

**Application Form for Country Proposals**

*Measles Supplementary Immunisation Activities (SIAs)*

Available for Afghanistan, Chad and Nigeria

Submitted by

The Government of **[Afghanistan**]

Date of submission: [15 September, 2013]

**Deadline for submission: 15 September 2013**

Please submit the Proposal using the form provided.

Enquiries to: [proposals@gavialliance.org](mailto:proposals@gavialliance.org?subject=Applications%20for%20New%20Vaccines%20Support) or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The Proposal and attachments must be submitted in English.

Note: Please ensure that the application has been received by the GAVI Secretariat on or before the day of the deadline.

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE**

**GRANT TERMS AND CONDITIONS**

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

***FUNDING USED SOLELY FOR APPROVED PROGRAMMES***

The applicant country (“Country”) confirms that all funding provided by the GAVI Alliance for this application will be used and applied for the sole purpose of fulfilling the programme(s) described in this application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for this application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

***AMENDMENT TO THIS PROPOSAL***

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this application will be amended.

***RETURN OF FUNDS***

The Country agrees to reimburse to the GAVI Alliance, all funding amounts that are not used for the programme(s) described in this application. The country’s reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance’s request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

***SUSPENSION/ TERMINATION***

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

***ANTICORRUPTION***

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with this application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

***AUDITS AND RECORDS***

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

***CONFIRMATION OF LEGAL VALIDITY***

The Country and the signatories for the government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country’s law, to perform the programmes described in this application.

***CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY***

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and will comply with its requirements.

***ARBITRATION***

Any dispute between the Country and the GAVI Alliance arising out of or relating to this application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in this application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in this application.

***Use of commercial bank accounts***

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants.  The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

# Application Specification

Vaccine: Measles, 10 doses/vial, lyophilised[[1]](#footnote-2)

**Q1**. Please specify the timing (week/month and year) of the planned SIA

[The proposed nation-wide measles follow- up SIAs will be implemented in three phases. The tentative dates of the SIAs:

Phase 1: 3rd – 4th Week of February 2015.

Phase2: 1st - 2nd Week of May, 2015

Phase3: 3rd – 4th Week of July, 2015

Depending on the level of expected routine MCV1 and MCV2 coverage (>95%) and accumulation of susceptible, the next follow-up SIA might be required in 2018]

# Executive Summary

**Q2.** Please provide an executive summary that clearly states the target age, geographic extent or phasing, and time period of the planned SIA. Please also provide clear justifications for these plans based on the current state of the immunization programme (routine coverage, previous SIAs, plans for introduction of a second dose of measles vaccine through routine) and on measles surveillance data.

The executive summary must also highlight those activities done during SIA preparations or operations that will strengthen the routine immunization programme as described in the Application Guidelines.

