to meet the statutory requirement of a registry system, filing system, records center, documentation center including press cutting management, creating of digital repositories and archiving for research and planning.</p> <p><b>Supply chain management activities</b></p> <p><b>The activities undertaken include the following</b></p> <ul style="list-style-type: none"> <li>○ Completed the rolling out of LMIS in the Greater Accra Regional Medical Stores</li> <li>○ Procurement of office equipment including HP processor digital recording management software, external hard drive to support the Stores Supplies and Drug Management Division</li> <li>○ Training of managers in supply chain management. This training was held in the quest to improve supply chain management in the health sector. The training took stock of logistics management, what has been achieved so far and what needs to be done to improve performance. the challenges resulting in delays and persistence stock out at Regional medical stores were also discussed and recommendations made to address the situation.</li> </ul>
<p><b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated <b>changes in technical assistance</b><sup>5</sup>)</p>	<p>The following activities will be undertaken and completed before the end of December 2019.</p> <ul style="list-style-type: none"> <li>○ Finalise the configuration, Cloning and creating digital manuscripts of the classified and processed register, Digitise the cloned register and report to management.</li> <li>○ Support rehabilitation of National Vaccine Store including construction, renovation, furnishings and fittings.</li> </ul>
<p><b>Objective 4:</b></p>	
<p><b>Objective of the HSS grant (as per the HSS proposal or PSR)</b></p>	<p><b>To empower civil society for increased demand creation for health services at the community level (Empower Communities and local actors)</b></p>
<p><b>Objective of the HSS grant (as per the HSS proposal or PSR)</b></p>	<p>CSOs seek to leverage their strength in low immunization coverage and hard to reach districts and communities in 35 districts and 175 difficult communities in Ghana. These are reported top 40 low performing districts in Ghana by EPI. (EPI 2018 annual report).</p>
<p><b>% activities conducted / budget utilisation</b></p>	<p>107 % (OF 40% of funds received(GH¢ 644,073) as at July 2019) <i>Note: balance of 49,319 was expended from July 2017 in respect of the <b>balance of 60%</b> transferred</i></p>
<p><b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b></p>	<p>Hard-to-reach Districts/health facilities/CHPS zones and compounds/local communities/caregivers/children under five/</p>
<p><b>% activities conducted / budget utilisation</b></p>	<p>Activities implemented by CSOs for the period under review include;</p>

- Coordinated CSO's implementing partners' activities at the regional and peripheral levels by National and Regional Secretariats of the Ghana Coalition of NGO's in Health. There is ownership and improved accountability of the CSO HSS activity due to strengthened governance systems at the decentralized levels.
- Built capacity of two staff each of 35 Implementing Partners (IP's) in project management, community entry, mobilisation of caregivers and financial reporting. This has improved both technical and financial reporting of IP activities.
- Engaged community actors and caregivers through quarterly community durbars, house to house and other advocacy activities which has broaden the knowledge of community actors on immunization as a means to grow a healthy family and a wealthy community.
- Carried out quarterly community outreach activities in 175 selected communities to sensitize and mobilize caregivers to patronize immunization services.
- Oriented 219 traditional and religious leaders as immunisation advocates at community level to sustain the gains of immunization and make it a community agenda that require routine support.
- Received 3 audit visits from Ghana audit service, PwC, and EY respectively in 2018 and 2019. This has strengthened the reporting systems of the health coalition and improved accountability and transparency within the organization.

### **Key successes**

GCNH successfully coordinated the selection of implementing NGOs in 35 districts for project implementation and signed performance agreements with them. Funds were transferred to IPs and regions to kick start implementation in support of EPI activities at the district level. In addition, a total of 70 staff of the 35 IPs' capacity was built in financial and technical reporting of implementing activities to enhance NGOs technical and financial reporting capabilities. As part of the coordination and strengthening the governance system of GCNH, three Board of Trustees (BoT) meetings were held successfully.

At the peripheral level, a total of 175 community-based health volunteers (CBHV) were successfully trained to support mobilization and outreach activities for immunization uptake at community level. 219 community and religious leaders were formally engaged and sensitized on the importance of under-five immunization and its economic gains on the family community and nation at large. Out of the oriented leaders, 28 of them have so far committed to supporting under-five immunization activities with their own resources in their communities.

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	70 community durbars held so far which led to the sensitization of 8,750 caregivers on the importance of immunization with 3,500 children immunized. 105 church/mosque immunization sensitization organized and 5250 individuals reached. Furthermore, 140 defaulters were traced and brought for immunization services from 70 communities in 14 Districts. Immunization coverages have progressively improved in all 175 working communities of the health coalition.
<b>Major activities implemented &amp; Review of implementation progress</b> including key successes & outcomes / activities not implemented or delayed / financial absorption	Other upcoming planned activities include; <ul style="list-style-type: none"> <li>▪ Procurement of office support equipment (e.g. laptops, printers and camera etc.)</li> <li>▪ Continuous engagement in community level activities</li> <li>▪ Monitoring of district and peripheral level NGO activities</li> </ul> Organization of regional CSOs review meetings
<b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated changes in technical assistance <sup>5</sup> )	Other upcoming planned activities include; <ul style="list-style-type: none"> <li>▪ Procurement of office support equipment (e.g. laptops, printers and camera etc.)</li> <li>▪ Continuous engagement in community level activities</li> <li>▪ Monitoring of district and peripheral level NGO activities</li> <li>▪ Organization of regional CSOs review meetings</li> <li>▪ Organization of regional/national CSOs health forum and AGM.</li> </ul>
<b>Objective 5</b>	
<b>Objective of the HSS grant</b> (as per the HSS proposal or PSR)	<b>To strengthen governance and health information management for improved health service delivery</b>
<b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b>	National, Regional, Districts/ Facilities and CHPS Zones
<b>% activities conducted / budget utilisation</b>	98.2%
<b>Major activities implemented &amp; Review of implementation progress</b> including key successes & outcomes / activities not implemented or delayed / financial absorption	<b>Strengthen Planning Systems</b> The Ghana Health Service in 2017 developed a Sub-district management Manual. Training of Trainers workshop was held in December 2017 for 60 Senior Managers at the Regional level to build capacity on the use of the Manual in training sub-district Staff. The Global Fund is supporting the country to train sub-district staff in the Sub-district management manual in November 2019. In addition, there was the development of GHS Planning and Budgeting Manual to support planning systems at all levels of service delivery. The National Technical Team supported the Districts and sub-districts in the development of Integrated Micro Plans.

<sup>5</sup> When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.



**Development of GHS Planning and Budget Manual**

The Ghana Health Service has currently developed the planning and budget manual to serve as a guide for capacity building and management of the yearly process for planning and budgeting. The manual builds on existing planning and budgeting practices and tools within the health sector. A team consisting of officers from, Ghana Health Service Headquarters, Regional levels, a consultant from the School of Public Health, representatives from UNICEF, WHO and other development partners helped in the drafting of the manual. A follow up broader stakeholder consultation was organised to elicit further inputs with the key objectives to:

- Outline key gaps in the content of the manual
- Undertake user test training of officers in the use of the manual, in a bid to identify further capacity development needs
- Provide opportunity for regional level managers to make input for improving the content and user friendliness of the manual
- Provide an avenue for participants to understand the content of the manual.

The manual has currently been developed to facilitate the training of Regional and District managers.

**E-Transactional Tool with DHIMS reporting portal**

The e–Financial Transactional Tool is an IT based system deployed to improve the efficiency of its financial management processes and quality of financial report generation in varying degrees at various levels. The tool comprises of all the primary IGF books of accounts and ledgers and it is in full compliance Accounting Treasury and Financial (ATF) Rules and Instructions of the Ministry. The Tool also generates all statutory financial statements and basic management reports as spelt out in the Public Financial Management Act. The integration of e transactional tool to DHIMS 2 allows data capture of all financial transactions at the facilities and DHA level. The presence of the financial information in DHIMS2 at all levels of the service also facilitates timely management decisions.

