Application Form for Country Proposals

Measles/Measles-Rubella immunisation follow-up campaign

Submitted by
The Government of Senegal

Date of submission: September 2016

Deadline for submission: 9 September 2016

Please send your application using the form provided for this purpose.

Enquiries to: proposals@gavi.orgor representatives of a Gavi partner agency. The documents may be shared with Gavi's partners, its collaborators and the public. Proposals and attachments must be submitted in French.

Comment: 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 the country. Unless specified otherwise, documents may be shared with Gavi's partners and the public

TERMS AND CONDITIONS FOR GAVI SUPPORT

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by Gavi for this application will be applied and used for the sole purpose of carrying out the programme(s) described in this application. Any significant change from the approved programme(s) must be reviewed and approved in advance by Gavi. All funding decisions based on this application shall be made at the discretion of the Gavi Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THIS PROPOSAL
The Country will notify Gavi in its Annual Progress Report if it wishes to propose any changes to the programme description(s) in this application. Gavi will document any change that it will have approved and the proposal from the Country will be amended.

RETURN OF FUNDS
The Country agrees to reimburse to Gavi all funding amounts that are not used for the programme(s) described in this application. The reimbursement must be in US dollars and be made, unless otherwise decided by the Gavi Alliance, within sixty (60) days after the Country receives Gavi's request for a reimbursement. The funds reimbursed must be deposited into the account(s) designated by Gavi.

SUSPENSION/TERMINATION
Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for a purpose other than for the programmes described in this application or any amendment to this application approved by Gavi. Gavi reserves the right to terminate its support to the Country for the programmes described in this application if a misuse of Gavi funds is confirmed.

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

AUDITS AND RECORDS
The Country will conduct annual financial audits and transmit them to Gavi, as required. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessments to ensure the accountability of funds disbursed to the Country. The Country will maintain accurate accounting records documenting the use of the Gavi funds. 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 are any claims of misuse of funds, the Country will maintain these records until the audit findings are final. The Country agrees not to assert any documentary privilege against 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 GAVI TRANSPARENCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the Gavi Alliance Transparency and Accountability Policy and will comply with its requirements.

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. The Country confirms that it will assume

full responsibility for replacing Gavi cash support funds lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and Gavi 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 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 arbitration language 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 Gavi. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: Gavi, the Vaccine 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.

Gavi 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 property damage, bodily injury or death. The Country is solely responsible for all aspects of managing and implementing the programmes described in this application.

Contents

1. Gavi Application specifications

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

Q1. Please specify the timing (week/month and year) of the planned follow-up campaign.
The campaign is planned for the second half of November 2017.

2. Summary

Worldwide, measles-related mortality has decreased considerably, but efforts to fight measles and rubella have also faced 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 the 73 countries that receive Gavi support. 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 immunity in the population.

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.

Gavi's objective is to support a more comprehensive approach to measles and rubella prevention, over a longer period of time. 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 the MR vaccine can be used as strategic opportunities to improve routine immunisation, for example by supporting microplanning 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

[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.

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 subnational levels, for Gavi-eligible countries which have not yet introduced MR, with a focus on children up to five years of age. Note that the schedule, target age range, and geographic scope must be based on epidemiologic data and modelling, whenever possible.

For countries eligible for Gavi support, that have introduced a measles-rubella vaccine, support is available for **periodic MR immunisation monitoring campaigns**. Once again, note that the schedule target age range, and geographic scope must be based on epidemiologic data and modelling, whenever possible.

Q2. Please provide a summary indicating the affected age cohort, the geographic scope or progression, and the schedule of the planned campaign. These plans must also be documented on the basis of exact estimates of the current progress of the immunisation programme (systematic coverage, previous SIAs, plans for the introduction of the second dose of the MCV in the framework of routine immunisation) and epidemiological surveillance of measles in the country. The summary must also demonstrate the measures taken in connection with the preparation for the SIA and intended to enhance the systematic immunisation programme, as indicated in the guidelines for the support requests.

