Application Form for Country Proposals

Measles / Measles-Rubella Follow up campaign

Submitted by
The Government of Cambodia

Date of submission: 9 September 2016

Deadline for submission: 9 September 2016

Please submit the Proposal using the form provided.

Enquiries to: proposals@gavi.orgor 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 partners and the general public.

Gavi

GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the Gavi, as requested. The Gavi 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 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 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 in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE Gavi TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the Gavi Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

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

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the Gavi. 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 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 will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

Table of Contents

1. Application Specification

Please check [X] the vaccine to be used:[1]
[ ]Measles, 10 doses/vial, lyophilised
[X]Measles Rubella, 10 doses/vial, lyophilised

Q1. Please specify the timing (week/month and year) of the planned follow up campaign.

The Ministry of Health is planning to conduct the proposed MR follow-up campaign in the month of October 2017. As part of this assistance the Ministry of Health is requesting Gavi, the Vaccine Alliance to support for the procurement of MR vaccine and supplies sufficient to vaccinate all children from 9 - 59 months of age and to support for operational cost.

2. Executive Summary

Globally, measles mortality has decreased remarkably, but efforts for measles and rubella control have also shown challenges. While the routine measles first dose (MCV1) coverage has increased globally from 73% in 2000 to 83% in 2009, this coverage has stalled and remained at 77-78% since 2010 in Gavi 73 countries. Other challenges include financial and programmatic sustainability for countries, determination of the target age group and ensuring high quality of campaigns. There are also concerns around campaigns being costly, detracting resources away from routine immunisation activities and possibly creating perverse monetary incentives. Measles activities are also being planned in isolation from other immunisation interventions with inadequate planning, budgeting and implementation processes.

A comprehensive approach is essential to bringing about lasting reductions in measles and rubella morbidity and mortality. Uniformly high and timely routine immunisation coverage in every country, every year is the cornerstone for achieving continuously high levels of population immunity.

In this regard, Gavi's Board in December 2015 endorsed Gavi's new measles and rubella strategy, whose aim is to provide a single coherent approach to measles and rubella, primarily at increasing routine immunisation coverage, putting a strong focus on measles-rubella control. Routine immunisation will be complemented, as needed, by higher-quality, better-planned, more targeted and independently monitored campaigns.

The strategy supports a more comprehensive approach to measles and rubella, over a longer time period. Rather than offering support to campaigns and routine immunisation as separately planned, budgeted and implemented activities, Gavi is supporting countries to plan and deliver a coherent, integrated set of measles and rubella disease control activities. Countries will now be required to self-finance the first dose of measles vaccine in their national immunisation programme, and have a long term budgeted plan for measles and rubella activities, to ensure financial and programmatic sustainability.

Preventive vaccination campaigns and the introduction of new vaccines such as MR vaccine can be used as strategic opportunities to improve routine immunisation, for example by supporting micro-

[1]For more information on vaccines :
http://www.who.int/immunization_standards/vaccine_quality/PQ_vaccine_list_en/en/

Note: The IRC may review previous applications to Gavi.

planning to identify underserved populations. These opportunities need to be aligned with countries' expressed needs and priorities for routine immunisation to ensure that they address recognised gaps or problems. It is therefore recommended that as countries develop their applications for measles and rubella support, they coordinate and align such requests with their applications for HSS support. Joint Appraisals and reviews of support should be used to ensure such linkages. This will help harmonise measles and rubella and HSS inputs, avoid possible redundancies and help maximise the effect of measles and rubella activities on strengthening the overall immunisation programme.

Gavi will support periodic ***measles follow-up campaigns*** at national or sub-national levels, for Gavi-eligible countries which have not yet introduced MR, with a focus on children up to 5 years of age; noting that the timing, target age range, and geographical scope should be based on epidemiological data, and modelling wherever possible.

For Gavi-eligible countries which ***have*** introduced MR, support is available for periodic ***MR follow-up campaigns***, again noting that the timing, target age range, and geographical scope should be based on epidemiological data, and modelling if available.

Q2. Please provide an executive summary that clearly states the target age, geographic extent or phasing, and time period of the planned campaign. 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 to be done during campaign preparations or operations that will strengthen the routine immunisation programme as described in the Application Guidelines.

