Applicant Response Form – [FOR GRANT-MAKING]

SECTION 1: Overview
Applicant Information

Country	Ghana	**Currency**	US$
Applicant type	CCM	**Component(s)**	Malaria
Envisioned grant(s) start date	1 January 2018	**Envisioned grant(s) end date**	31 December 2020
Principal Recipient 1	Ministry of Health- Ghana Health Services (GHS)	**Principal Recipient 2**	AngloGold Ashanti (AGAMal)

SECTION 2: Issues to be addressed during grant-making and/or grant implementation	
Issue 1: **Balance of funding for IRS and other priority interventions may not be positioned to achieve the greatest impact**	**Cleared by:** Secretariat

TRP Input and Requested Actions

Issue: While the TRP recognizes the importance of the IRS program in the north in the management of pyrethroid insecticide resistance and malaria control, it is a relatively expensive intervention in the context of a lack of funding for other key interventions.

Action: The TRP recommends a careful review of the relative anticipated impact of IRS in comparison to IPTp and SMC, and other programmatic aspects, which are under-funded in the allocation request, to ensure that the funding mix is structured to achieve the greatest impact. In particular, the shortfall in SMC and IPTp should be considered for prioritization within the allocation funding. Prioritization of LLIN over IRS for vector control in relevant districts, sufficient to address the shortfall in funding of other essential interventions, could produce a more balanced approach.

Please provide an executive summary on the actions taken:

In view of the recommendation in addition to the limited funding, the following intervention have been prioritized (PAAR) for implementation:

The country's request is aimed at ensuring that all areas at least receive one vector control intervention: either IRs or LLIN. The current decision to continue IRS in Obuasi and Upper West stems from the greater impact that we have seen in the reduction of malaria burden in those areas. In Upper West there has been a reduction in malaria prevalence from 51.2% in 2011 (MICS) to 21.5% in 2016 (MIS 2016) as with the national average reduction of malaria parasite prevalence from 27.5% in 2011 (MICS) to 20.6% in 2016 (MIS) The country's request to continue IRS in that area is because of the risk of rebound effect if IRS is withdrawn at the current transmission level. A similar effect has been seen in Upper East when IRS was withdrawn at high transmission levels. Despite the distribution of ITNs in Upper East, upon withdrawal of IRS, there has been an increase in malaria parasite prevalence and malaria cases in that region.

In addition the TRP's recommendation for a careful review of the relative anticipated impact of IRS in comparison to IPTp and SMC, is considered, the PR acknowledges the evidence that though IPTp and SMC are impactful, their impact is limited to a targeted and limited proportion of the population; pregnant women (4% of the population) and SMC 19.2% of the population in the target regions, children under five.. Though these are the most venerable, a larger proportion of the population is left exposed. Secondly, these interventions attack malaria at the parasite level whilst the IRS attacks at the vector level; therefore, thes e interventions are not interchangeable but rather complementary.

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Currently, the government has put in concrete efforts to procure the gap in SP (in demonstration of government's commitment) and therefore the entire IPTp needs of the country is covered within allocation in addition to government and partner contribution so there is no gap in IPTp.

With SMC, the current existing areas (Upper East and Upper West) where the intervention is being undertaken are covered within allocation. The country would have extended to Northern region if there were savings to move there. However with the non-availability of funds to do that, the country is of the view that given the above reasons, it is prudent and impactful to continue IRS in Upper West rather than stopping IRS in Upper West, to start SMC in Northern region (which is partly covered by IRS by PMI).

Issue 2: **Greater clarity required on identification and targeting of specific high-risk and underserved populations**	**Cleared by:** Secretariat

TRP Requested Actions

Issue: The funding request provides a comprehensive list of population groups to be targeted with specific interventions, but is unclear on the basis for prioritization, the likely impact on these groups and the costs of targeting. While the TRP applauds the efforts of the program to delineate such populations that may be at higher risk, or have poor access to services, it is unclear whether it is equity issues and/or a data driven analysis of disease burden and coverage gaps that drives the prioritization and targeting. It is also unclear how the success of any interventions to these groups will be monitored.

Action: The TRP requests the applicant to explain in greater detail the basis for the selection of the various communities and populations to be targeted by the program, providing any available evidence about disease burden and access to and use of health services. Where interventions are planned, they should be visible in the implementation plans and the budget for the program. The program should then track intervention coverage levels as well as impact in the targeted populations, where feasible through a careful documentation of age, sex and location differentials in key program indicators.

