



Application form for country proposals

Anti-measles supplemental immunisation activities (SIA)

Submitted by
The Government of the Republic of Chad

Date of submission: 08 September 2015

Submission deadline: 08 September 2015

Please prepare your proposal using the form provided for the purpose.

For any additional information, please contact: proposals@gavialliance.org or the representatives of one of Gavi's partner institutions. The documents may be shared with Gavi's partners, its collaborators and the public. The proposal and its accompanying documents 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

GAVI GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMS

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 and changes to the programme description(s) 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 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 dispersed 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 3 years after the date of last disbursement of Gavi funds. If there are any claims of the misuse of funds, the Country will maintain such 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 government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to carry out the programs described in this application and/or, if applicable, in the Annual Progress Report.

CONFIRMATION OF COMPLIANCE WITH THE GAVI POLICY ON TRANSPARENCY AND ACCOUNTABILITY

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 the arbitration at the request of Gavi or the Country. The arbitration will be conducted in accordance with the then-current arbitration rules of the United Nations Commission on International Trade Law (UNCITRAL). 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 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 3 arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the 2 arbitrators so appointed will jointly appoint a 3rd 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.

1. Application Specification

Vaccine: anti-measles, 10 doses per vial, freeze-dried¹

Q1. Please specify the date (week/month and year) for the launch of the SIAs:

Campaign in 2 rounds for 2 blocks:

- Round 1 (Block 1): October 2016 (10 days)
- Round 2 (Block 2): November 2016 (10 days)

2. Summary

Q2. Please provide a summary specifying the age range in question, the scope or geographic progression or the timeline of the scheduled SIAs. 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 indicate the activities carried out in the framework of the preparation for the SIAs and intended to strengthen the systematic immunisation programme, as indicated in the directives for the requests for funding.

Recent studies (in-depth review of the EPI, vaccine coverage survey, WHO-UNICEF estimates) have always shown very low anti-measles immunisation coverage (less than 70%) for Chad. The result has been the recurrence of measles epidemics. Confronted with this situation, the country has organized response campaigns, the most recent of which, in 2014, targeted children from the ages of 9 months to 15 years. The external review of the EPI coupled with the coverage survey in April 2012 revealed the poor quality of all of these immunisations; in reality, many children have not been immunised and routine MCV coverage is estimated at only 54% with a margin of error of $\pm 10\%$. An additional factor is the poor quality of the supplemental immunisation activities against measles.

Recent estimates of immunisation coverage by the WHO-UNICEF have confirmed this situation: MCV immunisation coverage = 54% In 2014. The historical trend of systematic government-administered anti-

¹ For more information on the vaccines, refer to the page: http://www.who.int/immunisation_standards/vaccine_quality/PQ_vaccine_list_en/en/index.html

Comment: the IRC may find it necessary to re-examine the applications already submitted to Gavi.

measles coverage

Between 2012 and 2015, there is an increase in the number of epidemic hot spots, which is also due to an improvement in the quality of surveillance. Since January 2015, on the national level, the annualised rate of investigation of these cases is 5.54, while the non-measles rate of investigation is 1.83.

According to the measles risk analysis, when the cumulative total of susceptible individuals over 5 years exceeds 2/3 of the target population in the 5th year, there is a risk of epidemic.

It appears that the cumulative total of susceptible individuals for the past 5 (five) years is 732,167; that number far exceeds the 2/3 of the target population for the most recent year (485,141), hence the epidemic threshold has been exceeded. Consequently, that could explain the occurrence of the current epidemics. Since the beginning of 2015, because the country has been hit with recurrent epidemics of measles in Chad, several supplementary immunisation activities have been carried out. The quality of these immunisation activities was deemed not very satisfactory prior to 2012, in spite of good administrative rates of coverage. In 2013, during the preparation of the plan for the 2014 SIA, the reasons for the poor performance were identified and a different strategy was adopted, namely immunising the country in two phases. The appraisal of the previous SIA is described below.

Practically all age groups are affected, including the group from 0 to 8 months. No case, either suspect or confirmed, in the age group from 9 to 11 months had been immunised. The proportion of immunised subjects exhibiting measles is low.

In the face of recurrent measles epidemics in Chad, several supplementary immunisation activities have been carried out. The quality of these immunisation activities was deemed not very satisfactory in spite of good administrative rates of coverage.