**Health Management Information Systems**

- DVD-MT & FMIS integrated with DHIMS 2

Presently FMIS is being captured on DHIMS 2 at the Facility level whilst DVD-MT has also been integrated with DHIMS 2.

**Build capacity in planning, project management, monitoring and evaluation at national level**

One staff supported to undertake training in Strategic Financial Management & Effective Budget Execution. The skills gained is being applied in planning and budgeting processes of the Service.

**Training of Managers on EPI data management**

In order to improve on data use and address data quality challenges in all the Regions, the QDIP included Regional data management trainings

for all Regions. The Greater Accra training was held in November 2018. All sixteen districts in Greater Accra benefited from the training. Participants were Districts Disease Control Officer, Health Information Officers and the regional health management. The teams were trained in the following:

- Monitoring data for action
- Domain of data quality
- Data set report
- Pivot table
- Data Visualizer
- WHO data quality app and dashboard

The general objective of the training was to equip District Disease Control Officers and Health Information Officers with the skills and knowledge in using EPI data to take decisions at their levels.

### **Development of Health Account**

The draft of 2017 Health Accounts using the SHA framework has been developed and expected to be disseminated to Stakeholders by close of year 2019.

### **Integrated micro planning**

This activity was to integrate the planning for routine immunization activities into the 2018 MTEF plans and budget preparation. This innovative approach was also to initiate the process on integrating routine EPI activities budgeting in the Planning and budgeting process. This was also to facilitate the alignment of EPI intervention package to health sector objectives, GHS budget, coverage and burden of disease. The latter being incorporated into the Planning Budgeting and Management Information System. The preparation of the EPI micro plans as part of the planning and budgeting process were as follows:

- To employ a bottom-up approach to the preparation of EPI plans and consolidating it into the overall GHS and national MTEF plans and budget
- To Identify and document hard to reach areas for providing the necessary funding support as part of the MNCHP funding
- To strengthen local planning and activities aimed at improving EPI coverage and
- To document baseline and background information to inform the development of strategic proposal for engaging with partners for EPI support.

The regions recommended the approach to the developing of EPI plans as part of the planning and budgeting process for the ensuing fiscal year. It was recommended that the tool should be integrated into the PBMI to ensure it sustained use and refinement.

### **Support overall MTDP monitoring and evaluation of the MoH and joint annual sector reviews with partners of the sector at MoH level.**

Monitoring in the sector comprise reviews, assessments and reporting. The annual sector review exercise which include agency reviews, inter-agency reviews, and holistic assessment of sector performance were successfully organized. The Health Sector Holistic Assessment report is completed and published on the Ministry of Health website. Joint field

monitoring with Development Partners and other stakeholders were undertaken in addition to regular health sector working group meetings.

As part of the process to expand performance assessment to Agencies, Ghana Health Service was supported to organize peer performance assessment at the regional level. These has improved discussions at Senior Managers meetings and ultimately, decision making.

Three Senior Managers Review meetings were held in 2017. The review brought together senior health managers from GHS institutions, from Districts, Regions and Headquarters as well as health partners and stakeholders in the health sector to review the peer assessment reports, immunization and other management and operational issues related to service delivery arising during the period.

### **PROGRAMME MANAGEMENT**

#### **Development of Gavi Full Portfolio Planning (2020 – 2024) PSR**

In July August 2018 he Ministry of Health coordinated the development of the Ghana Programme Support Rational (PSR) from 2020 to 2024. The PSR includes the HSS 3 that totals USD10.8m has five objectives as follows:

1. To achieve at least 90% Penta 3 coverage in all districts by 2024
2. To ensure 100% availability of safe and efficacious vaccines
3. To improve governance and management functions at all levels of the health sector
4. Strengthen Supervision, Disease Surveillance, Monitoring and Evaluation at all levels
5. Improve Sustainable Financing for Universal Health Care (UHC)

The PSR submitted to Gavi in September 2018 was recommended for approval by the IRC in November 2018. To date the grant has not yet been approved. This is due to some delay in the provision of additional information by the country in response to IRC clarifications. It is expected that approval will soon be granted for start of the PSR in early 2020.

**Gavi Grant Management Requirement** As part of the Gavi Grant Management Requirement (GMRs) effective September 2018, the Service is expected to undertake annual programme audits in collaboration with the Ghana Audit Service. The 2018 programme external audit was undertaken in all the Regions. The audit team visited the headquarters, ten (10) Regional Health Directorates, selected Districts and sub districts in each Region. The 2015 and 2016 expenditure reviews were carried out by PwC in latter part of 2017. The country reprogrammed and submitted the Gavi Year 3 Plan. The Ministry of Health collaborated with Gavi to conduct three scoping and programmatic missions. During the year under review, the MoH inaugurated the NITAG in November 2018.

#### **Servicing and maintenance of vehicles**

Vehicles for service delivery were serviced and maintained.

#### **Other Programme Implementation meetings**

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	<p>In order to ensure effective and efficient management of the implementation of Gavi activities, a series of meetings were held by the MoH and GHS related to reprogramming and budgeting of activities. In addition, prior to the major Joint Appraisal meeting, the team held a review meeting to collate relevant information on progress of implementation of plans from the various implementing partners.</p>
<p><b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated <b>changes in technical assistance</b><sup>6</sup>)</p>	<ul style="list-style-type: none"> <li>● Train sub-national level staff on the Sub-District Management Manual in the last quarter of 2019 (this training has delayed due to other competing activities in the Service).</li> <li>● EPI Review Meetings</li> <li>● Support GHS in joint annual sector performance review</li> <li>● Support overall MTDP monitoring and evaluation of the MoH and joint annual sector reviews with partner's sector at MoH level</li> <li>● Procure laptop computers</li> <li>● Support dissemination of revised records management information system</li> <li>● Develop digital repository to archive asset registers and vital documents</li> <li>● Quarterly review of HSS implementation</li> <li>● Quarterly monitoring of HSS implementation</li> <li>● Develop the new cMYP 2020-24</li> <li>● Conduct EVMA</li> <li>● Undertake IPV catch-up campaign</li> <li>● Undertake Yellow Fever Phase b campaign</li> <li>● Conduct EPI data validation and supervision</li> <li>● Support districts to conduct routine vaccination and mop-ups</li> </ul>

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### 5.2. Performance of vaccine support

In 2018 two campaigns were conducted namely, Measles rubella and Yellow fever vaccination campaign. The measles rubella was integrated with Vitamin A, the nationwide campaign targeted children below 5years. Vaccination started on 17th and ended on the 22nd October, 2018. Total of 4,737,840 children under five years were targeted for the campaign, however 4,639,797 (97.9%) were vaccinated with measles rubella vaccines and 4,349,712 (91.8%) were dosed with vitamin A. Measles rubella vaccination coverage ranged from 78.9% in Upper West Region to 118.3% in the Northern Region. The coverage for vitamin A ranged from 73.3% in Upper West Region to 108.4% in Northern Region as depicted by the table below.

<sup>6</sup> When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.