Senegal plans to organise a measles/rubella follow-up campaign at the national level, targeting children age 9-59 months, estimated at 2,413,668 children, as specified in the measles elimination plan. Senegal has made major progress in fighting measles since 2002, with a significant decrease in the incidence of this disease and in related mortality. These results have been achieved through improvements in routine immunisation coverage, regular catch-up SIAs and also the implementation of a well-functioning case-based surveillance system. Despite the performance seen, the country still does not have high enough levels of immunisation coverage to protect it from epidemics, or to justifying spacing out SIAs or eliminating them. To stop SIAs, immunisation coverage must be at least 90% for MR1 and MR2 at the national level, and in each district, for at least 3 years. This coverage goal has not yet been reached for the first dose, and MR2 coverage is still low. The 2009-2010 and 2015-2016 measles epidemics showed the potential for the accumulation of a large number of susceptible individuals who could contract the disease. Although the most recent epidemics were small in scope, they occurred two years after the 2013 monitoring campaign, and resulted in an increase in the incidence of the disease at the national level. If nothing is done, there is a risk of larger flare-ups in the next two years. Thus, it is a good time to organise a follow-up campaign for later in 2017, as specified in the strategic measles elimination plan. This plan

includes the regular organisation of follow-up campaigns, every three to four years until 2020. This campaign should take place in November, which seems to be the month of lowest measles transmission in Senegal.

This campaign offers opportunities to strengthen the routine EPI and epidemiologic surveillance. Some activities are identified and summarised in the implementation plan (see implementation plan).

3. Signatures of the members of the government and the national coordination agencies

3.1 The Government

The government of Senegal wishes to strengthen the existing partnership with Gavi, to reduce mortality due to measles, and to improve the national routine infant immunisation programme. It is also requesting Gavi's support for the measles-rubella vaccine (10 doses per vial, lyophilised) to conduct supplementary immunisation activities.

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

The Government of Senegal 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 be aware that this proposal will not be examined or approved by the Gavi Independent Review Commission (IRC) unless it bears the signatures of the Ministers of Health and of Finance, or their duly authorized representatives.

Minister of Health (or authorised representative)		**Minister of Finance (or authorised representative)**	
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**	**E-mail address**
Dr. Ousseynou Badiane	**EPI Coordinator**	**776514376**	**ouzbad@hotmail.com**
Dr. Aliou DIALLO	**WHO EPI focal point**	**776408524**	**dialloali@who.int**
Dr Awa Bathily Diallo	**UNICEF EPI Focal Point**	**776356410**	**abathily@unicef.org**

3.2 National Coordinating Body / Inter-Agency Coordinating Committee for Immunisation

We the members of the Inter-Agency Coordination Committee for Immunisation (ICC), Health Sector Coordinating Committee (HSCC), or equivalent committee [2], met on this date, [Type text] [sic] to review this proposal. At that meeting, we approved this proposal on the basis of the supporting documentation attached to the application.

The minutes of the meeting at which the application was endorsed are attached as Document No.: [type text] [sic]

Name/Title	Agency/Organisation	Signature
Dr Farba Lamine SALL, Cabinet director	**MSAS**	
Dr Elhadj Mamadou NDIAYE Director of Prevention	**MSAS**	
WHO Representative	**WHO**	
UNICEF Representative	**UNICEF**	
Cheikh Tidiane ATHIE, CSO representative	**ACDEV**	

[2]Inter-agency Coordination Committee or Health Sector Coordination Committee, or equivalent committee which has the authority to endorse this application in the country in question.

4. Information relating to the immunisation programme

Q4.1 Gender and equity

Q4.1 Please describe potential obstacles to access, utilisation and provisioning of the immunisation services on the district (or equivalent) level; obstacles linked to geographic location, socio-economic factors and/or equity in terms of gender. Please describe the actions taken in order to reduce these obstacles and indicate where these questions are covered in the action plan.
Explain how the questions related to equity (e.g. geographic, socioeconomic and/or gender) are considered in the process of preparing social mobilisation strategies, among others, in order to improve immunisation coverage.
Please describe what recurring national surveys are done in the country in order to measure the obstacles linked to gender and equity.
Please indicate whether sex-disaggregated data have been collected and used in the report systems concerning routine immunisation 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. Please highlight where these questions are addressed in the action plan.
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)? If yes, please indicate to what extent these problems could have an impact on your immunisation programme, immunisation campaigns and financing of activities for that purpose, and how the country intends to overcome this situation in order to achieve a high coverage rate.

Geographic equity is measured using the proportion of districts with Penta3 coverage greater than or equal to 80%. Equity related to gender, level of education and wealth is measured through data that are disaggregated by sex, level of education and level of wealth.

According to survey data, the proportion of children who had received zero vaccine doses dropped from 8% in 2000 to 3.4% in 2014, to 2.4% in 2015. This shows good accessibility of immunisation services.