In 2013, during the preparation of the plan for the 2014 SIA, the reasons for the poor performance were identified and a different strategy was adopted, namely immunising the country in two phases. The appraisal of the previous MCS is described below.

The country is divided into 23 (twenty-three) regions; our plan is to group them into 2 (two) blocks of regions and to organize a campaign lasting 10 (ten) days for each block targeting children between the ages of 9 and 59 months. Depending on the local mobilisation of additional resources, this age range may be expanded.

- The total population of the country is estimated at 14,441,104 and the target population at 2,788,577.
- Dates of the campaigns: 2nd quarter of 2016
 - 1st round: October 2016 (Block 1)
 - 2nd round: November 2016 (Block 2)

Campaigns by block: one round of 10 (ten) days in each of the 2 (two) blocks of regions. A period of at least 1 (one) month separates one round from the other, to better prepare for the following campaign (redeployment of equipment from the immunised regions to the other regions);

- The strategy adopted, which was already implemented during the most recent campaign, plans to deploy, from the operational and managerial point of view, optimum resources in the target areas to achieve optimum results. An appraisal will be conducted upon the conclusion of the campaign in each block.

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

3.1 The Government

The Government of the Republic of Chad 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-containing vaccine (10 doses per vial, freeze-dried) to conduct supplementary immunisation activities.

The Government of the Republic of Chad has committed to the sustainable strengthening of national immunisation services in accordance with the Comprehensive Multi-Year Plan and the Action Plan attached to this document. The Government requests Gavi and its partners to provide financial and technical assistance to support the immunisation program as described in this application.

The Government of the [Republic of Chad](#) acknowledges and accepts the Gavi Grant Terms and Conditions included in this form and requests funding for the supplementary anti-measles immunisation activities.

Please note that this application will be neither examined nor approved by the Gavi Independent Review Committee (IRC) if it has not been signed by the Ministers of Health and Finance or by their authorised representatives.

Minister of Health (or authorised representative)		Minister of Finance (or authorised representative)	
Name	Dr. HISSEIN MASSAR HISSEIN	Name	NGARLENAN DOCDJENGAR
Date	08 September 2015	Date	08 September 2015
Signature		Signature	

This application has compiled by (these persons may be contacted if the Gavi Secretariat has questions about this application):

Full name	Title	Telephone	E-mail
Dr. Mbaihol Tamadji	EPI Coordinator	66206532	mbaihol@gmail.com
Dr. Moussa Mahamat	Deputy EPI Coordinator	66271028	m.brahimi1@yahoo.fr
Dr Kandolo Pierre	WHO	66202880	kandolop@who.int
Dr Diop Mohamed Boss	WHO	66900127	diopm@who.int
Dr. Richelot Ayangma	WHO	66201582	ayangmar@who.int
Dr Djo-Roy Koko	WHO	62214908	kokod@who.int
Mr. Camille Lukadi	WHO	66202877	lukadic@who.int
Dr. Clement Djumo	Unicef	68000029	cdjumo@unicef.org
Sessouma Abdoulaye	WHO	68454432	sessoumaa@who.int

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

We, the members of the Inter-Agency Coordinating Committee for Immunisation (ICC), the Health Sector Coordinating Committee (HSCC) or an equivalent² committee, have met this day, 4 September 2015, to examine this application. At the meeting, we endorsed this application on the basis of the supporting documentation attached.

The minutes of the meeting at which the application was endorsed are attached as Document No.:

[enter the text]

Name/Title	Agency/Organisation	Signature
[add as many lines as necessary]		

4. Information relating to the immunisation programme

4.1 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 to reduce these obstacles and indicate where these issues are addressed in the action plan.

Explain how the questions linked to fairness (geographic, socio-economic and/or by gender) are taken into consideration in the process of preparing social mobilisation strategies, among other things, to improve immunisation coverage.

Please describe what national surveys are conducted in the country on a recurring basis to measure obstacles related to gender and fairness.

Please indicate whether data broken out by gender have been collected and then used in reporting systems relating to systematic immunisation and/or the campaigns.

If this data is available, please provide additional information and documents relating to sub-national coverage data, for example: comparison of urban/rural districts, or districts with a high/low rate of coverage etc. Please indicate where these issues are addressed in the action plan.