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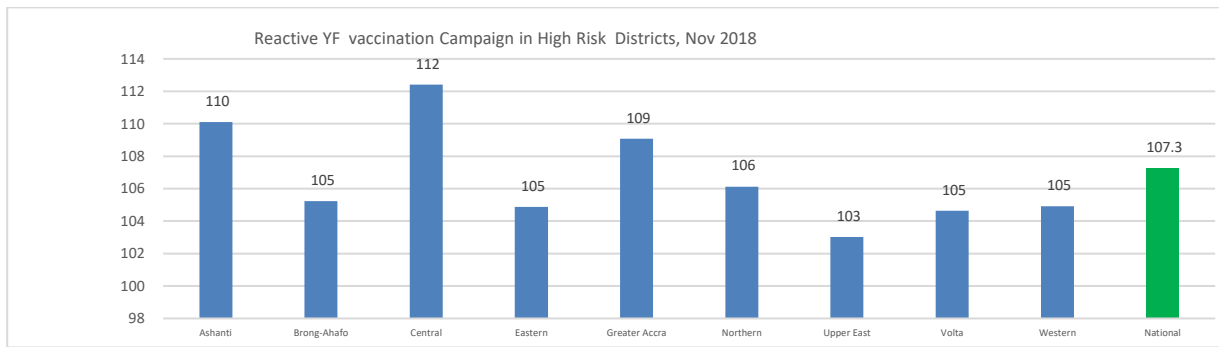
Regions	Target	No. Vaccinated	Coverage for measles	No. dosed	Coverage for Vit A	Reports received (%)
Ashanti	905,876	877,638	96.9	841,510	92.9	98.4
Brong-Ahafo	445,824	446,301	100.1	409,548	91.9	100.0
Central	402,979	390,950	97.0	381,926	94.8	100.0
Eastern	507,479	477,428	94.1	469,969	92.6	100.0
Greater Accra	773,074	770,877	99.7	728,296	94.2	100.0
Northern	478,969	566,645	118.3	519,199	108.4	94.8
Upper East	199,197	181,493	91.1	171,513	86.1	100.0
Upper West	132,797	104,831	78.9	97,356	73.3	100.0
Volta	407,881	359,596	88.2	357,837	87.7	100.0
Western	483,765	464,038	95.9	372,558	77.0	100.0
National	4,737,840	4,639,797	97.9	4,349,712	91.8	98.5

Upper West has persistently reported low coverage. This was basically due to the large official population denominator. Further analysis revealed that coverage was less than 80% in 22 districts. Most of these districts reporting low coverage in campaigns are the same reporting low performance in routine immunization. These may also be due to the denominator challenges as depicted in the table below

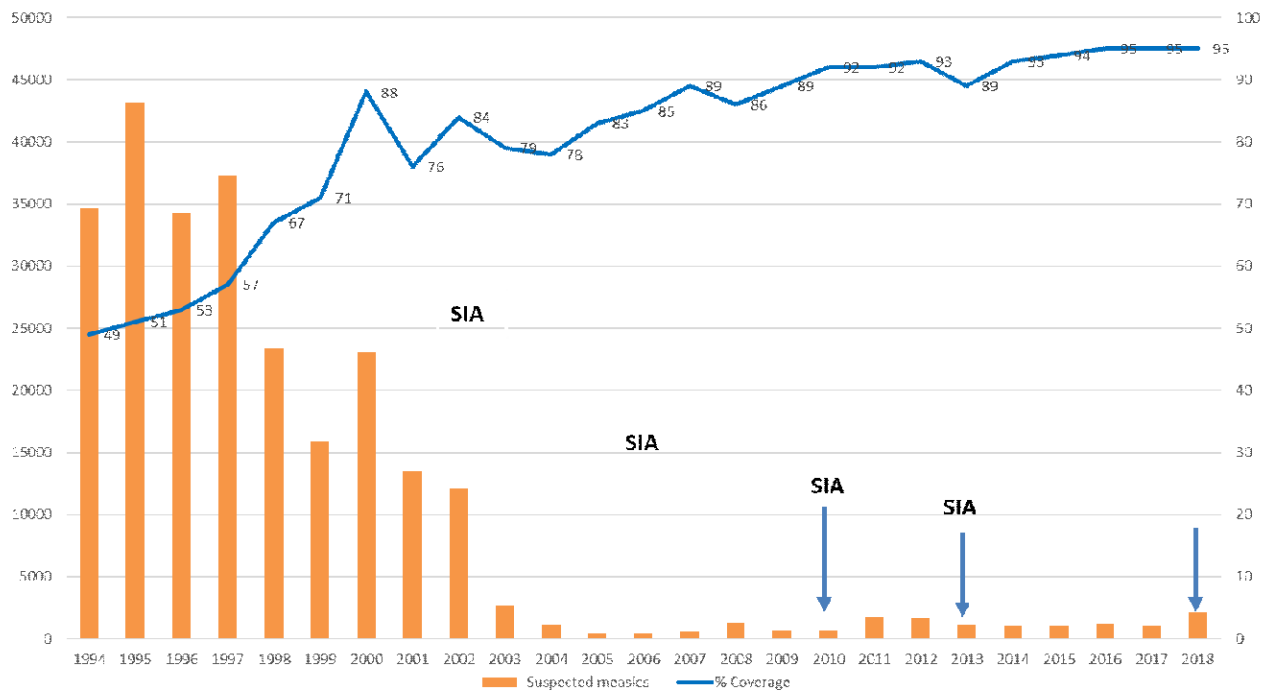
Distribution of MR vaccination by coverage categories				
Regions	Total Districts	Below 80%	Btn 80 -95%	Above 95%
Ashanti	30	0	9	21
Brong-Ahafo	27	0	0	27
Central	20	1	5	14
Eastern	26	4	6	16
Greater Accra	16	1	4	11
Northern	26	0	0	26
Upper East	13	2	4	7
Upper West	11	6	2	3
Volta	25	6	5	14
Western	22	2	1	19
National	216	22	36	158

In November 2018 Yellow fever reactive vaccination campaign was conducted in 65 high-risk districts, all regions except Upper West region benefited in this campaign. A total of 5,204,147 were targeted for the vaccination, however 5,581,540 were vaccinated resulting to over hundred percent (107.3%). Moreover, all regions attained over 100% coverage. The minimum coverage expected at both national and sub-national levels was 95%. Many reasons have been attributed to 100% coverage. The influx of eligible persons from adjoining districts which did not take part in the campaign has been identified. These influxes occurred mainly in the big cities. Also, since the campaign period coincided with school academic sessions, the students from other districts attending schools in the participating were also vaccinated. Again, some persons outside the target 10-60 years were also vaccinated. The table below showed the regional coverages

## Joint Appraisal Update



- Update of the situation analysis for measles and rubella (using the latest immunisation coverage and surveillance data for measles, rubella and congenital rubella syndrome from national and sub-national levels<sup>7</sup>) and update of the country's measles and rubella 5 year plan (e.g. future dates of MR intro, MCV2 intro, follow-up campaigns, etc.).



In recent past measles was one of the major childhood killer diseases, however vaccination has contributed greatly in the reduction of childhood disease. As part of efforts to accelerate the measles control 3-4 years cycle of supplemental immunization have been established since 2001-2002, in addition to mass vaccination second dose of measles was also introduced in June 2012. The measles vaccine was replaced with measles rubella vaccine in 2013. The chart above shows routine immunization with mass vaccination and reported cases. The chart depicts drastic reduction in measles cases due to vaccines, as vaccination increase cases reduced.

### Suspected and confirmed VPDs 2014-2018

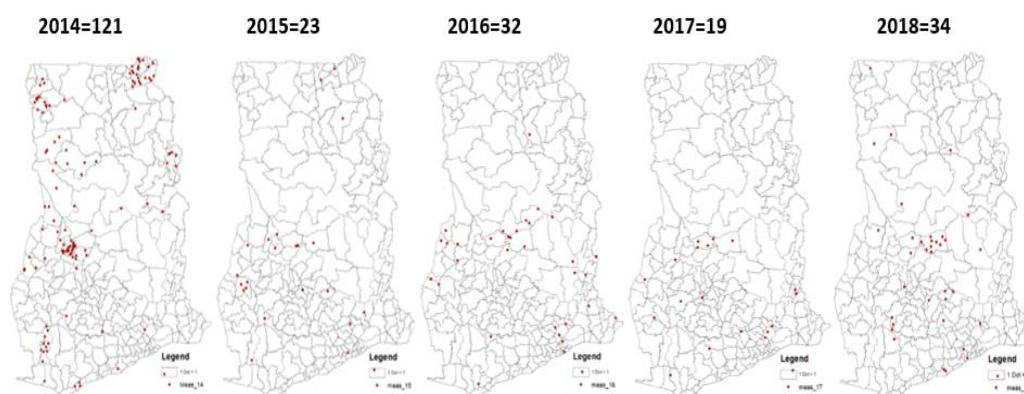
<sup>7</sup> Please refer to the JA analysis guidance document for additional information on the expected analyses for measles and rubella.th

## Joint Appraisal Update

Diseases	2014	2015	Year 2016	Year 2017	Year 2018
Suspected Measles	1044	1023	1,249	1,034	2,140
Confirmed Measles	124	23	32	19	34
Confirmed Rubella	26	12	11	17	24
Measles coverage	93	94	95	95	95
CRS suspected test	0	ND	0	46	16
CRS confirmed	0	ND	0	0	0
NNT	1	0	5	6	9
Td coverage	62	65	65	68	64

Ghana uses case-based surveillance for measles and other surveillance activities' blood samples for all suspected cases are collected and tested for measles. Measles sample that tested negative are again tested for rubella. The table above shows suspected cases and confirmed cases. Congenital rubella syndrome sentinel site has been instituted. The CRS site has suspected some cases but none of the cases have been confirmed since 2014.