Following the success of polio-free status in 2000, Cambodia turned its attention to reduce the burden of measles, maternal and neonatal tetanus, primarily through expanding the reach of routine immunization services and conducting campaign. Cambodia conducted successful measles SIAs in phases from 2001-2004, and only in high risk communities in 2005.
In 2006, the Ministry of Health set a national goal of measles and MNT elimination by 2012 and developed measles elimination strategies. Following the set goal, Cambodia conducted measles SIAs in 2007 and 2011 covering 9-59 months children and introduced 2nd dose of measles vaccine at 18 months of age in 2012.

As part of elimination strategy, to rapidly reach a large cohort of susceptible population and to cease the circulation of measles virus, Government of Cambodia introduced MR vaccine to National immunization programme following the successful implementation of MR SIA in 2013 covering 9 months to under 15 years children and reached 105% coverage. MR1 vaccine is offered to children at 9 months of age as routine schedule and MR2 is also offered to children at 18 months replacing measles 2nd dose.

Cambodia introduced measles surveillance in 1998. Rubella surveillance is integrated into the existing measles surveillance system in 2012 which is performing well, and with the assistance of WHO, established a congenital rubella syndrome (CRS) surveillance sentinel sites in 2011. Over the period of time surveillance system improved and has achieved recommended performance indicators in 2015. Consequently, the surveillance data showed that the incidence of measles became significantly low and there was no measles outbreak after 2011. Cambodia has a strong active measles surveillance system which will help to monitor the progress after the campaign.

As a result of increased routine immunization coverage and intensified Measles SIA in 2011 and Measles-rubella (MR) SIA in 2013, Cambodia has not reported any laboratory confirmed measles case since November 2011. Therefore, Cambodia was verified by the Regional Verification Commission

for Measles Elimination in the Western Pacific in March 2015 to have achieved measles elimination, noting that endemic measles virus transmission had been interrupted and the interruption had been sustained since November 2011 to March 2015.

Almost after one year of the verification on measles elimination status, two laboratory confirmed measles cases were reported from Koung Pisey operational district of Kg Speu province and Bati operation district of Takeo province in January 2016. Subsequently, another 13 laboratory confirmed measles cases were reported till 25 August 2016. The laboratory confirmed 15 measles and 2 rubella cases has been identified from six different provinces and these cases are belong to 11 districts. Age distribution of the cases reported from laboratory confirmed measles cases have shown that all the cases were among under 5 year old children. The age distribution of 2 laboratory confirmed rubella cases in 2015 were also under 5 year of age. The surveillance data of 2016 (till August) indicates that both measles and rubella viruses are circulating in Cambodia. The genotyping of the measles cases showed that all the measles viruses are imported and type B3.

After MR SIA in 2013, the number of Rubella cases and CRS cases radically decreased. Last three years surveillance data revealed that 109 laboratory confirmed rubella cases reported in 2013, 29 cases in 2014 and 18 cases reported in 2015. At the same time, 3 laboratory confirmed CRS reported in 2013 and 2 in 2014. Both the measles/rubella surveillance and CRS sentinel surveillance confirms the burden of rubella for the population.

Measles and rubella usually occurs in a seasonal pattern, with epidemics occurring every 3-4 years. The routine measles containing vaccine 1st dose (MCV1) coverage was 93% in 2013, 94% in 2014 and 95% in 2015 whereas measles containing vaccine 2nd dose (MCV2) coverage was 66% in 2013 and 73 in 2014 and 72% in 2015 which needs to be increased to 95% (Annex 1). The latest Cambodia demographic health survey (CDHS) in 2014 revealed that the measles vaccination coverage is 79% nationally. CDHS also showed that the measles coverage in 8 provinces is as low as from 56% to 75% and in 7 provinces from 80% to < 90 %, only two provinces attained 91% and 93% respectively.

On the other hand, the last MR SIA was conducted in 2013. Therefore, a large number of unvaccinated and vulnerable children accumulated in the country for getting measles and are potential for transmission of the current measles outbreaks. The causes of the outbreak may be due to low MR immunization coverage, frequent movement of internal population, international border with measles endemic countries and huge movement of tourists.