|  |
| --- |
| [Afghanistan is a landlocked and mountainous country with an estimated population of more than 31 million (UNIDATA, 2013).it is estimated that the population will be increased to about 32millions by 2015.  According to the Human Development Index, Afghanistan is the 15th least developed country in the world with a per-capita income of less than US$ 500and with an estimated 8-9 million population living in poverty. Afghanistan’s economy remains dependent on international aid. Poverty is compounded by a poor health and social services, as well as poor education and nutrition levels. The security situation remains fragile in most parts of the country.  It is estimated that 65% of the entire population lives in the districts where primary public health care services are provided. In spite of major achievements in the health sector in recent years, Afghanistan still lags behind countries in the EMRO region with respect to key health outcomes; particularly in the areas of maternal, infant and child health. Afghanistan faces a number of challenges related to the health of its people. The result of Maternal Mortality Survey carried out by Afghan Public Health Institute of MOPH shows reduction in infant mortality rate (77/1000LB), child mortality rate (97/1000 LB) and maternal mortality rate (394/100,000LB).  Afghanistan NIP conducted a nation-wide catch-up measles campaign in 2002-2003 targeted children aged 6M-11Y. Around 11 million children aged 6 months – 12 years were vaccinated during the catch-up campaign. The three rounds of follow – up measles SIAs conducted in 2006, 2009 and 2012 targeted children aged 9-59M (2006), 9-36M (2009) and 9M-111M (2012).  It is estimated that the mortality rate due to measles has been reduced to more than 90% relative to 2000 estimates.  Despite improvement in routine MCV1 coverage, introduction of second dose of measles into national immunization program, implementation of the 4 rounds of catch-up and follow up measles campaigns over the period of 2002-2012, and strengthening of measles surveillance system with laboratory support, the disease remains as one of the important causes of vaccine-preventable diseases and death in Afghanistan. During the 18 months including 2011 and the first half of 2012, the country experienced huge outbreaks of measles with about 11,000 clinical cases and 432 deaths reported through MOPH/HMIS, giving a case fatality rate of about 4%. The age distribution of cases was expected considering the immunity profile of the population, with reported suboptimal routine MCV1 coverage (85% by official estimates, 68% by WHO UNICEF estimates) and MCV2 (54%) and SIAs coverage levels in 2012.  However, it is believed that the actual disease burden was high and all the cases of measles were not detected due to reasons related to health service access, weaknesses in surveillance, socio-cultural beliefs associated with measles, insecurity, geographical barriers etc.  Therefore, the 2012 measles SIAs targeted children 9M- 9Y and the 10,879,507 children vaccinated against measles. However, because of security reasons 27 districts mainly in problematic provinces of south, south-east and eastern regions were covered partially and the post-campaign assessment revealed that the coverage in 84 districts was less than 80%.  Due to low sub-national routine measles coverage and prevailing poor living conditions, measles sporadic cases/outbreaks continue to occur in different parts of the country, most especially in south, south-east and eastern regions. Between January and June 2013, a total of 463 cases were reported, of which 302 cases were confirmed. With respect to the epidemiological pattern, > 90% of confirmed measles cases in 2013 is below 5 years of age. The majority of the confirmed cases in 2013 had never received any dose of measles vaccine. This was expected considering the immunity profile of the population with reported suboptimal routine MCV1 coverage (85%) and MCV2 (54%) and SIAs coverage levels in 2012. The 2012 WHO/UNICEF estimates of routine MCV1 coverage is less (68%) than reported coverage.  Considering the low level of routine MCV1, MCV2 and last SIAs coverage levels, Afghanistan is in need for implementation of measles follow-up SIAs at two year intervals in order to reduce the accumulation of susceptible children who do not benefit from measles routine vaccination and those who fail to seroconvert following an initial dose.  The target age group for the follow-up SIAs in 2015 is children 9-59M considering the interval since the last SIAs, the epidemiological pattern, and the gaps in routine immunization coverage. The National Measles Validation Committee Meeting held in February 2013 also passed the same recommendation.  The objectives of the 2015 Integrated Measles SIA are:  1. To vaccinate at least 95% of children (5,498,739) aged 9-59 months with measles vaccine regardless of previous vaccination status  2. To provide a supplemental dose of OPV to around 7,000,000 children aged 0 to 59 months old  3. To use the opportunity of the measles SIAs to strengthen routine immunization system  4. To strengthen case based measles surveillance and response  The summary of national measles control and elimination plan developed by NIP with the support of national measles validation committee and partners is as follow:   * Increase population immunity against measles through the proposed SIA by achieving at least 95% coverage nationally in every district * Sustain high population immunity by improving routine immunization coverage for both MCV1 and MCV2 routine doses. * Implement next measles follow-up SIA in 2015 and afterwards depending on accumulation of susceptible at certain interval. * Strengthen case-based measles surveillance system   Considering the seasonal pattern, accessibility to PHC services, immunity profile of the population, geographical and weather conditions, the proposed measles follow up SIAs will be conducted in 3 phases:  1. **February 2015**: the targets are 9 provinces – Kandahar, Hilmand, Farah, Herat, Nimrooz, Khost,  Nangarhar, Laghman, Kunar  2. **May 2015**: the targets are 13 provinces – Kabul, Ghazni, Paktya, Paktika, Ghor, Uruzgan, Zabul,  Nooristan, Parwan, Kapisa, Panjsher, Logar, Badghis  3. **July 2015**: 12 provinces are targeted – Daikundi, Wardak, Bamyan, Badakhshan, Takhar, Kunduz,  Baghlan, Samangan, Balkh, Jawzjan, Saripul, Faryab  **Duration of measles SIAs**: **6-10 working days** depending on availability of health care workers and cold chain equipment, size of target population, and geographical conditions of the districts.  Afghanistan NIP has gained enough experiences in planning, implementation, monitoring and evaluation of SIAs and NIDs in the past. These experiences will be used for adequate preparation for successful SIAs e.g. coordination, micro-planning, advocacy, training, communication/social mobilization, management of cold chain and logistics, implementation, waste management, AEFI management and surveillance, recording and reporting, pre-campaign assessment, intra-campaign monitoring/supervision and post-campaign assessment. As did in the past the technical sub-committees will be organized at national and sub-national levels to deal with different aspects of SIAs. Meetings will be held to identify and record the best practices from earlier SIAs and plans for the 2015 SIA will incorporate these practices whenever possible."  The proposed SIAs will be an opportunity for strengthening routine immunization system. The SIAs-related activities will focus on key routine immunization program components such as health facility/district micro-planning including planning for reaching hard-to-reach populations, out-reach services; planning and management of resources, monitoring/supervision; community involvement, vaccine/injection supplies, cold chain/logistic management, advocacy, social mobilization, AEFI surveillance, commitment and accountablity which will contribute in strengthening routine immunization system and delivery of routine immunization services.  The coordination structures set up for the measles SIAs will be maintained and utilized for routine immunization strengthening.  The knowledge and skills of a large proportion of health workers about the importance of measles vaccine, additional doses; vaccine handling; correct preparation and administration of vaccine will be increased. In addition, training of a large number of volunteers on measles immunization will help to increase community awareness about the value of measles and other routine vaccines in saving the lives of children.  At community level, information about the benefits of immunization will be increased during community mobilization for the SIAs which will have positive effect on the attitude and practices of the community about measles immunization and vaccination in general.  Emphasis will be made on routine immunization strengthening during the planning, implementation and review of all aspects of measles SIAs.  Several local partnerships have been created and strengthened through the past SIAs and NIDs; efforts will be made to maximize and sustain for routine EPI and future SIAs.  The measles SIAs paired with polio will help to secure fund from government sources for immunization program of Afghanistan. Afghanistan Government has committed to contributing co-financing for Pentavalent vaccine and PCV. Government provided $700,000 to partially cover the operation cost of 2009 measles/TT SIAs. Since the SIAs is planned in 2015 and the government budget for 2015 fiscal year will be allocated sometime in the last quarter of 2014, at this time the MOPH with its ICC is not in a position to state the government contribution for measles vaccine. The ICC has committed to advocate for mobilizing fund from national sources and will communicate with GAVI in due time.] |