### Trend of confirmed measles case



The above table shows 5-year trend of measles cases. The cases have reduced, however it has been observed that the delayed in conducting mass vaccine campaign results in reporting of more case. In 2018 only 34 cases were confirmed out of 2140.

### Reported Rubella cases

## Joint Appraisal Update



The above Map shows 5-year trend of confirmed rubella cases,

- **Describe key actions related to Gavi vaccine support in the coming year** (e.g. decision-making on vaccine introduction, future application, planning and implementation of introduction/campaigns or decisions to switch vaccine product, presentation or schedule) **and associated changes in technical assistance**<sup>12</sup>.

The country will continue to request renewal of existing vaccines in 2019. And request switch grant to switch from one dose Rotarix to 5-dose Rotavac vaccine.

The switch has become necessary because Rotavac is relatively cheaper and requires less cold space compared to Rotarix.



## Joint Appraisal Update

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

If your country is receiving CCEOP support from Gavi, provide a brief update on the following:

Not applicable. The CCEOP grant implementation is planned to start in Q3 2020 tentatively.

### 5.4. Financial management performance

#### 5.4.1 Financial Absorption and Utilisation Rates

##### HSS

Ghana received approval for the phase two of Gavi health systems strengthening cash support in 2014. The country has received three tranches out of the five-year annual disbursement plan with 2014 as the start year. The disbursements took place in 2014, 2016 and 2019 with overall average absorption rates of 100%, 84.8% and 84.4.% respectively as at June 2019. The outstanding 15.2% of the year two disbursement is mainly procurement activities which are presently underway. Find below details on financial absorption and related utilisation rates:

YEAR	AMOUNT (US\$)	DATE RECEIVED	Budget Execution (%)
2014	4,299,400	August 2014	98.7
2015	3,440,096	June 2016	84.8
2016	3,439,650	June 2019	84.4
2017	3,440,000	Not Disbursed	Nil
2018	3,440,150	Not Disbursed	Nil
2019	-		
	<b>18,059,296</b>	<b>US\$11,179,146 (61.9%)</b>	

Find details of summarised budget status report as at 30<sup>th</sup> June 2019 for the respective years attached as **Annex A**

##### PBF

The country received its first PBF funding of USD860,000 for the year 2017 in May 2019 with utilisation rate of 14.5% as at June 2019. The PBF budget for the year 2018 of the same amount has not yet been approved by Gavi.

#### VACCINE INTRODUCTION GRANTS

##### Campaign Operational Cost Grants

Ghana received two separate Gavi operational support funds totaling US\$5,662,822 in August 2018 for two separate campaigns, Measles Rubella (MR) and Yellow Fever. The country has an outstanding balance of US\$284,806 under the Yellow Fever campaign support and a nil balance for MR as at June 2019. The balance on the YF has been reprogrammed for other operational activities implementation after Gavi approval. Find below a schedule of funds utilisation rate as at June 2019:

CAMPAIGN TYPE	AMOUNT RECEIVED (US\$)	AMOUNT SPENT (US\$)	Budget Execution (%)
---------------	------------------------	---------------------	----------------------

Measles Rubella	2,149,311	2,149,311	100
Yellow Fever	3,513,511	3,228,705	91
TOTAL	5,662,822	5,378,016	95

#### 5.4.2 Compliance with Financial Reporting and Audit Requirements

Three bank accounts are used to manage the Gavi funds, a Dollar and Two Cedi accounts at ECOBANK GHANA LTD and Consolidated Bank Ghana Limited respectively. The dollar account is the receiving account in which the funds are lodged from source. The Cedi accounts are the operational accounts, one for HSS and the other for EPI activities. Funds are transferred from the dollar account to the cedi accounts for general home currency transactions.

The country has submitted all financial reports for the three tranches of HSS 2 disbursements as well as PBF and other grants as per financial reporting requirements.

The HSS funds and other Gavi grants in-country are annually audited by the Ghana Audit Service. The year 2017 audit was carried out in 2018 and report submitted to Gavi Secretariat. The audit for the year 2018 fiscal year has been shared with Gavi in October. The delay for the 2018 annual audit was as a result of competing priorities.

#### 5.4.3 Status of high-priority “show stopper” actions from the Grant Management Requirements (GMRs) and other issues (such as misuse of funds and reimbursement status) arising from review engagements

With reference to the Grant Management Requirements (GMR) and other related issues, the following are the current status of high-priority “show stopper” actions:

##### Refunds of Questioned Expenditure in 2015 Programme Audit

The refunds request of an amount of US\$ 116,975 in respect of expenditures not related to Gavi grant activities in the 2015 Programme Audit has been made. The fund subsequently has been expended with approval of Gavi.

##### Monitoring Agent (MA)

Expenditure review of 2015 & 2016 financial transactions was carried out by PwC, the appointed Monitoring Agent, to provide assurance to Gavi in absence of Gavi specific audit by the Auditor General. In addition, the MA carried out Review of Cash Balances of Gavi Grants in 2018 and follow-up of outstanding issues in the GMRs.

##### Gavi funding on National budget

MoH has resolved to facilitate the routing of all DPs funding including through the GoG Annual National Budget once finalised and approved.

##### Allocation of Shared Costs

The MoH, has in place draft Indirect Cost Sharing Policy documents which is pending finalisation upon discussion with stakeholders.

##### Tax Exemption

The MoH is yet to obtain general indirect tax (VAT) exemption on Gavi procurements. Discussions are ongoing with the Ministry of Finance. Meanwhile, MoF approves periodic exemption for indirect taxes for import duties including import VAT for the procurement of vehicles.

##### Procurement Management

## Joint Appraisal Update

All GAVI purchases for a fiscal year are now incorporated into the procurement plan according to Section 21 of the Public Procurement Act of Ghana.

There has been significant improvement in procurement process coupled with better filing system of procurement documents.

Monitoring review (of the GMRs) and Gavi program audit, 2019

Both exercises were conducted in July 2019. The MR report as shared by Gavi, the revised GRM are yet to be shared. The final version of the PA report is expected by mid-November (MoH management response to the draft PA audit report was provided last September).

### 5.4.4 Financial management systems

The Health Sector has in place a robust legal and institutional framework for Public Financial Management (PFM) across all levels of the sector. In March 2019, the parliament of Ghana passed the Public Financial Management Regulation, LI 2378, to augment the existing Public Financial Management Act 2016, Act 921. Legislations. The existing financial management legislations are expected to improve PFM practices and ensure fiscal discipline, effective and efficient use of public resources for the delivery of improved public services. The PFM Act makes provision for enhanced sanctions against public sector officers who have been found to have engaged in financial malpractices or acts of omissions established to be fraudulent.

In May/June 2019, a nationwide training for selected finance staff was carried out on the Ministry of Health (MOH) Accounting, Treasury and Financial Reporting, Rules and Instruction manual (ATF) reviewed in 2016. The 2016 version of the ATF considered DPs interest in the area of traceability and visibility of donor funds to the Health Sector in financial reporting at all levels. Hence, the training of finance staff on the revised MoH accounting manual will bring finality to the advances as expenditures.

The MoH has Internal Audit Manual which provides guidance and assists the internal audit function to provide assurance on internal control processes; ensure accountability and value for money for all resources received. The Ghana Audit Service as required by the legislation and Private Audit firms appointed by DPs also continue to carry out their periodic independent review of financial statements to provide assurance to stakeholders on the use of resources.