The total population of the country as per population census 2008 and projected population for 2017 are 15,848,495. Based on the age distribution of laboratory confirmed measles and rubella cases, the target age group for the MR follow-up campaign has been fixed from 9 -59 months age children. The estimated target children for the campaign are 1,613,925 *(*Annex-2. *source: Population census 2008 published in 2011).*

The epidemiological linked and geographical distribution of the measles cases showed that 15 measles cases are reported from six provinces and belongs to 11 districts and the cases had travel history in different provinces. In outbreak setting, during active case search in the community and review of hospital patient's register revealed that suspected measles cases may have been missed for reporting. Considering the facts and findings, and taking into the account of reported laboratory confirmed measles cases as a serious event, the Ministry of Health is planning to conduct MR follow-up campaign in October 2017 to cease both measles and rubella virus transmission and to sustain measles elimination and achieve rubella elimination.

In Cambodia, generally, transmission is enhanced in the monsoon with more humid climatic conditions. The best time to schedule a measles-rubella campaign is during seasons of low transmission, as determined by epidemiological data, which will also take into account the end of the wet season in Cambodia and when access to remote communities is easier. Therefore, NIP has planned to conduct MR follow-up campaign in October 2017. The campaign **will be conducted nationwide to vaccinate all target children** in two phases. In first phase, 12 provinces (45 operational districts will be covered from 1-15 October and in second phase another13 provinces (48 operational districts)

will be covered from 16-31 October 2017. This will also allow sufficient time for the confirmation of Gavi support, arrival and distribution of vaccines and supplies, availability of all related campaign materials, appropriate planning, training and social mobilization activities in communities.

The campaign will supplement and complement the routine immunization effort to achieve and maintain high population immunity against measles and rubella among the susceptible children. The objective of the campaign is to achieve at least 95% coverage by rapidly reaching a large cohort of the most susceptible population to develop high population immunity against measles and rubella and to rapidly stop the transmission of measles and rubella virus.

In addition, recent JE campaign demonstrated that country has appropriate capacities to safely store and distribute MR vaccine for the proposed campaign.

The Ministry of Health is requesting Gavi to support for the procurement of bundled MR vaccine and supplies sufficient to vaccinate an estimated target population of 1,613,925 children and with 10% wastage rate of vaccine, the total number of vaccine doses will be 1,791,500. The government also requests Gavi to support for 1,049,051.00 USD to cover SIA operational costs. Following the MR follow-up campaign, the Ministry of Health is committed to submit SIA Technical and financial report.

The preparatory activities will be based on the experience of previous measles/MR SIAs and recent JE SIA in 2016. Following would be the key preparatory activities.

1) Co-ordination and monitoring
2) Development of national planning and implementation guide on MR Follow-up campaign
3) Development of training materials, IEC materials and record keeping & reporting forms
4) Training of field workers and supervisors
5) Development of Micro-plan
6) Advocacy, communication, social mobilization and planning meetings at national and from province to community level
7) Immunization supply chain management
8) Vaccine and logistics procurement and management
9) Human resource management
10) Campaign supervision and monitoring
11) AEFI reporting system and management
12) Injection safety/Waste management

Along with above, commitment from the Government and partner agencies will be secured before campaign. National level will closely monitor the coverage by Operational districts and health centers in daily basis during campaign.

Above activities will also support in refreshing knowledge of health care workers at all levels and strengthen the system in many areas of routine immunization program.

3. Signatures of the Government and National Coordinating Body

3.1 The Government

The Government of Cambodia would like to expand the existing partnership with the Gavi 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/measles-rubella vaccine (lyophilised, 10doses/vial) for supplementary immunisation activities.

The Government of Cambodia 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 and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The Government of Cambodia acknowledges and accepts the Gavi Grant Terms and Conditions included in the Application Form for Country Proposals for Measles / Measles-Rubella Follow up campaigns.

Please note that this application will not be reviewed or approved by Gavi'sIndependent 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)		**Senior Minister, Minister of Economy and Finance (or delegated authority)**	
Name		**Name**	
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**
Mr. Ork Vichit	**NIP Manager**	**+855 012830548**	**orkvichit@yahoo.com**
[Insert additional rows as necessary]			

3.2 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], met on this date, **[8 September 2016]** 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: [As minutes usually being release one month after, once available, will be shared to Gavi secretariat]

Name/Title	Agency/Organisation	Signature
H.E. Prof. Eng Huot	Secretary of State for Health, Ministry of Health and Chair of TWG-H	
Dr. Liu Yunguo	WHO Representative in Cambodia and Co-chair of TWG-H	