# Signatures of the Government and National Coordinating Body

* 1. The Government

The Government of [Afghanistan]would like to expand the existing partnership with the GAVI Alliance to further prevent measles deaths and for the improvement of the infant routine immunisation programme of the country, and specifically hereby requests GAVI support for measles vaccine (lyophilised, 10doses/via) for supplementary immunisation activities.

The Government of [Afghanistan]commits itself to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan and the Plan of Action as presented in this document. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The Government of [Afghanistan]acknowledges and accepts the GAVI Alliance Grant Terms and Conditions included in the Application Form for Country Proposals for Measles Supplementary Immunisation Activities.

Please note that this application will not be reviewed or approved by GAVI’s Independent Review Committee (IRC) without the signatures of both the Minister of Health and Minister of Finance or their delegated authority.

|  |  |  |  |
| --- | --- | --- | --- |
| **Minister of Health (or delegated authority)** | | **Minister of Finance (or delegated authority)** | |
| **Name** | DR. SURAYA DALIL | **Name** | MR. HAZRAT OMAR ZAKHELWAL |
| **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** | **Position** | **Telephone** | **Email** |
| Dr. Agha Gul Dost | NIP Manager | + 93 799814812 | [dr\_adost@hotmail.com](mailto:dr_adost@hotmail.com) |
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* 1. National Coordinating Body/ Inter-agency Coordinating Committee for Immunisation

We the members of the Inter-Agency Coordinating Committee for Immunisation (ICC), Health Sector Coordinating Committee (HSCC), or equivalent committee[[2]](#footnote-3), met on this date, **[September ........., 2013]** to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

The endorsed minutes of this meeting are attached as document number: [one]

|  |  |  |
| --- | --- | --- |
| **Name/Title** | **Agency/Organisation** | **Signature** |
| HE Deputy Minister of Public Health | MOPH |  |
| DG of Policy & Planning | MOPH |  |
| DG of Preventive Medicine Department | MOPH |  |
| Representative of MoF | MoF |  |
| National EPI Manager | MOPH |  |
| HSS Coordinator | MOPH |  |
| Representative | USAID |  |
| Representative | WB |  |
| Representative | EC |  |
| Country Representative | WHO |  |
| EPI technical officer | WHO |  |
| Country Representative | UNICEF |  |
| Chairperson | NITAG |  |
| Representative (NGO) | BRAK |  |
| Representative (NGO) | AHDS |  |
| Chief of Health & Nutrition | UNICEF |  |

# 4. Immunisation Programme Data

4.1 Gender and equity

**Q4.1** Please describe any barriers in access to immunisation services that are related to wealth, geography or gender, and actions taken to mitigate these barriers. Discuss how gender issues are being taken into account in the design of social mobilisation and other strategies to increase immunisation coverage. Highlight where these issues are addressed in the plan of action..