Is the country currently in an unsettled state (for example: lack of security, conflict, post-conflict, refugees and/or displaced persons, recent, current or potential environmental disasters: floods, earthquakes or drought)? If so, please indicate the extent to which these problems could have an impact on your immunisation programme, the immunisation campaigns and the funding of the activities for this purpose, and how the country plans to overcome this situation to achieve a high rate of coverage.

The 2010 MICS survey revealed inequities of a socio-economic origin in access to immunisation (rich versus poor, literate versus illiterate mother), as well as of a geographic nature (urban versus rural, some regions less favoured than others). No difference in terms of immunisation has been found between boys and girls.

Principal obstacles

Chad is a Sahelian country divided into three more or less distinct geographic areas:

- the Sahara Desert in the north,
- the arid region of the Sahel in the centre and
- the relatively fertile Sudanian savannah in the south.

Climate change, the rate of population growth and poor government have placed great strains

² Inter-Agency Coordinating Committee, Health Sector Coordinating Committee or equivalent committee authorized to endorse this application in the country in question.

on the country. Almost half the population lives in poverty, with a high concentration of poor populations in rural areas and a large number of nomads. The distances between the major structures offering services and the beneficiary populations, especially those in rural areas, are great.

Measures

- The RED approach begun in the 40 districts in 2013 with very significant performance levels was extended to an additional 10 districts in 2014, i.e. to a total of 50 health districts;
- The program introduced a system of actively searching for children who have dropped out (ie did not return for immunisation) with the involvement of the community liaisons;
- The organisation of special periodic immunisation activities for nomads combined with activities for the protection of mothers and survival of children (CPN) (deworming, distribution of treated mosquito nets etc.).
- Communications/Social mobilisation

A communications and social mobilisation plan will be a significant support to promote i) the benefits of immunisation against measles, ii) to announce dates and locations for immunisation, iii) to explain that the choice of the target population.

This communications and social mobilisation plan must give priority to the use of local communications channels (private and community radio stations; community centres; community or traditional and religious leaders etc.

Stability and security

The country is politically stable but it has been affected by terrorist attacks, as well as an influx of refugees coming from neighbouring countries. At the level of certain border towns in the country, in particular in the region of Lake Chad, it is very difficult to organize immunisation activities (routine or campaign) and/or supervision activities. In certain areas where security is an issue, the possibility of utilizing international and domestic NGOs should be considered.

4.2 Immunisation coverage

In the table below, please provide information on annual national coverage for the first dose of the measles-containing vaccine (MCV1) that have been submitted in the 3 most recent WHO/UNICEF joint declaration forms.

Table 4.1. National MCV1 coverage

Trends of reported national MCV1 coverage.			
	Joint WHO/UNICEF report		
Year	2012	2013	2014
Total population of the target cohort	457872	495707	485141
Number of children immunised	407505	418693	383303
MCV1 coverage (%)	89	84	79
MCV1 wastage rate (%)	ND	16%	15%

Q4.2 If a national coverage survey for MCV1 has been conducted in the past 3 years, please answer the following questions (please repeat the following questions for each survey). If no survey has been conducted, place an X in this box:

Date of the survey: ___ In-depth review of the 2012 EPI_ (15 March to 30 April 2012)

Methodology (CHS/MICS, EPI 3-cluster, LQAS, other): EPI 30-cluster

Sample size: _ 19 regions out of the 22 (37 districts out of 61)

Number of clusters: _42 of 10 children each

Number of children: _ 420 children

VAR1 coverage: 18%

In the following table, please provide estimates of national coverage (or sub-national, if appropriate) for the three most recent anti-measles SIAs. Also please provide the estimates calculated on the basis of the post-campaign coverage surveys, if available.