Concerning coverage by gender, data show that there is no difference between boys and girls for Penta1 or Penta3.

Immunisation coverage in urban areas is still slightly higher than in rural areas. In 2014, these differences were negligible. The difference is still greater for Penta3. This shows a higher dropout rate in rural areas.

Coverage levels are still higher in children of women with secondary education or higher. Here too, the differences are higher for Penta3 than for Penta1, which shows a relatively higher dropout rate for children of mothers with less education. However, these differences have been decreasing. The Penta3 coverage difference among children of mothers with no education and those with secondary education or higher decreased from 15% in 2011 to 8% in 2014.

To reach difficult-to-access or at-risk populations, specific strategies will be identified and

implemented, in the context of micro-plans, taking into account the lessons learned during previous campaigns.

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. National 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 of the target cohort	529,434	549,731	541,026	529,434	549,731	532,461
Number of children immunised	352,261	420,875	463,231	0	72958	285,561
MCV coverage (%)	67%	77%	86%	0%	13%	54%

Q4.2 If a national MCV1 coverage survey was done during the last three 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: March 2013
Methodology EPI 30-cluster
Sample size:
Number of clusters: 2280
Number of children: 15960
MCV1 coverage 84%

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

Table 4.2. Measles/Measles-rubella campaign coverage

	Reported		
Vaccine (measles, or measles-rubella)			
Year	2006	2010	2013
Target cohort:	9 - 59 months	9 - 59 months	9 months-under 15 years
Total population of the target cohort	1,815,867	1,955, 074	6,013,830
Geographic scope (national and subnational scale)	[Type text]	[Type text]	[Type text]
Number of children immunised	1,797, 708	NA*	6,097,324
Campaign Coverage (%)	99%	NA	101%
Wastage rate (%) for measles / MR campaign		NA	14%

*Administrative data from the campaign were not available due to data collection, which was in progress at the time.

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 was done for the three most recent campaigns, check this box: X

Survey date: March 2007
Methodology: Post-event coverage, 30 clusters
Sample size: _____
Number of clusters: 30
Number of children: 210
Coverage: 90%

Date of the survey: March 2011
Methodology: Post-event coverage, 30 clusters
Sample size: _____
Number of clusters: 420
Number of children: 2940
Coverage: 92.7%

Date of the survey: December 2013
Methodology: Post-event coverage, 30 clusters
Sample size: _____
Number of clusters: 2280
Number of children: 22800
Coverage: 96%

5. Targets and Plans for Measles / MR campaigns, and for increasing immunisation coverage through routine immunisation

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)
	[November 2017]	[insert date]	[insert date]
Target cohort:	9-59 months		
Total population in the target group (nationally)	2,413,668		
% of population targeted for the campaign	100%		
Number of people to be immunised in the context of the measles campaigns	2,413,668		

*Staggered: in the case where only one part of the country will be covered (for example, one third of the country each year over three years)

Table 5.2 Coverage targets for routine measles immunisation over the duration of the cMYP (Please ensure that targets are consistent with the cMYP).

	Target	Target	Target	Target
	2015	2016	2017	2018
Routine MCV1 Coverage	90%	90%	90%	90%
Routine MCV2 Coverage (if applicable)	90%	90%	90%	90%

6. Funding

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 campaigns. This information should indicate the actual expenditures; otherwise, it is appropriate to indicate the final budget. Please also provide information on funding provided by partners.

Table 6.1 Shares in the funding of the most recent measles/MR campaigns

Item	Category	Government funding (US$)	Partner support (US$)
Vaccines and injection supplies	Total Amount	0	4,932,000
	Amount (US$) per targeted person	0	0.82
Operational costs	Total amount (US$)	465,797	4,157,974
	Amount (US$) per targeted person	0.08	0.69

Campaign year: 2013

Estimated target population: 6,013,830

Are the amounts provided based on final budget or actual expenses? These amounts are based on actual expenditures.

6.2 Government support for past Measles / MR routine immunisation activities

To be eligible for measles and rubella vaccine support, countries must be fully financing with domestic resources the measles monovalent vaccine component of MCV1 which is already in their national immunisation schedule. Otherwise, they must notify us in writing of their firm commitment to finance it. If the country has not yet financed MCV1 with government funds, the country has until 2018 to do this. After that date, the country itself must finance MCV1 in order to continue receiving Gavi support to fight measles and rubella. The country's commitment to fully finance the doses of MCV1 required between now and 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 total and per-immunised-child funding allocated by the government for **routine** measles/measles-rubella activities implemented during the past three years. Please also provide information on funding allocated by partners.

