**COMMON PROPOSAL FORM – APPLICATION SUPPLEMENT**

**Health Systems Funding Platform (HSFP)**

**Health Systems Strengthening (HSS) Support**

This common proposal form application supplement is for use by applicants seeking to request Health Systems Strengthening (HSS) Support from GAVI. This form should be filled out in addition to the Common Proposal form for submissions to GAVI.

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| **Part – Applicant Eligibility** |

If this application includes a request to GAVI, please click [here](http://www.gavialliance.org/support/apply/countries-eligible-for-support/) to verify the applicant’s eligibility for GAVI support and fill in the below table.

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| **GAVI eligibility - Government endorsement and other requirements for requests to GAVI** |
| Please note that this application will not be reviewed or approved by GAVI without the signatures of both the Minister of Health & Finance or their delegated authority.Secretary of Health Executive Manager Corporate ServicesName: Mr. Pascoe Kase Name: Mr. Paul DopsieSignature: Signature: Date: Date:For more information on GAVI eligibility, please refertothe following [document](http://www.gavialliance.org/support/who/index.php). |

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🡪Please fill in the below table outlining all HSS support from external funders.  Please add columns as needed for additional external funders.

Countries should fill in the table below to include all HSS efforts supported by existing HSS grants from each external funder.  For the timeframe section, countries should include the full period of the grants, including start year and end year.  Funding amount should include the total amount of each HSS grant in US Dollars.  Areas of support should capture the HSS objectives for each respective grant.  Information for the Geographic location section should describe where HSS activities are taking place for the respective grant; whether at the national or regional level, and the type and number of districts.

Response:

A comprehensive list of External Funding on HSS in PNG is provided below:

* + The Rural Primary Health service Delivery Project ($80 million)
		- Timeframe- 2011 to 2019 (starting was delayed to 2012
		- ADB - 20 million loan
		- AuSAID – 40 million grant
		- OPEC/OFID - $9 million
		- GoPNG – 10 million
		- WHO - $3 million (staff full time equivalent I technical inputs
		- Areas of support – Strengthening health service Delivery with HSS related output areas:
			* Output 1: National Policies and Standards – HRH, Community health post Policy & NHIS;
			* Output 2: Sustainable Partnerships between Provinces and Non-state Actors
			* Output 3: Human resources Development in the Health sector – HR Capacity and skills audit
			* Output 4: Community Health Post upgrading – facility construction, medical equipment
			* Output 5: Is not HSS: Health promotion in local communities
		- Geographic location: National (NDoH) and Subnational focus targeting 16 Districts in 8 Provinces (Western Highlands; Enga, Eastern Highlands, Morobe, East Sepik, West New Britain, Milne Bay, Autonomous Region of Bougainville)
	+ WHO- AusAID Partnership Financing
		- Time Frame: 2012-2015
		- Funding amount: Budget for HSS component: $2,383,000
		- Areas of support: Health financing; Monitoring, Evaluation and Research; HRH, health laboratories and pharmaceuticals;
		- Geographic Focus: National
	+ KOICA – is rehabilitating or upgrading health infrastructure
		- Time frame originally: 2010-2013
		- Funding amount: $5.5 million
		- Areas of support: Rehabilitation/Construction of 2 District Health centres, District management capacity building and provision of medical equipment
		- Geographic location: 2 Districts in 2 provinces (Central Province and Eastern Highlands Province)
	+ Global Fund Round 10: Health system component
		- Time Frame: 2011-2016
		- Funding amount: $4 million
		- Areas of support: Strengthening District Management capacity and rehabilitation of 6 Area Medical Stores
		- Geographic location: National
	+ Commission on Information and Accountability (COIA) Women’s and Children’s Health – coordinated by WHO
		- Time frame: 2012-2013
		- Funding: total $250 000 catalytic funding (of which $220 000 is directly related to HSS)
		- Areas of support: Monitoring of Results –M&E; Monitoring of Resources – National Health Accounts & RMNCH Sub accounts; Civil Registration and Vital Statistics
		- Geographic location: National

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| **HSS External Funding**🡪 Please fill in the below table outlining all HSS support from external funders. Please add columns as needed for additional external funders.  |
|  | **ADB** | **Global Fund** | **World Bank** | **AusAID** | **Commission on Information & Accountability (COIA) Women’s & Children’s Health** | **KOICA** | **WHO- AusAID Partnership Financing** | **OPEC /****OFID** | **WHO** | **Other Donor** | **Other Donor** | **Other Donor** |
| **Time- frame**  | 2011 to 2019 (starting was delayed to 2012) | 2011-2016 |  | 2011 to 2019 (starting was delayed to 2012) | 2012-2013 | 2010-2013 | 2012-2015 | 2011 to 2019 (starting was delayed to 2012) | 2011 to 2019 (starting was delayed to 2012) |  |  |  |
| **Fund-ing** **Amount**  | $ 20 million | $4 million |  | $ 40 million | $ 250 000 catalytic funding (of which $220 000 is directly related to HSS) | $5.5 million | $2,383,000 | $9 million | $3 million |  |  |  |
| **Areas of Sup-port**  | Strengthening health service Delivery with HSS related output areas as National Policies and Standards – HRH, Community health post Policy & NHIS; Sustainable Partnerships between Provinces and Non-state Actors; Human resources Development in the Health sector – HR Capacity and skills audit; Community Health Post upgrading – facility construction, medical equipment  | Strengthening District Management capacity and rehabilitation of 6 Area Medical Stores |  | Strengthening health service Delivery with HSS related output areas as National Policies and Standards – HRH, Community health post Policy & NHIS; Sustainable Partnerships between Provinces and Non-state Actors; Human resources Development in the Health sector – HR Capacity and skills audit; Community Health Post upgrading – facility construction, medical equipment  | Monitoring of Results –M&E; Monitoring of Resources – National Health Accounts & RMNCH Sub accounts; Civil Registration and Vital Statistics | Rehabilitation/Construction of 2 District Health centres, District management capacity building and provision of medical equipment | Health financing; Monitoring, Evaluation and Research; HRH, health laboratories and pharmaceuticals | Strengthening health service Delivery with HSS related output areas as National Policies and Standards – HRH, Community health post Policy & NHIS; Sustainable Partnerships between Provinces and Non-state Actors; Human resources Development in the Health sector – HR Capacity and skills audit; Community Health Post upgrading – facility construction, medical equipment  | Technical Support to Rural Primary Health Service Delivery Project |  |  |  |
| **Geo-graphic Lo-cation**  | 16 Districts in 8 Provinces (Western Highlands; Enga, Eastern Highlands, Morobe, East Sepik, West New Britain, Milne Bay, Autonomous Region of Bougainville) | National |  | 16 Districts in 8 Provinces (Western Highlands; Enga, Eastern Highlands, Morobe, East Sepik, West New Britain, Milne Bay, Autonomous Region of Bougainville) | National | 2 Districts in 2 provinces (Central Province and Eastern Highlands Province)  | National | 16 Districts in 8 Provinces (Western Highlands; Enga, Eastern Highlands, Morobe, East Sepik, West New Britain, Milne Bay, Autonomous Region of Bougainville) | National |  |  |  |