Table 4.2. Coverage of the anti-measles SIAs

Year	Reported		
	2009	2012	2014
Target cohort	6-59 months	6 - 59 months	6 months - 9 years
Total population of the target cohort	1770918	1988605	4969617
Geographic scope (on the national or sub-national scale)	National	National	National
Number of children immunised	1770148	2227224	5129164
Coverage of anti-measles SIAs (%)	99	112	103
Wastage rate (%) of the anti-measles SIAs			

Q4.3 If a national coverage survey was conducted after each of the last three anti-measles SIAs, please answer the following questions (please repeat the following questions for each survey). If no survey was conducted for the last three anti-measles SIAs, place an X in this box **X (see the coverage survey reports)**

Date of the survey:

Methodology (ESS/MICS, 30-cluster PEC, LQAS, other): _____

Sample size:

Number of clusters: _____

Number of children: _____

Coverage: _____

5. Objectives and planning of the anti-measles SIAs and increase of coverage for systematic anti-measles immunisation

Table 5.1. Quantified objectives relating to the anti-measles SIAs (make sure that the objectives are consistent with the projections provided in Section 7 and the plan of action indicated in Section 9)

COMPLETE ONLY THE SECOND AND THIRD COLUMNS FOR STAGGERED SIAs.

	Objective	Objective (if appropriate, for staggered SIAs*)	Objective (if appropriate, for staggered SIAs*)
	October/November 2016	[insert date]	[insert date]
Target cohort	9-59 months		
Total population of the target cohort (on the national level)	2,788,577		
% of the population targeted by the SIAs	19.31		
Number of people to be immunised in the framework of the anti-measles SIAs	2649149		

*Staggered: If only part of the country will be covered (e.g. 1/3 of the country each year for three years)

Table 5.2. Coverage objectives for systematic anti-measles immunisation for the duration of the action plan (make certain that the objectives are consistent with the action plan)

	Objective	Objective	Objective	Objective
	2015	2016	2017	[insert year]
Systematic MCV1 coverage	80	85	90	90
Systematic MCV2 coverage (if appropriate)	NA	NA	NA	NA

6. Funding

The objective of Gavi funding for the anti-measles SIAs is to reinforce the impact of the funding measures proposed by Gavi's partners to sustainably reduce mortality due to the disease. The purpose of the integrated funding is to:

- Strengthen health systems to administer the systematic immunisations, including the first dose of the MCV (e.g. the resources provided by Gavi for Health System Strengthening),
- Guarantee the permanence of national financing for anti-measles immunisation and other vaccines (financial commitments from the country and co-financing of vaccines, for example),
- Support the systematic administration of the second dose of the anti-measles vaccine (MCV2), and
- Reduce morbidity and mortality from measles by introducing the combined anti-measles/anti-rubella vaccine.

The information contained in this section, including the commitments proposed in Sections 6.3 and 6.4, will make it possible to clarify discussions between the country and Gavi relating to the amount of the financial contributions and the different types of support proposed.

6.1 Funding by the government for previous anti-measles SIAs

The country must provide information on the total amount and the amount per targeted person of the financing allocated by the government to cover the cost of the vaccines and the operating costs of at least the most recent anti-measles SIA. This information must specify the actual costs; otherwise the

final budget must be indicated. Please also provide information concerning the funding awarded by the partners.

Table 6.1 Shares in the funding of the most recent anti-measles SIA

Heading	Category	Financing from the government (US\$)	Financing from partners (US\$)
Vaccines and injection equipment	US\$ 1, 067,121	0	US\$ 1, 067,121
	Amount (US\$ 0.42) per targeted person	0	US\$ 0.42
Operating costs	Amount (2,295,062 US\$ total	US\$ 80,410	US\$ 2,214,652
	Amount (US\$ 0.88) per targeted person	US\$ 0.031	US\$ 0.85

Year of the SIA: 2014

Estimated target population (9-59 months): 2,593,628

Are these amounts based on the final budget or actual expenditures?: The final budget

6.2 Funding for the most recent systematic anti-measles immunisation activities

The country must provide information on the total funding and the amount per vaccinated child allocated by the government to the **systematic** anti-measles immunisation activities carried out in the past 5 years. Also please provide information on the financing allocated by the partners.

Table 6.2. Shares for funding systematic anti-measles immunisation

Year	Category	Financing from the government (US\$)	Financing from partners (US\$)
2010	Total amount	ND	
	Amount per child immunised	ND	
2011	Total amount	ND	
	Amount per child immunised	ND	
2012	Total amount	ND	
	Amount per child immunised	ND	
2013	Total amount	ND	
	Amount per child immunised	ND	
2014	Total amount	ND	
	Amount per child immunised	ND	

6.3 Proposed funding in the framework of upcoming anti-measles SIA

The country must provide information on the total amount (amount per targeted person) of the financing allocated by the government to cover the cost of the vaccines and injection equipment, as

well as the operating costs of the anti-measles SIA for which Gavi funding is being requested. If you plan to conduct staggered SIAs financed by different contributions, the following table must be copied 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 must cover a portion of the costs inherent to anti-measles immunisation; the government's previous contributions to the anti-measles SIA should be used as a reference.