Table 6.2 Shares for funding of routine measles immunisation

Year	Category	Government funding (US$)	Partner support (US$)
2013	Total Amount	157,680	0
	Amount per child immunised	0.4476	0
2014	Total Amount	97,281	145,155
	Amount per child immunised	0.1970	0.2940
2015	Total Amount	803,845	116,481
	Amount per child immunised	1.0735	0.1556

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 you are considering implementing campaigns in stages financed by various contributions, the following table should be reproduced for each phase. If Gavi funding is not sufficient to cover all the requirements, please indicate in the table below the amount still needed and the other sources of funding to be used to supplement the public funds (refer to the plan of action and/or the cMYP). Gavi funding is not a substitute for financing from public funds. 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 baseline value.

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

Item	Category	Government funding (US$)	Support from other donors (US$)	Support requested from Gavi (US$)
Vaccines and injection supplies*	Total Amount	**0**	0	**1,857, 626**
	Amount (US$) per targeted person	0	0	0.76
Operational costs **	Total Amount	**85,435**	232,024	1,568,884
	Amount (US$) per targeted person	0.035	0.096	0.65

Estimated target population: 16,244,977 children from 6 to 59 months old [2,413,668]

* In order to strengthen the country's commitment and 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.

This support is currently US$ 0.65 per target individual, and will not change for campaigns that are planned for implementation in 2017. 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 the preparatory transition phase (Phase 1) will be provided with US$ 0.55 per targeted person, and countries which have entered accelerated transition phase (Phase 2) US$ 0.45 per targeted person. For low income countries, the amount will remain at US$ 0.65 per targeted person.

Please provide a precise estimate of the operational costs in the following table.

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

Budget item	Total projected cost (US$)	Government funding (US$)	Partner funding (US$)	Gavi operational funds (US$)
Training	266,013	47,651	0	218,363
Social mobilisation, IEC and advocacy	211,415	0	116,423	94,991

Cold Chain Equipment & Maintenance	0	0	0	0
Vehicles and transport	102,553	0	9968	92,585
Programme management	11,977	0	11,977	0
Surveillance and follow-up	298,593	0	0	298,593
Human resources	419,874	37,784	0	382,090
Waste Management	29,569	0	0	29,569
Technical Assistance	0	0	0	0
Planning	118,385	0	28,795	89,590
Volunteer incentives	0	0	0	0

Supplies and materials	48,995	0	0	48,995
Post-campaign coverage survey	279,630	0	53,259	226,370
Routine Immunisation strengthening	0	0	0	0
Evaluation	90,767	0	3,998	86,769
Collection of supporting documents	8,572	0	8,572	0
Total	1,886,343	85,435	232,024	1,568,884

In order to obtain this 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 new vaccine introduction plan and/or 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.

The Gavi Secretariat (the country manager) must be notified of any revision to the budget after it has been approved. 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.

The budgets can be prepared using standard parameters and the target population, supplemented with budget decisions based on experience with earlier campaigns.
Countries must also justify the utilisation of the funding in their annual progress reports sent to Gavi. All cash support must be the subject of fiduciary control measures, as set forth in Gavi's transparency and accountability policy.

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. For staggered campaigns, please reproduce the following table and indicate your needs for each of the planned phases. Please confirm that all these estimates are consistent with the estimates presented in Tables 5.1 and 6.3a.

Table 7. Information about procurement by funding source

		Proportion of funds coming from the government	**Proportion of funds coming from partners**	**Proportion from Gavi funds**
Required delivery date (vaccines and injection supplies)	October 2017			
Estimated campaign date	November 2017]			
Size of target population	2,413,668			
Wastage Rate	10%			
Total number of vaccine doses	2,655,035	0	0	100%
Number of syringes	2,655,035	0	0	100%
Number of reconstitution syringes	292,054	0	0	100%
Number of sharps boxes	29,471	0	0	100%

*Please note that the maximum allowed vaccine wastage rate for Gavi support will be 10%. This rate is calculated based on the size of the target population. Please also note that campaigns do not require building up buffer stocks.