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

○

Ghana has a draft Transition Plan which was developed in 2015. The development of the Draft Transition Plan focused on health systems strengthening and immunization. Stakeholders' engagement of the plan led to a consensus that the plan should cover other donors and other programs including HIV, TB, FP, among others without changing the focus. The key thematic areas of the transition plan include: vaccine financing, mobilizing resources for vaccine and immunization services, Public Financial Management, Planning, Human Resource for Health, Functional NITAG, Regulatory Systems, supply of vaccines including cold chain, CSOs and Data Management. Find below a brief overview of the status of the Transition Plan.

### 5.5.1. Implementation Progress of Planned Activities;

Find in **Annex B** Implementation status of activities in the 2015 draft transition plan under the various thematic areas.

### 5.5.2. Implementation bottlenecks and corrective actions;

The major bottle neck of the Gavi Transition plan is the inability to find or identify alternate source of funding when Gavi phases out. Currently there is inadequate public funding for EPI activities and other essential Public Health activities. The Ministry of Health has not made efforts to increase budgetary allocation to health and a proper investment case for making immunization a priority has not been made.

The current draft transition plan needs to be viewed within the wider essential public health interventions. One of the 5 objectives of the HSS 3 (2020-2024) is to strengthen immunization financing notably via political commitment support and domestic resources mobilization.

### **5.5.3. Adherence to deadlines: revised expected timeline for completion.**

The MOH through the PPME will complete an integrated transition plan by March 2020. The plan will be approved by the ICC and HSWG

The sector will also conduct a fiscal space analysis for the essential public health interventions within the context of UHC (including cost benefit analysis, cost effectiveness analysis, budget impact analysis)

By March 2022, the sector will develop an engagement and advocacy strategy which would have an innovative Resource Mobilization Strategy.

### **5.5.4. Submission of a consolidated revised version of the transition plan**

Ghana will revise the current Transition Plan and submit a comprehensive version taking in consideration present country context.

## **5.6. Technical Assistance (TA) (progress on ongoing TCA plan)**

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- **UNICEF**
- Main Activity1: Develop capacity to conduct temperature monitoring study
- **Deliverables**
- 15 EPI team is trained and have the capacity to conduct temperature monitoring study;
- Temperature exposures throughout the vaccine cold chain documented
- 14 cold rooms mapped throughout the country
- Main Activity 2: Develop capacity to conduct equity assessment for immunisation coverage
- **Deliverables**
- 45 Key EPI staff have skills to conduct equity assessment
- Micro-plans developed for all 10 regions focusing on low performing districts
- 
- **PATH**
- Support the planning implementation of National introduction of HPV vaccine in collaboration with WHO, UNICEF, CDC, CHAI and other global partners
- Conducted cost-effectiveness analyses to support decision making:
- Preliminary CEA & Budget Impact Analysis report shared with NITAG.
- 
- **JSI**
- Undertook a barrier and bottleneck analysis for reaching urban poor with **quality vaccine services**

## Joint Appraisal Update

- **Developed and prioritized strategies** to improve access and utilization of vaccines with focus on urban poor.
- WHO
- **Main Activity 1:** Implement activities to reduce MR1/MR2 drop-out rate in the 20 low performing districts
- **Deliverables**
  - 15 of the 20 districts recorded a reduction in MR1/MR2 dropout rate (range 4.9%-54%)
- **Main Activity 2:** Harmonization of AEFI Surveillance Training Guidelines
- **Deliverables**
  - EPI, FDA & WHO participated in a workshop where AEFI training materials and reporting tools were harmonized
- **Main Activity 3:** Provide support for the preparation of Yellow Fever Preventive Campaign Application
- **Deliverables**
  - Yellow Fever Preventive Mass Vaccination campaign application submitted on time (Phase B)
- **Main Activity 4:** Strengthening RI and Surveillance through the Measles Rubella Follow-up Campaign
- **Deliverables**
  - Improved routine immunization coverage during campaign implementation

## 6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal (2017)	Current status
1. Strengthen routine immunisation through the reaching every district/child approach	Micro planning conducted with regions and districts to strengthen RED/REC strategy. Collaborated with UNICEF to build capacity on the EQUIST Tool.
2. Improve monitoring and supervision	Monitoring and evaluation has been improved at all levels. Quarterly monitoring is conducted at all levels of the health system using the revised EPI supervisory checklist.
3. Strengthen the uptake of immunisation services in the second year of life and beyond	GHS partnered with CDC and CSOs in creating demand for services in the second year of life as well as build capacity of staff in identifying and tracing defaulters. Collaboration is on-going with the school health programmes to screen school children at entry and provide the needed missed vaccinations.
4. Polio eradication transition plan	Transition plan is completed and attached as appendix
Yellow Fever preventive campaign	Phase A YF campaign comprising 65 districts completed, remaining 75 districts to be covered in phase B in 2020
7. Establish congenital rubella syndrome surveillance	CRS is functional in 1 sentinel sites out of the targeted 5. The 4 other sites will be made functional in 2020

## Joint Appraisal Update

<b>8.</b> Strengthen measles and rubella elimination surveillance and vaccines safety monitoring	Established a National measles verification committee. Submitted the measles elimination document to the African Measles Elimination Committee. Developed elimination mode investigation form. Developed job aids for vaccine safety and monitoring. Regional AEFI investigation teams trained.
<b>9.</b> Middle level management capacity building	Plans are underway to conduct the training.
<b>10.</b> Conduct cold chain inventory	Cold chain inventory completed and output used for the CCEOP application.
<b>11.</b> Establishment of National Immunisation Technical Advisory Group	NITAG established on 15 <sup>th</sup> May, 2018 and functioning. Members of the NITAG have been trained on key responsibilities. The first meeting was held on 12 <sup>th</sup> September, 2019.
<b>Additional significant IRC / HLRP recommendations (if applicable)</b>	<b>Current status</b>

*If findings have not been addressed and/or related actions have not taken place, provide a brief explanation and clarify whether this is being prioritised in the new action plan (section 7 below).*

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

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<p><b>Overview of key activities planned for the next year and requested modifications to Gavi support:</b></p> <p><b>HSS 2.2 &amp; 2.3</b>  <b>Objective 1 - To strengthen and scale-up community health interventions aimed at improving the quality of primary healthcare services</b>  <b>Activity:</b> Procurement &amp; supply chain management (USD3,089,000); capacity building of human resources (USD69,285)</p> <p><b>Objective 5 - To strengthen governance and health information management for improved health service delivery</b>  <b>Activity:</b> Programme management (USD281,715)</p> <p><b>HSS 2.4 &amp; 2.5 :</b>  <b>Objective 1 - To strengthen and scale-up community health interventions aimed at improving the quality of primary healthcare services</b>  <b>Activity:</b> <b>Service delivery</b> (USD654,368); Procurement &amp; supply chain management (USD2,765,965)</p> <p><b>Objective 5 - To strengthen governance and health information management for improved health service delivery</b>  <b>Activity:</b> Programme management (USD19,808)</p>
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## Joint Appraisal Update

*This table draws from the previous JA sections, summarizing key findings and agreed actions, as well as indicating required resources and support, such as associated needs for technical assistance<sup>8</sup>.*

<b>Key finding / Action 1</b>	Ensure that GAVI transition plan is finalized and implemented
Current response	The document is still in a draft form and without a resource mobilisation strategy.
Agreed country actions	Complete the comprehensive Transition plan to take cognizance of other essential public health interventions. The Plan should have an innovative resource mobilisation strategy.
Expected outputs / results	Completed Transition Plan and Resource mobilisation strategy
Associated timeline	March 2020
Required resources / support and TA	WHO, World Bank, DFID
<b>Key finding / Action 2</b>	Build capacity of sub-district and health facility personnel in comprehensive Micro plan development and implementation for effective service delivery
Current response	Lack of comprehensive and up-to-date Micro plans covering all aspects of Immunization
Agreed country actions	Build capacity in micro planning in 50 low performing districts
Expected outputs / results	Capacity of 50 low performing districts improved
Associated timeline	March 2020
Required resources / support and TA	Funding required
<b>Key finding / Action 3</b>	Build capacity in vaccine management especially stock management
Current response	Poor vaccine management including accountability
Agreed country actions	Strengthen capacity in vaccine management and accountability
Expected outputs / results	Improved vaccine management at all levels
Associated timeline	September 2020
Required resources / support and TA	UNICEF
<b>Key finding / Action 4</b>	Strengthen Vaccine Preventable Disease and AEFI surveillance
Current response	Poor reporting of adverse events following immunisation and vaccine preventable diseases
Agreed country actions	Collaborate with Disease surveillance department and the FDA to improve surveillance

<sup>8</sup> The needs indicated in the JA will inform the TCA planning. However, when specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. The TA menu of support is available as reference guide.