Table 6.3a. Funding proposal for future anti-measles SIA for which Gavi funding is requested.

Heading	Category	Financing from the government (US\$)	Funding from other donors (US\$)	Requested Gavi funding (US\$)
Vaccines and injection equipment	Total amount			2,800,864
	Amount per targeted person			1
Operating costs	Total amount	384,894	600,355	1,548,808
	Amount per targeted person	0.16	0.25	0.65

Estimated target population 2,383,782

Please provide an exact estimate of the operating costs in the following table.

Table 6.3b. Amount (and financing) of the operational costs inherent to upcoming anti-measles AVS

			Government support	Partners' support*	Existing Gavi HSS funding	Requested Gavi VIG
	Cost Category	TOTAL COST	Amount	Amount	Amount	Amount
		US\$	US\$	US\$	US\$	US\$
1	Program management and coordination	87 954	87 954	-	-	-
2	Planning and preparations	94 138	55 392	-	-	38 746
3	Social mobilization, IEC and advocacy	394 503	-	197 251	-	197 251
4	Other training and meetings	174 667	-	-	-	174 667
5	Document production	353 716	235 811	-	-	117 905
6	Human resources and incentives	236 559	-	-	-	236 559
7	Cold chain equipment	627 586	-	-	313 793	313 793
8	Transport for implementation and supervision	254 370	508 740	-	-	254 370
9	Immunisation session supplies	5 737	5 737	-	-	-
10	Waste management	28 966	-	28 966	-	-
11	Surveillance and monitoring	8 621	-	8 621	-	-
12	Evaluation	215 517	-	-	-	215 517
13	Technical assistance	51 724	-	51 724	-	-
14	Data management	-	-	-	-	-
15	Other (please specify)	-	-	-	-	-
	Total	2 534 057	893 634	286 562	313 793	1 548 808

To obtain this funding, in the framework of the application, the countries must define the activities they plan to implement, the preliminary budget, specifying all of the non-vaccine costs (in accordance with the national vaccine introduction plan and/or the action plan based on the corresponding models) and the activities for which the funding will be used. A budget form is available online. For the activities not covered by the funding, countries must indicate a budget and another source of financing.

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 micro-planning must be submitted. Revised budgets will be used as a basis for the compilation of the financial reports and must be accompanied by a document describing and justifying any significant change (> 20%) in any expense item.

The budgets can be prepared using standard parameters and the target population, supplemented by budget decisions based on experience drawn from previous campaigns.

Countries must also justify the utilisation of the funding in their annual progress reports sent to Gavi. All support provided in the form of cash must be the subject of fiduciary control measures, as set forth in Gavi's transparency and accountability policy.

It should be noted that the funding or the support for operating costs may not be used to finance co-financing obligations or for the purchase of vaccines. The amount of the funding will not be recalculated in case of a change in the size of a target population in a country. All amounts left over must be returned to Gavi.

6.4 Financial support to activities designed to improve systematic anti-measles coverage in the action plan

Q6. Please specify the amount, the use and the schedule of funding allocated by the government to improve systematic anti-measles coverage, taking into consideration the objectives set by Gavi and the costs specified in the proposed action plan.

[enter text]

Amount provided by the Government to support the routine EPI activities, in particular for the implementation of the RED is 678,636,000 frs for 2016.

7. Procurement

The MCV and the associated supplies funded by Gavi will be provided through UNICEF.

Depending on the estimated size of the target population, please indicate in the following table your requirements for vaccines and injection supplies for the anti-measles SIAs. In the case of SIAs in multiple phases, please copy the table below and indicate your requirements for each of the planned phases. Make certain that all these estimates are the same as the estimates presented in Tables 5.1 and 6.3a.