4. Immunisation Programme Data

4.1 Gender and equity

Q4.1 Please describe any barriers to access, utilisation and delivery of immunisation services at district level (or equivalent) that are related to geographic, socio-economic and/or gender equity. Please describe actions taken to mitigate these barriers and highlight where these issues are addressed in the Plan of Action.
Discuss how equity issues (geographic, socio-economic and/or gender) are being taken into account in the design of social mobilisation and other strategies to increase immunisation coverage.
Please describe what national surveys take place routinely in country to assess gender and equity related barriers.
Please indicate if sex disaggregated data is collected and used in immunisation routine reporting systems and/or campaigns.
If available, please provide additional information and documents on subnational coverage data, e.g. comparing urban/rural districts or districts with highest/lowest coverage, etc. Highlight where these issues are addressed in the plan of action.
Is the country currently in a situation of fragility (e.g. insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought or others)? If yes, please describe how these issues may impact your immunisation programme, planning for campaigns and financing of these activities and how the government plans to overcome this situation to reach a high coverage.

Very strong progress has been made in reducing child deaths in Cambodia. The infant mortality rate is 28 per 1,000 live births, a major reduction from 95/1,000 in 2000. The childhood vaccination is one of the major contributors in reducing the infant and child mortality rate in Cambodia.

[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

However, geographic, socio-economic and ethnic disparities remain a problem for achieving high vaccination coverage in routine program. During vaccine campaign, well plan are made and resources made available to cover all targeted children.
Populations with low immunization coverage in some provinces live in remote locations or unregistered villages, hard-to-reach households and belong to ethnic minority groups or belong to transient groups, often in urban locations with low literacy and education levels. There were large differences of children being fully vaccinated between provinces from a low of 44% to 91%. The rate of fully vaccinated children born to mothers in the highest wealth quintile was 91%, but only 61% among those in the lowest quintile. Addressing these disparities of location, education and wealth, NIP has started to implement outreach services as part of high risk community's strategies.

In DHS 2014, 73% of children aged 12-23 months of age were fully vaccinated by basic vaccines. There were differences in the coverage, BCG and Polio1 vaccination coverage was as high at 96% and 94% respectively, whereas measles vaccination coverage was 79%. Sex disaggregated data is not used in routine immunization reporting system; however this data is available in DHS report. There was an insignificant difference between fully vaccinated coverage for girls and boys (73% and 74% respectively) but the rural-urban difference was high, with 86% of urban children being fully immunized but only 71% in rural areas. The Ministry of Health is committed to improving equity of access to all health services and achieving this in the immunization program will be a vital factor in maintaining progress in maternal and child health.

The planned MR follow-up campaign will further strengthen efforts to improve coverage and equitable access through comprehensive micro-planning. Health staff at all levels will use their experience from previous SIAs in mapping these populations and mobilizing them to reach in campaign. Health staff will also use community education activities including use of health volunteers "Village Health Support Group (VHSG)" to reach these children. In other areas, where Khmer is not well understood, information materials containing explanations in local languages/dialects will be prepared and printed to make sure the messages reach the hard to reach and ethnic minorities. Operational district and health center staff will analyze coverage data by village or urban community daily to identify children that are usually missed for vaccination.

4.2 Immunisation Coverage

Please provide in the table below the reported national annual coverage data for the first and second dose of measles-containing vaccine (MCV1 and MCV2) from the WHO/UNICEF Joint Reporting Form for the three most recent years.

Table 4.1. Reported MCV coverage

WHO/UNICEF Joint Reporting Form						
	Trends of reported national MCV1 coverage			**Trends of reported national MCV2 coverage (if applicable)**		
Year	2013	2014	2015	2013	2014	2015
Total population in the target age cohort	354,614	350,145	344,014	354,614	350,145	344,014
Number vaccinated	320,013	327,777	327152	225,087	255079	246,294
MCV Coverage (%)	90	95	95	63	74	72

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: 2014
Methodology: Demographic Health Survey (DHS)
Sample size: 16,356 households
Number of clusters: 19 study domains
Number of children: 1460 children, age 12-23 months (Male 750 and Female 710)
MCV1 coverage: 79% (Male 79% and Female 78%; urban 91% and rural 77%)