## Joint Appraisal Update

Expected outputs / results	Improved surveillance systems at all levels
Associated timeline	End of December 2020
Required resources / support and TA	WHO/CDC
<b>Key finding / Action 5</b>	Update capacity of staff who generate data and/or reports to improve data quality.
Current response	Poor data management and its use for decision making
Agreed country actions	Strengthen capacity in the use of EPI data in the DHIMS; Institutionalise district data improvement teams and coaching; Establish the culture in the use of GIS and other data analytics softwares
Expected outputs / results	Data use at all levels strengthened
Associated timeline	January to December 2020
Required resources / support and TA	WHO
<b>Key finding / Action 6</b>	<b>Review existing communication strategy to reach every child, especially unvaccinated children</b>
Current response	Outdated EPI Communication plan
Agreed country actions	Develop EPI Communication Plan including Risk communication
Expected outputs / results	EPI Communication Plan developed
Associated timeline	March 2020
Required resources / support and TA	UNICEF
<b>Key finding / Action 7</b>	Switch from one dose Rota vaccine to ten dose to improve cold chain storage space
Current response	Inadequate cold chain space capacity to accommodate single dose vaccine
Agreed country actions	Switch from one dose to ten dose Rota vaccine
Expected outputs / results	Ten dose Rota vaccine introduced at all levels with staff trained on the new vaccine
Associated timeline	January 2020
Required resources / support and TA	No TA required
<b>Key finding / Action 8</b>	EVMA
Current response	Effective Vaccine Management Assessment due
Agreed country actions	Conduct Effective Vaccine Management assessment
Expected outputs / results	Effective management assessment Report
Associated timeline	By end of Q1 2020
Required resources / support and TA	UNICEF
<b>Key finding / Action 9</b>	YF Phase b campaign
Current response	There are 74 districts at risk of Yellow fever
Agreed country actions	Conduct Yellow fever campaign in these districts
Expected outputs / results	At least 95% of the eligible population covered
Associated timeline	By the end of Q1 2020



## Joint Appraisal Update

Required resources / support and TA	WHO and UNICEF
<b>Key finding / Action 10</b>	cMYP 2020 – 2024
Current response	The current cMYP expires in 2019
Agreed country actions	To prepare a new comprehensive multiyear plan
Expected outputs / results	2020-2024 cMYP available
Associated timeline	By the end of Q1 2020
Required resources / support and TA	WHO/UNICEF
<b>Key finding / Action 11</b>	Exposure of some newborns to hepatitis B virus infection
Current response	Prepare for the introduction of the hepatitis B birth dose
Agreed country actions	Conduct hepatitis B sero prevalence Surveys and make submissions to NITAG
Expected outputs / results	Availability of evidence to support hepatitis Birth dose introduction into routine EPI
Associated timeline	Q3 2020
Required resources / support and TA	CDC
<b>Key finding / Action 12</b>	Low uptake of vaccination beyond one year
Current response	To improve the uptake of vaccinations beyond one year
Agreed country actions	To collaborate with Family Health Division and Ministry of Education to strengthen screening at school entry Strengthen vaccination in urban areas
Expected outputs / results	Improved uptake of vaccines beyond one year
Associated timeline	Jan to Dec 2020
Required resources / support and TA	CDC

Based on the above action plan, please outline any specific technology or innovation demand that can be fulfilled by private sector entities or new innovative entrepreneurs.

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

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As part of Ghana's process of gathering information for informed decision and in-depth analysis of the joint appraisal process, a team from the health sector including stakeholders from the sector met from the 1<sup>st</sup> -2<sup>nd</sup> Oct 2019. The meeting was aimed at assessing the following objectives;

- To validate the performance of the health systems strengthening
- To validate the performance of immunization in the
- To identify factors for successes, bottlenecks and challenges
- How the challenges or bottlenecks have been addressed
- Key lessons learnt and recommendations if any

## Joint Appraisal Update

The approach to the joint appraisal was an in-depth review of reports from all levels. This was a critical appraisal to draw appropriate evidence based analysis of the issues that will be discussed in the appraisal report.

Key areas of focus in the discussion were; grant performance; challenges and key recommendation; planning for immunization and health systems; governance structures all level for implementation of the EPI; sources of funding for health related programmes; monitoring and supervision; data management and health information systems; reporting and capacity building

### 14. ANNEX: Compliance with Gavi reporting requirements

Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded onto the Country Portal. **It is important to note that in the case that key reporting requirements (marked with \*) are not complied with, Gavi support will not be reviewed for renewal.**

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

## Joint Appraisal Update

<b>HPV demonstration programme evaluations</b>			X
Coverage Survey			
Costing analysis			
Adolescent Health Assessment report			
<b>Reporting by partners on TCA and PEF functions</b>			

*In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.*

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## Annex A Financial Reports

SUMMARY OF GAVI HSS 2 YEAR 1 BUDGET PERFORMANCE REPORT AS AT 30.06.19						
OBJ CODE	OBJECTIVE DEFINITION	BUDGET (US\$)	ACTUAL (US\$)	BALANCE (US\$)	Budget Execution (%)	Outstanding Activities
1	To strengthen and scale-up community health interventions aimed at improving access and quality of primary health care services	2,715,700	2,685,213	30,487	98.9	Activities Fully Implemented.
2	To strengthen health worker capacity and distribution so as to address equity issues at the district level	200,000	200,000	-	100.0	Activities Fully Implemented.
3	To improve storage distribution and management of logistics and ensure the availability of potent, quality and safe vaccines, medicines and devices	100,000	92,773	7,227	92.8	Activities Fully Implemented.
4	To empower civil society for increased demand creation for health service at the community level	215,700	215,700	-	100.0	Activities Fully Implemented.
5	To strengthen governance and health information management for improved health service delivery	1,068,001	1,047,960	20,040	98.1	Activities Fully Implemented.
	<b>TOTALS</b>	<b>4,299,401</b>	<b>4,241,646</b>	<b>57,754</b>	<b>98.7</b>	Balance for routine programme activities
	<b>FUNCTIONAL CURRENCY (GHC)</b>	<b>15,087,116</b>	<b>14,890,200</b>	<b>196,916</b>	<b>98.7</b>	

## Joint Appraisal Update

SUMMARY OF GAVI HSS 2 YEAR 2 BUDGET PERFORMANCE REPORT						
OBJ CODE	OBJECTIVE DEFINITION	BUDGET (US\$)	ACTUAL (US\$)	BALANCE (US\$)	Budget Execution (%)	Outstanding Activities
1	To strengthen and scale-up community health interventions aimed at improving access and quality of primary health care services	2,110,766	1,646,260	464,506	78.0	Revovation & Construction of incinerators. Procurement of coldchain equipment
2	To strengthen health worker capacity and distribution so as to address equity issues at the district level	38,500	27,744	10,756	72.1	No specific activity yet. To be sent to low performing district
3	To improve storage distribution and management of logistics and ensure the availability of potent, quality and safe vaccines, medicines and devices	50,000	45,175	4,825	90.3	All activities implemented
4	To empower civil society for increased demand creation for health service at the community level	424,850	424,850	(0)	100.0	All activities implemented
5	To strengthen governance and health information management for improved health service delivery	815,980	773,248	42,732	94.8	Operational Research. Programme Mgt.
<b>TOTALS</b>		<b>3,440,096</b>	<b>2,917,277</b>	<b>522,819</b>	<b>84.8</b>	
<b>FUNCTIONAL CURRENCY (GHC)</b>		<b>13,037,964</b>	<b>11,056,482</b>	<b>1,979,319</b>	<b>84.8</b>	