Table 7. Information on procurements for each source of funding
7-1 Block 1 (October 2016)

		Proportion of funds originating from the government	Proportion of funds originating from partners	Proportion of funds originating from Gavi
Required delivery date (vaccines and injection supplies)	14/08/2016]			
Date of SIAs	October 2016			
Size of target population	[1,123,643]			
Wastage rate*	10%]			
Total quantity of doses of vaccine	1,247,900			1,247,900
Number of syringes	1,247,900			1,247,900
Number of reconstitution syringes	125,300			125,300
Number of sharps boxes	13,750			13,750

7-2 Block 2 (November 2016)

		Proportion of funds originating from the government	Proportion of funds originating from partners	Proportion of funds originating from Gavi
Required delivery date (vaccines and injection supplies)	14 September 2016			

Date of SIAs	November 2016			
Size of target population	1,664,934			
Wastage rate*	10%			
Total quantity of doses of vaccine	1,848,500			1,848,500
Number of syringes	1,848,500			1,848,500
Number of reconstitution syringes	185,300			185,300
Number of sharps boxes	20,350			20,350

*Note that the maximum wastage rate of vaccine authorized for Gavi funding will be 10%. This rate is calculated as a function of the size of the target population. Also please note that the campaigns do not require the creation of buffer stocks.

8. Specific fiduciary management requirements

Q8. Please indicate whether the funds earmarked for operations support as specified in Section 6 can be transferred to the government, to the WHO and/or UNICEF. Also specify the date on which the country will need these funds. Please attach a bank draft form if the funds are to be transferred to the government. Please note that the WHO and/or UNICEF may require a contribution to administrative costs of approximately 7%, which will be deducted from the funds allocated for operations support.

For the implementation of the anti-measles immunisation campaign, the country would like the funds to be transferred into the Expanded Program of Immunisation account in June 2016

Please provide all the required information in the table below. 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)	IMMUNISATION DIVISION, MINISTRY OF PUBLIC HEALTH, CHAD. BP 759 N'Djamena Chad. Tel +235 225 232 26
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)	<p>YES or NO? Yes</p> <p>If YES, please specify the exact type of funding, the years and the amount:</p> <p>and provide the following information:</p> <p>for completed funding:</p> <ul style="list-style-type: none"> what were the principal conclusions concerning the utilisation of the funds? <p>for current funding:</p> <ul style="list-style-type: none"> Most recent assessment of the performance of the

	<p>financial management and award procedures for the programs managed or in progress?</p> <p>DEP-managed implementation of the HSS component led, in 2014, to the following: equipping 102 HCs with motorbikes for outreach activities (100% of target) and with 50 solar refrigerators (100%), 10 districts with freezers (100%), 2 supervision vehicles provided to the DP and DV (50%); financing the implementation of activities in 10 health districts and 100 HSS health centres, including immunization activities (91%). In addition, some activities have not been fully implemented, such as: staffing 100 EGMs (2nd tranche) at 100 HCs, purchasing refrigerated truck, integrating supervision missions, training EPI agents in MLM. No activities were carried out even though funds were available. This is explained by the following:</p> <ul style="list-style-type: none"> • funds were delayed and not available until July 2014; <p>In comparison to 2015, although the acquisition process was initiated, it is not in compliance with the Gavi/country aide-memoire</p> <ul style="list-style-type: none"> • Problems and difficulties encountered in the implementation of the financial management and contract award procedures for the programs managed or in progress? <p>Human resources that are quantitatively and qualitatively inadequate to manage central-level HSS (need for public health doctor, planner, manager/accountant, etc.).</p> <ul style="list-style-type: none"> • The Directorate of Planning and The Immunisation Division belong to two separate Directorates General (DGRP and DGAS). The technical support committee /EPI does not address HSS/Gavi, resulting in a lack of coordination between HSS and EPI for HSS planning and implementation. • Outside of the ICC, there is no operational monitoring framework for HSS/Gavi projects. • Delays in the disbursement of EPI funds from other sources (government, UNICEF and WHO) and from the central level to the districts. • Insufficient monitoring of activity implementation at the peripheral level (insufficient staff at central and regional levels). <p>The main challenges are:</p> <ul style="list-style-type: none"> • developing DP capabilities to better manage HSS in terms of planning, implementation, coordination and monitoring/evaluation (strategic decision to be taken by the MoH); • having a framework for technical cooperation between the DP and DV for Gavi projects, and between Gavi projects and other projects; • rapid disbursement of funds, from the central level to the peripheral level.
3. Amount of the proposed funding (US\$)	US\$ 1,812,575
4. Information on the financial management mechanisms of the anti-measles SIAs:	
<ul style="list-style-type: none"> • Will the resources be managed via the conventional government 	Funds are managed in accordance with the Procedures Manual.