Please indicate if sex disaggregated data is collected and used in immunisation routine reporting systems and/or campaigns.

Is the country currently in a situation of fragility (eg. Insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought)? If Yes, please describe how these issues may impact your immunisation programme or campaigns and financing of these activities.

|  |
| --- |
| [Afghanistan, with a per-capita income of less than US$ 500 (2008, WB), is among the least developed countries in the world with an estimated 8-9 million population living in poverty. Only 65% of the entire population lives in the areas where primary public health care services are provided. Around 35% of populations particularly children and women have no access to regular public health care services. Low BPHS coverage, geographical barriers and insecurity are among the factors that have restricted populations’ access especially women and children to immunization services.  In Afghanistan, there are no significant differences in immunization coverage between girls and boys and they have the same likelihood of being immunized. The ratio of girls to boys vaccinated with routine antigens is 49.6%/50.4%. However, we found that differences in coverage favouring boys exist in some small communities. All the immunization recording and reporting materials including measles SIAs and NIDs include both male and female separately.  Gender gaps in Afghanistan are widespread in health and as well as in education and employing opportunities. However, during the past 11 years steps have been taken by Government and civil society organizations to empower women to overcome gender barriers to health care including immunization services. Immunization is an integral part of curriculum for training of midwives, nurses, and community health workers. Around 18000 community midwives and more than 20000 CHWs have been trained during past ten years in the country. Many of the women have access to health education and information through mass media and community health Shuras (counsel). The routine immunization program can benefit of both women and men trained in the past and of those who are under the training and those planned to be trained. Measles SIA is a unique opportunity to increase the knowledge of a huge number of both male and female health workers, volunteers and mothers/caretakers on routine immunization.  Afghanistan is a country in conflict and periodical eruptions of fighting causes population displacement, disruption of health care services and in many instances closing down of health facilities. Insecurity particularly in south, south-east, east and western areas has restricted mothers/caretakers access to and utilization of immunization services.] |

4.2 Immunisation Coverage

Please provide in the table below the reported national annual coverage data for the first dose of measles-containing vaccine (MCV1) from the WHO/UNICEF Joint Reporting Form for the three most recent years.

**Table 4.1**. Reported MCV1 coverage

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trends of reported national MCV1 coverage** | | | |  |
|  | **WHO/UNICEF Joint Reporting Form** | | |  |
| Year | [2010] | [2011] | [2012] |  |
| Total population in the target age cohort | [1,198,817] | [1,227,588] | [1,256,974] |  |
| Number vaccinated | [946,750] | [1,000,611] | [1,067,415] |  |
| MCV1 Coverage (%) | [79%] | [82%] | [85%] |  |
| Wastage rate (%) for MCV1 | [45%] | [43%] | [54%] |  |

**Q4.2**  If a survey assessing MCV1 coverage has been done during the last 3 years, please answer the following questions (please repeat the following questions for each survey). If no survey has been done, please tick this box: □

Survey date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Methodology (DHS/MICS, EPI 30-cluster, LQAS, other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample size: \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of clusters: \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children: \_\_\_\_\_\_\_\_\_\_\_\_\_

MCV1 coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide in the table below reported national (or sub-national if applicable) coverage estimates for the three most recent measles SIAs. Also provide post-campaign survey coverage estimates, if available.

**Table 4.2**. Measles SIA coverage

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Reported** | | |
| Year | 2006 | 2009 | 2012 |
| Target age group | [9-59M] | [9M-35M] | [9M-111M] |
| Total population in the target age group | [4,759,645] | [2,818,502] | [10,002,669 ] |
| Geographic extent (national, subnational) | [National] | [National] | [National] |
| Number vaccinated | [4,945,643] | [2,987,543] | [10,879,507] |
| Measles SIA Coverage (%) | [>100%] [PCA-89%] | [>100%],[ PCA 85%] | [106%t] [PCA-87%] |
| Wastage rate (%) for measles SIA | [29%] % | [23%] | [21%] |

**Q4.3**  If a survey assessing coverage was done after each of the three last measles SIAs, please answer the following questions (please repeat the following questions for each survey). If no survey has been done for the three previous SIAs, please tick this box: □

Survey date: PCA conducted soon after the completion of each phase of measles SIAs (1st phase: 7-12 July 2012 and 2nd phase: 1-6 December 2012)

Methodology (DHS/MICS, EPI 30-cluster, LQAS, other): systematic random cluster sampling

Sample size: 50% of clusters

Number of clusters: 1857

Number of children: 18570

Coverage: 87%

The same method with the same sample size, # of clusters and # of children used for 2006 and 2009 measles SIAs.