SUMMARY OF GAVI HSS 2 YEAR 3 BUDGET PERFORMANCE REPORT AS AT 30.06.19						
OBJ CODE	OBJECTIVE DEFINITION	BUDGET (US\$)	ACTUAL (US\$)	BALANCE (US\$)	Budget Execution (%)	Outstanding Activities
1	To strengthen and scale-up community health interventions aimed at improving access and quality of primary health care services	3,025,455	2,803,297	222,158	92.7	Procure 2 Fibre Boats. Print Child Health Record Books. Procure computers for data Mgt
2	To strengthen health worker capacity and distribution so as to address equity issues at the district level	-	-	-	0.0	
3	To improve storage distribution and management of logistics and ensure the availability of potent, quality and safe vaccines, medicines and devices	100,000	98,180	1,820	98.2	Exchange Difference
4	To empower civil society for increased demand creation for health service at the community level	150,814	-	150,814	0.0	
5	To strengthen governance and health information management for improved health service delivery	163,382	-	163,382	0.0	
<b>TOTALS</b>		<b>3,439,650</b>	<b>2,901,477</b>	<b>538,173</b>	<b>84.4</b>	
<b>FUNCTIONAL CURRENCY (GHC)</b>		<b>17,517,106</b>	<b>14,776,351</b>	<b>2,740,755</b>	<b>84.4</b>	

### Annex B Implementation status of 2016 Draft Transition Plan

THEMATIC AREA	PLANNED ACTIVITY	STATUS	SOURCE	TIMELINES
<b>Vaccine Financing</b>	Institutionalize quarterly budget implementation briefing meetings with CSOs/private sector as advocacy tools for ensuring MoF timely	UNICEF conducted a country-wide assessment of funding for health service delivery and developed a budget brief which was disseminated to the Ministry including CSOs to inform the	Health Budget Brief. Copy of the report available at MOH-HQ and UNICEF	

## Joint Appraisal Update

	disbursement of budget	preparation of the national health sector budget. CSOs are also involved in health sector performance review meetings annually, however quarterly reports are yet to be instituted.		
<b>Mobilizing resources for vaccine and immunization services</b>	<p>Strengthen capacity and equip Resource Mobilization (Bilateral and Multilateral) and Private Sector Units.</p> <p>Landscape analysis of private sector resource mobilization.</p> <p>Engage private sector for mobilization of resources to include leveraging their CSR funds to support immunization. Develop business case for investing in health</p>	<p>Stakeholder Business case for CHPS Developed MoH has carried a restructuring with the aim to strengthen and build capacity for Resource Mobilization Unit (MoH-PPME) in the sector. Mapping of Corporate sector engaged in CSR undertaken. A draft Corporate Social Responsibility engagement (CSR) strategy document has been developed.</p>	Both copies of the Business Case Copy of the Corporate Social Responsibility Strategy document is available at MOH-HQ	
<b>Public Financial Management</b>	Scale up the introduction of electronic financial management system (AccPac at regional and e-transactional tool at district) at all levels	<p>The AccPac Financial software has been introduced and is operational at regional level. An excel based e-transactional tool has also been deployed at the district level. The audit manual has been complete and in use.</p> <p>The AccPac software is in full operation at regional level and e-transactional has also been fully deployed at the district. The audit manual has been complete and</p>		

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	<p>Advocate for upgrading of functions of GIFMIS to include IGF and Donor reporting</p>	<p>The Ministry of Health engaged Development Partners to discuss plan to manage donor funds through the GIFMIS and report same. The Ministry also engaged stakeholders particularly from the Ghana Health Service to discuss the scaling up of GIFMIS which will include IGF country wide. There is general agreement on both the Development Partners side and the service providers side to scale up financial management through GIFMIS. GIFMIS will therefore be used to manage all financial transactions in the health sector. As a result, the Ministry is looking at how to secure IT infrastructure, logistics and training for the scale up. There are plans to establish GIFMIS academy to train staff at the lower level. Still working with DPs to finalise by 2021.</p>		
	<p>Develop/Review Audit, procurement and risk assessment manuals</p>	<p>The manual and procurement manual has been developed and printed.</p>		
	<p>Carry out financial monitoring and supervision and regular internal audit (post audit)at all levels</p>	<p>Regional Level monitoring is undertaken regularly by regional financial monitors. Zonal level monitoring in the form of peer monitoring is undertaken. Financial monitoring by National level officer are also undertaken to validate</p>		

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		<p>reports from the regional and zonal level monitoring. Key Challenges identified include inadequate finance personnel especially at the district level and below which has implication for Financial recording and timely reporting. Non-financial managers lacked adequate knowledge on financial regulations. Regular orientation of these managers has been programmed and some training has taken place.</p>		
<b>Planning</b>	<p>Develop detailed plan that extends to the lower level and addresses all areas (including health commodities)</p> <p>Build capacity in RBB at regional level.</p>			
<b>Human Resources for Health</b>	<p>Develop distribution plan to address inequity in staff distribution using staffing norms.</p> <p>Develop cost effective strategies that will ensure service availability in deprived areas.</p> <p>Sensitize staff on implications of fiscal decentralization</p>	<p>Human Resource Policy awaiting cabinet approval</p> <p>Incentive package being worked on</p>		

## Joint Appraisal Update

	<p>to their future job security.</p> <p>Build capacity of District Assemblies.</p> <p>Expand the scope of outreach visits to deprived areas to address staff shortages.</p> <p>Expand scope of task sharing/Shifting to bridge equity gaps in staff</p>			
<p><b>Decision making system (NITAG)</b></p>	<p>Provide policy briefs for high level engagement at cabinet and the Presidency.</p> <p>Periodic engagement of political leaders (Cabinet members, Parliamentarians, select committee, Parliament house and District Assemblies) and influencers (celebrates).</p> <p>Engagement of relevant ministries e.g Local Gov't, Trade and Industries, Gender, children, Social Protection, Education and Finance.</p> <p>Establish / strengthen the advisory and coordinating bodies (NITAG and ICC).</p>	<p>NITAG inaugurated and functional</p>		



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	<p>Specific technical work of NITAG (papers on future vaccines (e.g. HPV, Malaria, HIV).</p> <p>Review ICC ToR to reflect its mandate</p>			
<b>Regulatory system</b>	<p>Printing and dissemination of guidelines and field manuals</p> <p>Provide information on vaccine safety to major stakeholders and communication to populace.</p> <p>Develop ToR for dedicated unit, identification and placement of qualified staff. Identification of appropriate office space and procurement of necessary working tools.</p> <p>Finalize the development of the Safety Watch System process and deployment to regions and districts.</p> <p>Laptops for E-evaluation of marketing authorization applications and input of vaccine safety data.</p> <p>Train students in the healthcare</p>	<p>Completed</p> <p>Ongoing</p> <p>Done and deployed. Now an App Needs assessment</p> <p>ongoing. Procurement process will start next year</p> <p>Ongoing (continuous process)</p>		

## Joint Appraisal Update

	<p>professional institutions to appreciate the need for safety monitoring of vaccines.</p> <p>Train districts on commodity forecasting and quantification.</p> <p>Improve capacity to monitor the supply chain system</p> <p>Provide software and hardware for managing and monitoring supply chain system.</p> <p>Engagement with stakeholders on how to resolve population data variations. Link with Ghana Statistical Service and Births and deaths Registry to strengthen routine census data at community level. Community head count</p>	<p>Continuous process</p> <p>Ongoing</p> <p>Ongoing</p>		
<p><b>Supply of vaccines including Cold chain</b></p>	<p>Engagement with stakeholders on how to resolve population data variations. Link with Ghana Statistical Service and Births and deaths Registry to strengthen routine census data at community level. Community head count.</p>			