Please provide an executive summary on the actions taken:

Current interventions aim at universal coverage of the entire population of Ghana, but given the higher vulnerability of children under five and pregnant women, efforts are made to increase coverage of these groups, with IPTp and ITNs through ANC .The country plans to also increase access of key malaria interventions to vulnerable population such as orphanages, hard-to-reach locations and the under privileged female porters and prisoners because of high levels of poverty among this group.

For the female head porters, they are generally of a very low socioeconomic status and studies have shown that malaria is a disease of poverty; what is more their sleeping places which are mostly in the open spaces in the market exposes them to high levels of mosquito bites. Attached are studies showing the low socioeconomic class and increased vulnerability of female head porters to diseases including malaria.

The programme will set up a strong system of monitoring to assess the levels of coverage of the intervention and the outcome of this intervention in these groups, in collaboration with CSOs already working with such groups. There will be careful documentation age, sex and location disaggregation of key programme indicators to monitor reach and impact. For the pregnant women and children, national surveys such as DHS, MIS and MICS, as well as data from our routine health surveillance systems, will be used to assess the progress of deployment of interventions. For the other vulnerable groups which are not covered through the surveys and surveillance systems such as the orphanages and female porters a study will be designed and costed to assess this at baseline and after the interventions have been implemented.

The programme intends to work with Infanta Malaria, a civil society organization, or any other NGO that is identified to be working with the female porters and the orphanages.

Issue 3: **Lack of clarity on focus and activities under SBCC**	**Cleared by:** Secretariat

TRP Input and Requested Actions

Issue: The evidence-base for, and mix of, SBCC activities is unclear in the funding request.

Action: To ensure that lessons learnt are used to inform SBCC activities, the TRP requests the applicant to develop a robust communication plan be provided, including the best practices and tactics/messages for reaching all identified vulnerable groups.

Please provide an executive summary on the actions taken:

The country takes note of the TRP's guidance to ensure lessons learnt informs SBCC. The country has developed a national communication strategy which sets the framework aimed at defining communication for social and behavior change objectives (find attached). This plan was developed with a wide range of stakeholders taking into consideration the country needs, the best practices and the intended /expected outcome.

In addition, in 2016 , the National Malaria control Programme commissioned a study on the impact of SBCC intervention in the country which assessed the impact of behavioural change communication in the country (report attached)

The findings form the study show that TV and radio were great sources of health information in the urban areas whereas, in the rural areas, interpersonal communication through the health workers and the community volunteers were the greatest source of health information in getting messages across to the populace. In addition the MIS, 2016 which was recently dissemminated also show a similar observation (report attached).

The country will therefore fall on the results of this to select routes that are effective in reaching the populace and specific vulnerable groups like the rural areas who are lagging behind in the coverage of key malaria interventions. These will include working with NGOS to enhance interpersonal communication at the rural communities. Currently, under a CDC supported project, Red Cross volunteers are deployed to undertake house-to-house inter-personal visits in selected districts as part of a social and behavioural change communication strategy to promote increased uptake of immunization and other services in second year of life. Similar strategy will be deployed to promote uptake of malaria interventions especially in deprived hard to reach areas in collaboration with CSOs/NGOs.

Issue 4: **Lack of plan for civil society engagement**	**Cleared by:** Secretariat

TRP Input and Requested Actions

Issue: Interventions involving civil society appear to be activity-based, rather than based on a comprehensive strategy. There is insufficient information about the planned extent of the CSO and community-based response, with relevant targets.
Action: The TRP requests the applicant to undertake strategic planning including mapping the civil society and interventions funded by other donors;, identifying and analyzing the gaps; clarifying the roles, coordination and collaboration between the non-state actors and the government institutions; specifying the capacity-building and other communities systems strengthening needs of the civil society and how exactly and by whom they will be addressed.

Please provide an executive summary on the actions taken:

CSO Mapping, Capacity Assessment and Strategic Planning:

CSO organization has collaborated with the health sector to deliver primary health care services and various interventions in the health sector. Particular reference is made in the areas of HIV, TB, Malaria and EPI interventions. Their contributions have helped to improved health outcomes for the vulnerable population, maternal and child health services including key population interventions, especially in hard to reach areas. A key concern of the HSMTDP 2014-2017 to which the partnership with CSOs has helped to improve is the huge gaps in geographical access to quality health care services.