4. Targets and Plans for Measles SIAs and Increasing Routine MCV Coverage

**Table 5.1**. Target figures for Measles SIA (Please ensure targets are consistent with Section 7 and the Plan of Action in Section 9) COMPLETE SECOND AND THIRD COLUMNS ONLY FOR PHASED SIAs

|  |  |
| --- | --- |
|  | **Target** |
|  |
| Target age group | 9-59M |
| Total population in the target group (nationally) | 5,498,739 |
| % of population targeted for the SIA | >95% |
| Number to be vaccinated with measles vaccine during the SIA | 5,498,739 |

\*Phased: If a portion of the country is planned (eg. 1/3 of the country each year for 3 years)

**Table 5.2**. Targets for routine MCV coverage over the duration of the Plan of Action (Please ensure targets are consistent with the Plan of Action)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Target** | **Target** | **Target** | **Target** |
|  | **[2013]** | **[2014]** | **[2015]** | **[2016]** |
| Routine MCV1 Coverage | 87% | 90% | 93% | 95% |
| Routine MCV2 Coverage (if applicable) | 65% | 70% | 75% | 80% |

# 4. Financial Support

The objective of GAVI’s assistance for measles SIAs is to strengthen the impact of the comprehensive package of support offered by the GAVI Alliance partners to sustainably prevent measles deaths. The comprehensive support is designed to:

* Strengthen health systems to deliver routine immunisations, including MCV1 (eg. Health Systems Strengthening resources),
* Improve the sustainability of national financing for measles immunisation and other vaccines (eg. Financial commitments from the country; vaccine co-financing)
* Support the routine delivery of the second dose of measles-containing vaccine (MCV2), and
* Reduce morbidity and mortality from rubella through the introduction of measles-rubella (MR) vaccine.

The information in this section including proposed commitments in Sections 6.3 and 6.4 will inform the discussion between the country and GAVI regarding amounts and types of GAVI support.

**6.1 Government financial support for past Measles SIA**

Country should provide information on the total funding, and amount per targeted person, provided by the government for vaccines and for operational costs for at least the last measles SIA. This should be the actual expenses but if not available, the final budget should be referred to. Please also provide information on funding provided by partners.

**Table 6.1.** Share of financing for last measles SIA

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Category** | **Government funding (US$)** | **Partner support (US$)** |
| Vaccines and injection supplies | Total amount | 0 | $4,680,000 |
| Amount (US$)per target person | 0 | 0.39 |
| Operational costs | Total amount | 0 | 7,320,000 |
| Amount (US$)per target person | 0 | 0.61 |

Year of SIA: [2012]

Estimated target population: [**10,002,669]**

Are the amounts provided based on final budget or actual expenses ? : [Final budget]

6.2 Support for past measles routine vaccines

Country should provide information on the budget provided by the government for **routine** measles vaccines and injection supplies for the past 5 years, in total amount and amount per child immunised. Please also provide information on funding provided by partners.

**Table 6.2**. Share of financing for routine measles

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Category** | **Governments funding (US$)** | **Partner support (US$)** |
| 2008 | Total amount | 0 | 870,537.44 |
| Amount per child immunized | 0 | 0.64 |
| 2009 | Total amount | 0 | 891,430.6 |
| Amount per child immunized | 0 | 0.64 |
| 2010 | Total amount | 0 | 911,100.92 |
| Amount per child immunized | 0 | 0.70 |
|  | Total amount | 0 | 932,966.88 |
| 2011 | Amount per child immunized | 0 | 0.73 |
|  | Total amount | 0 | 980,439.72 |
| 2012 | Amount per child immunized | 0 | 0. 76 |

UNICEF has been supporting MOPH in provision of vaccine and injection supplies.

* 1. Proposed support for upcoming Measles SIA

Country should provide information on the proposed total funding commitment, and amount per targeted person, that will be provided by the government for vaccines and supplies, and for operational costs, for the measles SIA for which GAVI support is being requested. If planning a phased SIA with varying contributions, the table may be repeated for each phase. GAVI's support will not be enough to cover the full needs so please indicate in the table below how much and who will be complementing the government funds (refer to the Plan of Action and/or cMYP). GAVI will not replace government funding. Each country is required to contribute towards the costs of immunising its children against measles, using the past government contributions to measles SIAs as the reference point.