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

Table 4.2. Measles / MR campaign coverage

	Reported		
Vaccine (M or MR)	MR SIA with JE SIA	MR SIA	Measles SIA
Year	2016	2013	2011
Target age group	9-59 months	9 months to <15 years	9 to 59 months
Total population in the target age group	840,027	4,345,3832	1,432,586
Geographic extent (national, subnational)	11 Provinces (In response to measles outbreak)	National	National
Number vaccinated	766,743	4,576,633	1,504,216
Campaign Coverage (%)	91%	105%	105%
Wastage rate (%) for measles / MR campaign	10%	10%	10%

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

Survey date:
Methodology (DHS/MICS, EPI 30-cluster, LQAS, other): _____
Sample size: _____
Number of clusters: _____
Number of children: _____
Coverage: _____

5. Targets and Plans for Measles / MR campaign and Increasing Routine MCV Coverage

Table 5.1.Target figures for measles / MR campaign (Please ensure targets are consistent with Section 7 and the Plan of Action in Section 9) COMPLETE SECOND AND THIRD COLUMNS ONLY FOR PHASED CAMPAIGNS.

	Target	Target (if applicable, for phased* campaign)	Target (if applicable, for phased* campaign)
	October 2017		
Target age group	9-59 months		
Total population in the target group (nationally)	1,613,925		
% of population targeted for the campaign	10.2%		
Number to be vaccinated with measles / MR vaccine during the campaign	1,613,925		

*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 cMYP (Please ensure targets are consistent with the cMYP)

	Target	Target	Target	Target
	2016	2017	2018	2019
Routine MCV1 Coverage	95%	95%	95%	95%
Routine MCV2 Coverage (if applicable)	95%	95%	95%	95%

6. Financial Support

6.1 Government financial support for past Measles / MR campaigns

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 / MR campaign. 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 / MR campaign

Item	Category	Government funding (US$)	Partner support (US$)
Vaccines and injection supplies	Total amount	0	US$ 4,318,144
	Amount (US$)per target person	0	
Operational costs	Total amount	0	US$ 3,219,582
	Amount (US$)per target person		US$ 0.65

Year of campaign: 2013
Estimated target population: 4,345,392
Are the amounts provided based on final budget or actual expenses? : Final budget

6.2 Government support for past Measles / MR routine vaccines

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. If the country has not yet started to finance MCV1 from government funds, the country will be given until 2018 at which time the country must self-fund MCV1 in order to continue to receive support from Gavi for measles and rubella activities. The country's commitment to fully finance the doses of MCV1 required for 2018 can be demonstrated by a decision recorded in the ICC minutes and a signed letter from the Minister of Health and the Minister of Finance.

Please provide information on the budget provided by the government for **routine** measles / MR vaccines and injection supplies for the past 3 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$)	Partner support (US$)
2013	Total amount	366,800.00	322,575.00
	Amount per child immunized	1.63	1.43
2014	Total amount	880,000.00	139,986.00
	Amount per child immunized	3.45	0.55
2015	Total amount	440,000.00	0
	Amount per child immunized	1.79	0

6.3 Proposed support for upcoming Measles / MR campaign

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 / MR campaign for which Gavi support is being requested. If planning a phased campaign 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 / MR campaigns as the reference point.

Table 6.3a. Proposed financing for the upcoming measles / MR follow up campaign for which Gavi support is requested.

Item	Category	Country funding (US$)	Other donors' support (US$)	Gavi support requested (US$)
Vaccines and injection supplies *	Total amount	0	0	Fully funded by Gavi
	Amount per target person	0	0	
Operational costs **	Total amount	0	0	US$ 1049051.25
	Amount per target person	0	0	US$ 0.65

Estimated target population: 1,613,925

* In order to strengthen country ownership, a cost sharing requirement will be introduced for periodic measles and MR follow-up campaigns planned ***for implementation in 2018 onwards***, per Gavi's updated Co-Financing Policy. This cost-sharing will not come into effect for follow-up campaigns planned for implementation in 2017. If the campaign is implemented in 2018 onwards, low-income countries will be expected to co-finance 2%, and transitioning (Phase 1 and Phase 2) countries will be expected to co-finance 5% of the costs of vaccines used in such campaigns.