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	<p>Conduct cold chain inventory to address cold chain gap. Application to Gavi to reprogram funds for construction and Procurement of cold chain equipment. Procurement of cold van for national level. Procure and install temperature loggers for all WICR.</p> <p>Develop options for lower prices/cost for cold boxes and vaccine carrier.</p> <p>Assessment of the current waste disposal practices. Employ eco-friendly technology for treatment and disposal of medical waste.</p>	<p>Done for the CCEOP</p> <p>Done and a Medical Waste Policy</p>		
<p><b>Civil Society Organisations/Non-Governmental Organisations</b></p>	<p>Expand the scope of network of NGOs in immunization and HSS.</p> <p>Develop an Integration strategy of the network members and leadership under the existing coalition board.</p> <p>Develop quarterly district health newsletter.</p>	<p>Ongoing</p> <p>Collaborating with GRCS, CHAG and SEND GHANA</p> <p>Ongoing</p>		

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	<p>Strengthen quarterly community durbars by CHPS zones.</p> <p>Training on standard operation procedures for immunization.</p> <p>Protocols and standards for institutionalizing supportive supervision, feedback and follow-up.</p> <p>Set up technical working teams to review SOP</p>	<p>Ongoing. 35 NGOs in 35 districts</p> <p>Not done</p> <p>Not done</p> <p>Not done</p>		
<b>Data management</b>	<p>Revision of data collection tools.</p> <p>Train all district teams on new tools, DVDMT-DHIS2 and SOPs.</p> <p>Scale up the electronic registration of pregnant women and children using the etracker (Phase 3).</p> <p>Revision of data collection tools.</p>	<p>Done</p> <p>Ongoing</p>		

## Joint Appraisal Update

### Annex C

#### Existing vaccine support

##### Vaccines grants

- Pentavalent
- Rota
- PCV13
- IPV
- YF
- MenA
- YF campaign

##### Technical Assistance (TCA)

- WHO, UNICEF, CDC
- PATH, PWC, MAHA, Univ Oslo

##### Other active grants

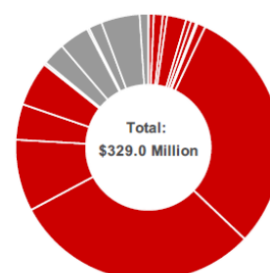
- HSS 2014-19 (and PBF)
- CCEOP 2020-21

##### Submitted applications

- IPV catch up campaign
- Rota Switch Grant
- YF diagnostic support

**Total disbursed \$328,958,584  
(Sept 2019)**

Non-vaccine support	Vaccine support
14%	86%
\$47,140,360	\$281,818,224



4

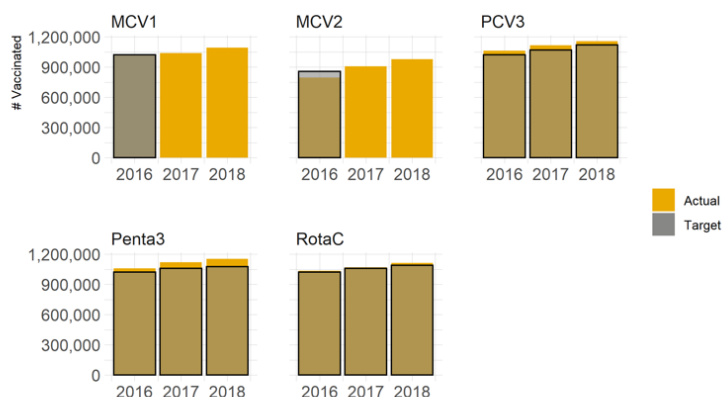
#### Existing financial support

Programme	Start Year	End Year	Committed (\$)	Approved (\$)	Disbursed (\$)	Spent (\$)	Balance (\$)	Comments
MR-Follow-up campaign Op costs	2018	2018	2,149,311	2,149,311	2,149,311	2,149,311	0	
YF - Op costs	2018	2019	6,592,843	6,592,843	6,592,843	3,228,705	3,364,138	YF B campaign to be conducted
HSS 2 - PBF	2017	2017	1,720,000	1,720,000	859,274	125,013	734,261	860,726 –PBF 2018 outstanding disbursement
Meningitis A - VIG	2016	2016	914,500	914,500	740,473	308,926	431,547	Report to be submitted by Dec 2019
IPV - VIG	2015	2015	820,027	820,027	820,027	715,419	104,608	to be reprogrammed
HSS 2	2014	2018	18,059,296	18,059,296	11,179,146	10,104,122	1,075,024	<b>6,880,150</b> outstanding disbursement

## Joint Appraisal Update

### Grant Performance Framework – latest reporting, for period 2018

#### Vaccine Targets vs Actual



Source: Grant Performance Framework

#### OBJ-1: To strengthen and scale-up community health interventions aimed at improving the quality of primary health care services

Number	Indicator	Type	2015	2016	2017	2018
IR-T 10	Proportion of targeted communities benefiting from planned community outreach services (e.g. durbars)	Target	50	65	85	100
		Actual	90	60	100	0
IR-T 9	Proportion of targeted communities with volunteers trained to undertake EPI activities	Target	70	90	100	100
		Actual	100	100	100	100
PR-T 1	Percentage of HSS fund used to support subdistrict health teams	Target	100	100	100	100
		Actual	100	100	100	100
PR-T 2	Number of regional to district supportive supervision visits conducted.	Target	100	100	100	100
		Actual	100	75	90	100
PR-T 4	Percentage of HSS funds sent to deprived and low performing districts as PBF during the reporting period.	Target	100	100	100	100
		Actual	100	41	100	100

#### OBJ-2: To strengthen health worker capacity and distribution so as address equity issues in districts levels.

Number	Indicator	Type	2015	2016	2017	2018
PR-T 10	Proportion of district managers trained in management	Target	0	100	80	80
		Actual	0	0	20	20
PR-T 11	Proportion of sub-districts managers trained in management	Target	0	100	80	80
		Actual	0	0	20	20


#### OBJ-3: To improve storage, distribution and management of logistics and ensure the availability of potent, quality and safe vaccines, medicines and devices

Number	Indicator	Type	2015	2016	2017	2018
IR-T 7	Proportion of district stores without stock out of AD syringes	Target	92	95	98	100
		Actual	NA	NA	100	NA

## OBJ-4: To empower civil society for increased demand for health services at the community

Number	Indicator	Type	2015	2016	2017	2018
IR-T 11	Proportion of targeted communities sensitized on the benefits of immunisation and the need for service uptake	Target	50	65	85	100
		Actual	NA	60	100	100
IR-T 8	Proportion of intervening districts reporting active CSO participation in annual DHMT micro planning meetings and reviews per annum	Target	70	90	100	100
		Actual	100	100	0	100
PR-T 5	Proportion of volunteers resourced	Target	100	100	100	100
		Actual	NA	60	100	0
PR-T 6	Proportion of community outreach carried out	Target	100	100	100	100
		Actual	100	50	100	0
PR-T 7	Number of key logistics provided for CSOs satellite sites	Target	100	100	100	100
		Actual	NA	50	90	0

## OBJ-5: To strengthen governance and health information management for improved health service delivery

Number	Indicator	Type	2015	2016	2017	2018
IR-T 12	Percentage of districts reporting data completely in the DHMS	Target	75	85	90	95
		Actual	86	89	100	90
IR-T 13	Percentage of districts reporting data timely in the DHMS	Target	75	85	90	95
		Actual	67	76	85	85
IR-T 14	Proportion of Budget Management Centres (BMCs) at the district level with technical and financial data quarterly validated	Target	80	85	90	95
		Actual	100	100	NA	100
IR-T 15	Proportion of sub-districts with financial data yearly validated	Target	4	10	40	40
		Actual	25	10	25	30
PR-T 12	Proportion of districts with integrated annual operational plans	Target	100	100	100	100
		Actual	100	100	100	100
PR-T 13	Proportion of sub-districts with integrated annual operational plans	Target	100	100	75	80
		Actual	100	100		

## PEF Targeted Country Assistance: Core and Expanded Partners

## PEF Targeted Country Assistance (TCA) 2016-2019