**Table 6.3a.** Proposed financing for the upcoming measles SIA for which GAVI support is requested.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Category** | **Country funding (US$)** | **Other donors’ support (US$)** | **GAVI support requested (US$)** |
| Vaccines and injection supplies | Total amount | 0 | 0 | [2,442,502.47] |
| Amount per target person | 0 | 0 | [0.39] |
| Soc mob, IEC cost | 0 | 0 | [265,725] |
| UNICEF admin cost (7%) | 0 | 0 | [189,575.92] |
| Grand total | 0 | 0 | [2,897,803.39] |
| Operational costs | Total amount | 0 | 0 | [3,905,110] |
| Amount per target person | 0 | 0 | [0.76] |
| WHO admin cost (7%) | 0 | 0 | [273,932] |
| Grand total | 0 | 0 | [4,179,042] |

Estimated target population: [**5,498,739**]

Note: UNICEF will provide U$300,000 to partially cover the cost of vaccine.

Please provide additional details below on operational costs summarised in Table 6.3a.

**Table 6.3b.** Amount (and financing) for the upcoming measles SIA operational costs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost Category** | **Total projected cost ($US)** | **Government funds (US$)** | **Partner funds (US$)** | **GAVI operational funds (US$)** |
| Training | **764,596** | 0 | 0 | **764,596** |
| Social Mobilization, IEC and advocacy | **161,492** | 0 | 0 | **161,492** |
| Cold Chain Equipment & Maintenance | **106,925** | 0 | 0 | **106,925** |
| Vehicles and Transportation | **796,180** | 0 | 0 | **796,180** |
| Programme Management | **21,794** | 0 | 0 | **21,794** |
| Surveillance and Monitoring | **74,025** | 0 | 0 | **74,025** |
| Human Resources | **1,069,250** | 0 | 0 | **1,069,250** |
| Waste Management | **27,965** | 0 | 0 | **27,965** |
| Technical Assistance | **20,751** | 0 | 0 | **20,751** |
| Planning | **187,530** | 0 | 0 | **187,530** |
| Volunteer incentives | **424,081** | 0 | 0 | **424,081** |
| Supplies and materials | **56,100** | 0 | 0 | **56,100** |
| Post- SIA coverage survey | **142,786** | 0 | 0 | **142,786 including transport cost** |
| Routine Immunisation strengthening | **51,635** | 0 | 0 | **51,635** |
| Other (please specify) | **0** | 0 | 0 | **0** |
| **Sub-total** |  |  |  | **3,905,110** |
| **WHO Admin Cost** |  |  |  | **273,932** |
| **Total** | **4,179,042** |  |  | **4,179,042** |

Note: Although at this point in time it is not possible to estimate government’s and other donors’ contribution, but the expected fund from government, donors and partners for proposed measles SIAs will be communicated once fund mobilized.

Please note that a budget which includes unit costs per activity will be required together with the application form. The detailed budget will be required by GAVI Secretariat before disbursement of operational cost funds.

Note: The estimated unit cost per activity is as follow:

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Unit/**  **Quantity** | **Unit cost in US$** | **Total cost**  **in US$** |
| **Training** | **30,246 staff** | **25** | **764,596** |
| **Social Mobilization, IEC and advocacy** | **34 provinces** | **4750** | **161,492** |
| **Cold Chain Equipment & Maintenance** | **329 districts** | **325** | **106,925** |
| **Vehicles and Transportation** | **2749 vehicles** | **289.6** | **796,180** |
| **Program Management** | **34 provinces** | **641** | **21,794** |
| **Surveillance and Monitoring** | **329 districts** | **225** | **74,025** |
| **Human Resources** | **21079 staff** | **50.7** | **1,069,250** |
| **Waste Management** | **329 district** | **85** | **27,965** |
| **Technical Assistance** | **1** | **20,751** | **20,751** |
| **Planning** | **329 districts** | **570** | **187,530** |
| **Volunteer incentives** | **9167 volunteers** | **46.2** | **424,081** |
| **Supplies and materials** | **34 provinces** | **1650** | **56,100** |
| **Post- SIA coverage survey** | **458 surveyors** | **312** | **142,786 including transport cost** |
| **Routine Immunization strengthening** | **84 districts** | **615** | **51,635** |
| **Other (please specify)** |  | **0** | **0** |
| **Sub-total** |  | **0** | **3,905,110** |
| **WHO Admin Cost** |  | **0** | **$273,932** |
| **Total operation cost** |  | **0** | **4,179,042** |

6.1 Financial support for activities to strengthen routine measles and immunisation coverage in the Plan of Action

**Q6** Please describe the amount, use, and timeframe over which the government will financially contribute to strengthening routine measles and immunisation, considering the objectives of the available support from GAVI and costs of the proposed Plan of Action.