**If the campaign is implemented in 2017, Gavi provides a grant to cover US$0.65 per targeted person. For campaign applications submitted from January 2017 onwards and for all campaigns planned for implementation in 2018 onwards, the grant will be adjusted according to the transition stage of the country. Countries in preparatory transition phase (Phase 1) will be provided with $0.55 per targeted person, and countries which have entered accelerated transition phase (Phase 2) $0.45 per targeted person. For low income countries, the amount will remain at $0.65 per targeted person.

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

Table 6.3b. Amount (and financing) for the upcoming MR campaign operational costs

			Government support	Partners' support*		Existing GAVI HSS funding	Requested GAVI VIG
	Cost Category	TOTAL COST US$	Amount US$	Name	Amount US$	Amount US$	Amount requested US$
1	Program management and coordination	-	-		-		-
2	Planning and preparations	49,800	-		-		49,800
3	Social mobilization, IEC and advocacy	30,750	-	WHO	10,000		20,750
4	Other training and meetings	131,200	-		-		131,200
5	Document production	228,250	-		-		228,250
6	Human resources, incentives and transportation for staff	387,655	-		-		387,655
7	Cold chain equipment	5,000	-		-		5,000
8	Receiving vaccine and transportation of vaccine to sites	35,120	-		-		35,120
9	Immunisation session supplies	98,500	-		-		98,500
10	Waste management	6,375	-		-		6,375
11	Surveillance and monitoring	2,902	-		-		2,902
12	Evaluation	35,000	-		-		35,000
13	Technical assistance	50,000	-	WHO	50,000		-
14	Data management	-	-		-		-
15	Other: Mop up campaign, AEFI case	48,500	-		-		48,500
	Total	**1,109,052**			**60,000**		1,049,052

Please note that , in order to obtain operational cost grant**, as part of the application, countries are required to define the activities they plan to conduct, together with a preliminary budget detailing the full non-vaccine costs (in line with the plan of action using relevant templates) and activities for which the grant will be used.** A budget template to support this requirement is available in the online application material. For activities not covered by the grant, countries should indicate a budget and an alternate funding source.

Any revisions made to the budget after the approval must be provided to Gavi Secretariat (to the Senior Country Manager). For campaigns, the revised budget after microplanning should be submitted. Revised budgets will be the basis on which financial reporting will have to be made and should be accompanied by a document describing and justifying any significant (>20%) changes between any category of expense.

For campaigns, the budgets can be prepared using standard parameters and the target population, supplemented with budget decisions based on experience with earlier campaigns.
It is mandatory for countries to report on the use of grants in their annual reporting to Gavi. All cash grants will be subject to fiduciary oversight measures as outlined in Gavi's TAP.

Note that the grant or operational cost support cannot be used to fund co-financing obligations or purchase vaccines. If there is a subsequent change in the size of a target population in a country, the grant amount will not be recalculated.

7. Procurement

Measles / MR vaccines and supplies supported by Gavi shall be procured through UNICEF unless requested otherwise by the country.

Using the estimated total for the target population, please describe the estimated supplies needed for the measles / MR campaign in the table below. If the campaign 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	1 September 2017			
Estimated campaign date	1-31 October 2017			
Number of target population	1,613, 925			
Wastage rate*	[10%]			
Total number of vaccine doses	[1,791,457]	[0]	[0]	[Fully funded by Gavi]
Number of syringes	[1,791,457]	[0]	[0]	[Fully funded by Gavi]

Number of reconstitution syringes	[1,98,852]	[0]	[0]	[Fully funded by Gavi]
Number of safety boxes	[22,092]	[0]	[0]	[Fully funded by Gavi]

*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.

8. 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.

[After discussion in a meeting with government, WHO and UNICEF, decision has been taken to transfer fund for operational cost to the government account. WHO and UNICEF will provide technical support for smooth expenditure of the fund.