expenditures management procedure?	
<ul style="list-style-type: none"> Does the beneficiary organisation have a financial management manual or an operating manual describing the internal auditing system and the financial management operating procedures? 	YES
<ul style="list-style-type: none"> What is the procedure followed for the preparation and implementation of the budget? 	See Procedures Manual
<ul style="list-style-type: none"> What is the accounting system used and is it a computerized or manual system? 	See Procedures Manual
<ul style="list-style-type: none"> Within the organisation, what is the organisation in terms of human resources for accounting, auditing and financial reporting? (number of employees, qualifications, experience) 	The Programme Manager administers programme funds. The accounts are kept by the accountant who reports on a regular basis to the Programme Manager and the latter produces financial reports.
<ul style="list-style-type: none"> What are the banking arrangements: Please provide information on the bank account opened with the central bank or the commercial bank as well as a list of authorized signatories, with their titles 	GAVI FUND ECOBANK NDJAMENA Number: 60001 00005 013002120014.45
<ul style="list-style-type: none"> What is the cash flow plan for the funds in place, or who will be used to ensure the disbursement of funds, without unnecessary delay, to the entities carrying out the program or the beneficiaries? 	Funds received from Gavi are held in the EPI account. Disbursement to the regions takes place according to the procedure in place: planning, authorizing expenditures, availability of funds.
<ul style="list-style-type: none"> Does the implementation entity maintain adequate and updated records of financial transactions (accounting books/journals), including funds received and disbursed, and the balance is in cash and in the bank as well as the detailed record of goods purchased? 	YES
<ul style="list-style-type: none"> With what frequency does the implementing entity prepare interim financial reports? 	See the Procedures Manual
<ul style="list-style-type: none"> Are the annual financial reports audited by an 	Yes HSS funds are kept at the Directorate of Planning

outside auditing company or a public outside auditing institution (eg the Government Accounting Office/the State Inspectorate etc.)?	
5. Information on management measures for the awarding of contracts for vaccines and supplies, as well as other equipment and associated services, relative to the proposed anti-measles SIA:	
• What is the system used or to be used to award contracts for the anti-measles SIAs? (national contract award procedures or specific procedures)	See the Procedures Manual
• Does the beneficiary organisation have a contract award plan for the program or will such a plan be prepared for the anti-measles SIAs?	YES
• Does the organisation have a mechanism to handle complaints?	No
• What is the organisation in terms of human resources for the management and awarding of contracts? Does the implementing entity have among its personnel a specialist experienced in the awarding of contracts (qualifications, experience)?	For procurement, human resources are organised according to the administrative and financial management procedures manual.
• Or their procedures to control the quality and quantity of goods and services delivered?	Yes

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 authorized representatives. The submission of a signed request for funding represents a commitment on the part of the country to its preparation and its financial capabilities for the activities to strengthen coverage with the anti-measles vaccine and for the execution of the SIAs.
- 9.2 Minutes of the meeting of the ICC, or of the equivalent agency endorsing the application
- 9.3 Current multi-year plan
- 9.4 Detailed action plan and budget for the anti-measles SIAs and the activities to strengthen systematic immunisation for the first dose of the anti-measles vaccine (MCV1), based for

example on the practical guide to the planning and implementation of anti-measles SIAs published by the WHO, including a certain number of specific activities:

- to implement the SIAs;
- that will be carried out in the framework of the planning and implementation of the anti-measles SIAs to strengthen the capacities of the systematic immunisation system and to improve the delivery of services;
- to evaluate, in the framework of a reliable and independent survey, the level of coverage achieved thanks to the anti-measles SIAs;
- to report on systematic immunisation strengthening activities implemented in the framework of the SIAs;
- 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 An appraisal report on Efficient Vaccine Management (EVM) and the Improvement Plan based on the EVM and the status report of the Improvement Plan

9.6 A national plan for the elimination of measles, if necessary

9.7 Document specifying the size of the target population, or validation by the ICC of the size of the target population

9.8 A form requesting the bank transfer, if necessary