# 5. Procurement

Measles vaccines and supplies supported by GAVI shall be procured through UNICEF.

Using the estimated total for the target population, please describe the estimated supplies needed for the measles SIA in the table below. If the SIA is phased, please repeat the table and provide the estimated supplies needed for each phase. Please ensure estimates are consistent with Tables 5.1 and 6.3a.

**Table 7.** Procurement information by funding source

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Proportion from government funds** | **Proportion from partner funds** | **Proportion from GAVI funds** |
| **Required date for vaccines and supplies to arrive** | [January 2015] |  |  |  |
| **SIA Date** | [Phase1: 3rd – 4th Week of Feb 2015.  Phase2: 1st - 2nd Week of May, 2015  Phase3: 3rd – 4th Week of July, 2015] |  |  |  |
| **Number of target population** | 5,498,739\* |  |  |  |
| **Wastage rate\*** | [29%]\*\* |  |  |  |
| **Total number of vaccine doses** | [6,323,550] | 0 | 0 | [100%] |
| **Number of syringes** | [6,048,613] | 0 | 0 | [100%] |
| **Number of reconstitution syringes** | [604,861] | 0 | 0 | [100%] |
| **Number of safety boxes** | [66,535] | 0 | 0 | [100%] |

\*Please note that maximum vaccine wastage rate allowed for GAVI support will be 10% calculated based on the number of target population. Also please note that campaigns do not require buffer stock.

Note: \*The proposed nation-wide measles SIAs will target children 9-59M and due the factors indicated in part 2 (Executive Summary) and implementation of high quality campaign, it is proposed to conduct the SIAs in three phases covering all eligible children in 9 provinces in February, 13 provinces in May and 12 provinces in July 2015. The total estimated number of children that will be targeted during the phases: 1st phase-1503672, 2nd phase -2,036,111, and 3rd phase-1958956. The national cold storage capacity is enough to accommodate all routine vaccines, vaccine for NIDs and measles SIAs for at least six month. Therefore the required quantity of vaccine for measles SIAs as well as injection equipment can be transported in a single shipment.

\*\* The actual vaccine wastage at service delivery levels is higher (about 30%) than it was reported in the past SIAs. It is because of inaccurate denominator and shortage of vaccine during the last SIAs; inaccurate recording and reporting; knowledge, skills and experiences of health workers, vaccine sensitivity to heath, vaccine potency reduction after mixing with solvent; scattered population/villages, geographical constraints; difficulty in transportation, using animals or walking of the teams from one village to another; different weather conditions;; etc. Therefore, the wastage rate of 29% is considered for the proposed measles SIAs. The gap of 19% of the total estimated wastage (1,833,829 doses) can be compensated by UNICEF/GAVI or from the routine buffer stock.

# Fiduciary Management Arrangement Data

**Q8.** Please indicate whether funds for operational costs as requested in Section 6 should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that WHO and/or UNICEF may require administrative fees of approximately 7% which would need to be covered by the operational funds.

|  |
| --- |
| [The GAVI Secretariat is requested to transfer the total operation cost except for social mobilization, IEC and advocacy to World Health Organization (WHO). As indicated in table 6.3b, the portion of operation cost for social mobilization, IEC and advocacy is requested to be transferred to UNICEF.] |