8. Fiduciary management arrangement data

Q8. Please indicate whether the funds intended for operational support, as specified in Section 6, can be transferred to the government or to the WHO and/or UNICEF. Also indicate the date on which the country will need these funds. Attach banking form if funding should be transferred to the government. Please note that WHO and/or UNICEF will require administrative fees of approximately 7% which would need to be collected from the funds allocated for operational support.

Operational support funds will be transferred to the government. These funds must be available six months before the campaign's launch.

Please provide all of the information required in the following table. This information can be sent in a separate file if you prefer.

Information to be provided by the organisation / the beneficiary country	
1. Name and contact information for the beneficiary organisation(s)	**Ministry of Health and Social Action**
2. Experience of the beneficiary organisation receiving the funding with Gavi, the World Bank, WHO, UNICEF, the World Fund and in the framework of operations funded by other donors (financial support granted, for example)	**YES** Support for introducing new vaccines and under-utilised vaccines in: 2013: US$ 4,972,178 2014: US$ 1,433,000 Health System Strengthening Support 2016: US$ 3,013,806 **For completed Grants:** • What are the main conclusions with regard to use of funds? What are the main conclusions with regard to use of funds? **for current funding: Evaluation underway** • Most recent financial management (FM) and procurement performance rating? • Financial management (FM) and procurement implementation issues?
3. Amount of the proposed grant (US Dollars)	1,568,884
4. Information about financial management (FM) arrangements for Measles / MR campaign:	
• Will the resources be managed via the	YES

conventional government expenditures management procedure?	
• 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?	Micro-plans will be prepared at all levels and validated by the central level. The transfer will be made to the Medical Regions' accounts, based on requests sent and validated by the Prevention Department, according to the resource use plan. After the supporting documents are executed, they are collected by the Department of Prevention, then sent to the DAGE (Department of General Administration and Equipment).
• What accounting system is used or to be used, including whether it is a computerised accounting system or a manual accounting system?	A computerised system, TOM 2 PRO, is used.
• What is the staffing arrangement of the organization in accounting, auditing, and reporting? (numbers, qualifications, experience)	A DAGE accountant is assigned to the NVS programme. An annual audit is done by an external firm.
• 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 authorised signatories, including titles.	An account already exists at Société Générale de Banque(SGBS), and the authorised signers are: The Director of Prevention The DAGE director IBAN: SN 25011 01005220071065976 9
• 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?	Funds are transferred by wire transfer into the beneficiaries' accounts, after the requests are validated by the Department of Prevention, and after the DAGE audits them for compliance.
• Does the implementing entity keep adequate records of financial transactions, including funds received and paid, and of the balances of funds held?	YES
• With what frequency does the implementing entity prepare interim financial reports?	Quarterly
• Are the annual financial reports audited by an	YES, by an external firm

outside auditing company or a public outside auditing institution (eg the Government Accounting Office/the State Inspectorate etc.)?	
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? (country's procedures for awarding contracts, or specific procedures)	The country's procedures for awarding contracts.
• Does the beneficiary organisation have a contract award plan for the programme, or will one be prepared for the campaign?	Yes
• Does the organisation have a mechanism to handle complaints?	Yes
• What is the staffing arrangement of the organisation in procurement? Does the implementing entity have an experienced procurement specialist on its staff?	Does the Ministry of Health have a contract award unit, with qualified human resources?
• Are there procedures to control the quality and quantity of goods and services delivered?	Yes, the receipt commission performs these controls.

9. List of mandatory documents to be attached to this proposal

9.1 Completed application form, signed by the ICC or the equivalent body, and signed by the Minister of Health and the Minister of Finance, or their authorised representatives. 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 meeting of the ICC, or of the equivalent agency endorsing the application

9.3 Current cMYP and cMYP costing tool for financial analysis

9.4 Detailed action plan and budget for measles/MR campaigns and activities to strengthen routine immunisation for the first dose of measles-containing vaccine (MCV1), for example by relying on the WHO's planning and implementation field guide for measles SIAs, which includes many 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 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 plans call for covering only a portion of the country each year (progressively), the action plan must cover the period required to immunise the entire cohort on the national level.

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 five-year period

9.6 An appraisal report on Efficient Vaccine Management (EVM) and the Improvement Plan based on the EVM and the status report of the Improvement Plan

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

9.8 Document specifying the size of the target population, or validation by the ICC of the size of the 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 A form requesting the bank transfer, if necessary