The country team agrees with concern raised by the TRP regarding the need for CSS strategic plan and CSO mapping. In terms of CSO mapping, through Gavi support, the health sector conducted CSO mapping over a decade ago in 2005. However, it is now obsolete and new one has to be conducted to reflect the current composition, structure and relationship between CSOs, non-state actors and government institutions including funding sources and gaps. It is also important to note that the 2005 CSO mapping primarily informed the role and opportunities for engaging with limited number of CSOs involved in the delivery of EPI interventions.

The CCM in dialogue with CSOs have agreed to undertake a comprehensive mapping, including capacity assessment of CSOs prior to the implementation of the current grant. The mapping will also help to establish a strategic and capacity building plan. In addressing the issue regarding the strategic orientation of the CSS intervention, a five-year strategic plan will also be developed to inform the review of interventions and activities embodied in the current grant proposal as well future engagement of CSOs in health service delivery.

Issue 5: **Inconsistencies in budget and lack of clarity in RSSH system strengthening**	**Cleared by:** Secretariat

TRP Input and Requested Actions

Issue: Budgets in the narrative do not add up to the module totals provided in a number of areas, and these totals do not match the totals given in the excel sheet budgets.

Action: The budget calculations for all modules should be reviewed and figures corrected and reconciled between the narrative and the spreadsheet budgets. The narrative describing activities, especially in RSSH, needs to be clarified, ensuring that the budget is well reflected.

Please provide an executive summary on the actions taken:

The budget template has been reviewed to address all inconsistencies regarding totals for the various modules, and description of activities in the narratives (refer to the detailed budget template).

Issue 6: **Need for rebalancing the focus of RSSH interventions**	**Cleared by:** Secretariat

TRP Input and Requested Actions

Issue: The TRP considers that rapid gains could be made in important areas of the RSSH grant that are already underway, particularly supply chain management and data management. There may be benefits to be gained from rebalancing the focus (including associated expenditure) of proposed RSSH investments toward these areas to accelerate progress in critical areas and ensure that available resources are used to maximize outcomes.

Action: The TRP recommends that the applicant work with the Secretariat to rebalance relevant RSSH components affecting the delivery of HIV, TB and malaria program commitments. This should be based on an assessment of actionable and measurable operational plans, to ensure maximum efficiencies.

Please provide an executive summary on the actions taken:

There has been the review of the components of the RSSH of which savings in resources shall be targeted to strengthen procurement and supply chain management, which have proven to exert rapid gain for the GF diseases programs Malaria, TB and HIV.

Already the GF is investing significant amount in improving and sustaining the gains made in health management information system for the health sector. Notwithstanding, efforts will be made to rebalance priorities in efficiency gains during implementation to scale-up proven interventions in the RSSH to achieve and sustain high impact gains in Malaria, TB and HIV.

The PF for the RSSH incorporates clear and visible indicators for the core areas of PSCM and HMSI (See the revised PF), such as the percentage of health facilities with essential medicines and life-saving commodities in stock which is targeted to improve from 75% (2016) to 100% (2018). In the same vein the Percentage of RMSs reporting no stock out of tracer medicines is targeted to improve from 75% (2016) to 90%(2020). This will contribute to addressing stock out of essential medicines and commodities for the three GF diseases Malaria, TB, HIV.

The GHS-PPMED will develop a clear roadmap and action plan for the implementation of the interventions embodied in the RSSH. In order to enhance the tracking and reporting of plan implementation as well as continuous performance measurement, a workplan has been developed and a dashboard will be created to track the implementation of activities and performance. Additionally, periodic reviews are organized in the health sector at all levels and these provide opportunity for assessing implementation progress of all programs including TB, HIV and Malaria. The PR has comprehensive M&E plans and established mechanisms for periodic assessment, such as annual and biannual performance review meetings as well as specific program review

Moreover, the enhanced role of the Director General's Office as well as that of the sector Ministry will contribute to providing high-level effective monitoring and coordination for the achievement of the performance objectives. (Refer to the detail implementation arrangements).

Among the programs and the RSSH, the Sector Ministry will subject the operational plans to high-level periodic reviews and approval. This will ensure synergy and avoidance of duplication and waste to ensure value for money and operational efficiency during implementation.

PR Managers (Honourable Minister, Chief Director and Director General) will through their high-level oversight management responsibilities and financial accountability ensure that activities are implemented on time and within budgetary allocation for timely reporting.

Your replies to the clarifications requested must be provided to the Fund Portfolio Manager.