Please provide all of the data in table below. It may be submitted as a separate file if preferred.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Information to be provided by the recipient organization/country** | | | | |
| 1. Name and contact information of the recipient organization(s) | * Recipient of the fund for vaccine and injection supplies will be UNICEF Supply Division * Recipient of operational cost for “Social mobilization, IEC and advocacy” will be UNICEF country office through UNICEF’s institutional arrangements. * Recipient of the total amount of operational cost except for social mobilization, IEC and advocacy will be WHO Country Office through WHO’s institutional arrangements | | | |
| 2. Experiences of the recipient organization with GAVI, World Bank, WHO, UNICEF, GFATM or other donors-financed operations (e.g. receipt of previous grants) | **Yes or No?**  **If YES,** please state the name of the grant, years and grant amount:  and provide the following:  **for completed Grants:**   * What are the main conclusions with regard to use of funds?   **for on-going Grants:**   * Most recent financial management (FM) and procurement performance rating? * Financial management (FM) and procurement implementation issues? | | | |
| 3. Amount of the proposed grant (US Dollars) | * UNICEF SD: US$2,442,502.47(vaccine/injection supplies including 10% freight cost) * UNICEF CO: US$265,725 (cost for social mobilization, IEC and advocacy) * UNICEF admin cost (7%):$189,575.92 * Total fund to be transferred to UNICEF: $2,897,803.39 * WHO CO: 3,905,110US$(operation cost) * WHO Admin cost (7%) : $273,932 * Total fund to be transferred to WHO: 4,179,042 * Gran total: $7,076,842 | | | |
| ***4. Information about financial management (FM) arrangements for Measles SIA:*** | | |  | |
| * Will the resources be managed through the government standard expenditure procedures channel? |  | | | |
| * Does the recipient organization have an FM or Operating Manual that describes the internal control system and FM operational procedures? |  | | | |
| * What is the budgeting process? |  | | | |
| * What accounting system is used or to be used, including whether it is a computerized accounting system or a manual accounting system? |  | | | |
| * What is the staffing arrangement of the organization in accounting, auditing, and reporting? |  | | | |
| * What is the bank arrangement? Provide details of the bank account opened at the Central Bank or in a commercial bank and the list of authorized signatories include titles |  | | | |
| * What are the basic flows of funds arrangements in place or to be used to ensure timely disbursement of funds to Implementing Entities and to beneficiaries? |  | | | |
| * Does the implementing entity keep adequate records of financial transactions, including funds received and paid, and of the balances of funds held? |  | | | |
| * How often does the implementing entity produce interim financial reports? |  | | | |
| * Are the annual financial statements audited by an external audit firm or Government audit institution (e.g. Auditor General Department…)? |  | | | |
| ***5. Information about procurement management arrangements for vaccines and devices, other materials and services for the proposed Measles SIA:*** | | | |  |
| * What procurement system(s) is used or will be used for the Measles SIA? | | * Procurement of vaccine and injection supplies will be done through UNICEF Supply Division. * Procurement of operational logistics for Measles SIAs will be done through WHO and UNICEF’s procurement units following their own procedures. | | |
| * Does the recipient organization have a procurement plan or a procurement plan will be prepared for the Measles SIA? | |  | | |
| * Is there a functioning complaint mechanism? | |  | | |
| * What is the staffing arrangement of the organization in procurement? Does the implementing entity have an experienced procurement specialist on its staff? | |  | | |
| * Are there procedures to inspect for quality control of goods, works, or services delivered? | |  | | |

# List of mandatory documents

* 1. Completed application form, signed by the ICC, or equivalent, and signed by the MoH and MoF or their delegates. Submission of the signed application is considered a commitment of the country’s readiness and financial support for the activities to strengthen measles coverage and implement the SIA.
  2. Minutes of the ICC or equivalent, endorsing the proposal
  3. Current cMYP
  4. Detailed plan of action and budget for the measles SIA and MCV1 strengthening activities, for example based upon the WHO Measles Planning and Implementation Field Guide, including specific activities:
     + To implement the SIA
     + That will be undertaken as part of the planning and implementation of the measles SIA that will strengthen routine immunisation capacity and service delivery
     + To assess through the a reliable and independent survey the coverage achieved through the SIA
     + To evaluate the implementation of the routine strengthening activities done during the SIA
     + If the campaign is planned to cover a portion of the country each year (Phased), the PoA should cover the period until the entire national cohort has been vaccinated.
  5. EVM assessment report and the Improvement Plan based on EVM and progress report on the Improvement Plan
  6. National measles elimination plan, if available
  7. Document supporting the number of target population OR ICC endorsement of number of target population
  8. Banking form, if applicable

1. For more information on vaccines : [http://www.who.int/immunization standards/ vaccine quality/PQ vaccine list en/en/index.html](http://www.who.int/immunization%20standards/%20vaccine%20quality/PQ%20vaccine%20list%20en/en/index.html)

   **Note : The IRC may review previous applications to GAVI**. [↑](#footnote-ref-2)
2. Inter-agency Coordinating Committee or Health Sector Coordinating Committee, or equivalent committee which has the authority to endorse this application in the country in question [↑](#footnote-ref-3)