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)	Prof Tung Rathavy Director, National Maternal and Child Health (NMCH) Center, Ministry of Health.
2. Experiences of the recipient organization with Gavi, World Bank, WHO, UNICEF, the Global Fund or other donors-financed operations (e.g. receipt of previous grants)	**Yes** **If YES,** please state the name of the grant, years and grant amount: Gavi HSS grant 2016-2020 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: FMA was done earlier with the Department of Budget and Finance of MOH who handles the account of Gavi related activities. But due to change of flow of funding, now NMCH will be handling the Gavi HSS grant and other Gavi funds and PCA was scheduled in September • Financial management (FM) and procurement implementation issues? NA
3. Amount of the proposed grant (US Dollars)	1,049,051 US Dollar

4. Information about financial management (FM) arrangements for Measles / MR campaign:	
• Will the resources be managed through the government standard expenditure procedures channel?	Yes, government standard expenditure procedures channel will be followed
• Does the recipient organization have an FM or Operating Manual that describes the internal control system and FM operational procedures?	Yes
• What is the budgeting process?	Ministry of health has establish process of budgeting and will follow accordingly
• What accounting system is used or to be used, including whether it is a computerized accounting system or a manual accounting system?	Both computerized and manual systems are exists together.
• What is the staffing arrangement of the organization in accounting, auditing, and reporting?	NMCH has well-established internal accounting section and experienced staffs who also handles many other partners/donor funds such as WHO, UNICEF, UNFPA, JICA, etc. The existing staff of accounting section o will look after the gavi supported fund management, Country has internal auditing procedures and for Gavi there is always external consulting firm who audit the regular basis. Financial report will be shared to partners and Gavi as regular basis too including Gavi performance framework and JA process.
• 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	Banks details (under Prof Tung Rathavy, NMCH) shared earlier with Gavi secretariat
• 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?	At the central NIP detailed budget plan is prepared with the support of account department. Then it is approved by chief of account, NMCH Director and Secretary of State, Ministry of Health. After approval, as per budget plan, the fund is disbursed to NIP central. If it is subnational level, funds are placed to Provincial department and Operational District NIP's bank account. The authorized person of the bank account draw and disburse fund to program implementing personnel/ beneficiaries.
• Does the implementing entity keep adequate records of financial transactions, including funds received and paid, and of the balances of funds held?	Yes, as per government rules, the program implementing entity has to maintain cash book for financial transactions, including fund received, paid and balances of fund after expenditure and bills and vouchers.
• How often does the implementing entity produce interim financial reports?	Within one month after completion of activity, the implementing entity submits the bills and vouchers with balances and report to fund disbursing authority.

• Are the annual financial statements audited by an external audit firm or Government audit institution (e.g. Auditor General Department…)?	Yes, annual financial statements are audited by the government audit department. Similarly, external audit firm also audit annual financial statement
5. Information about procurement management arrangements for vaccines and devices, other materials and services for the proposed measles / MR campaign:	
• What procurement system(s) is used or will be used for the campaign?	Government existing procurement system will be followed.
• Does the recipient organization have a procurement plan or a procurement plan will be prepared for the campaign?	A detailed procurement plan for campaign will be prepare according to Government rules and procedures
• Is there a functioning complaint mechanism?	No
• What is the staffing arrangement of the organization in procurement? Does the implementing entity have an experienced procurement specialist on its staff?	Procurement unit in MoH has adequate number of staff. Government department has procurement committee. If necessary, the head of the implementing entity or representative is co-opt in the procurement committee.
• Are there procedures to inspect for quality control of goods, works, or services delivered?	Yes, there is system to inspect before and during the delivery of goods, works for quality control.

9. List of mandatory documents

9.1 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 control and implement a high quality campaign.

9.2 Minutes of the ICC or equivalent, endorsing the proposal

9.3 Current cMYP and cMYP costing tool for financial analysis

9.4 Detailed plan of action and budget for the measles / MR campaign and MCV1 strengthening activities, for example based upon the WHO Measles Planning and Implementation Field Guide, including specific activities:

- To implement the campaign
- That will be undertaken as part of the planning and implementation of the measles / MR campaign that will strengthen routine immunisation capacity and service delivery
- To assess through the a reliable and independent survey the coverage achieved through the campaign
- To evaluate the implementation of the routine strengthening activities done during the campaign
- 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.

9.5 Annual EPI Plan and a summary of indicative major measles and rubella activities including any planned MCV2 and MR introductions and campaigns, planned over the coming 5-year period

9.6 EVM assessment report and the Improvement Plan based on EVM and progress report on the Improvement Plan

9.7 National measles (and rubella) elimination plan, if available

9.8 Document supporting the number of target population OR ICC endorsement of number of target population

9.9 Country's commitment to fully finance the doses of MCV1 required for 2018 can be demonstrated by a decision recorded in the ICC minutes and a signed letter from the Minister of Health and the Minister of Finance

9.10 Banking form, if applicable