Proposal Form for Gavi NVS support for India – Pneumococcal and Measles Rubella vaccines

Submitted by

The Government of

India

Date of submission:

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

Start Year	2013	End Year	2017

Form revised in 2016

(To be used with Proposal and Review Process for India of March 2016)

Please submit the Proposal to: proposals@gavi.org**, with copy to the relevant Senior Country Manager at the Gavi Secretariat.**

Enquiries to: proposals@gavi.org or relevant Senior Country Manager at the Gavi Secretariat. Unless otherwise specified, the documents can be shared with Gavi partners, collaborators and the general public. The Proposal and attachments must be submitted in English.

Gavi is unable to return submitted documents and attachments to countries.

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 TRANSPARENCY 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.

1. Proposal preparation

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

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2. Type of Support requested

Please specify for which type of Gavi support you would like to apply to.

Type of Support	Preferred first presentation[1]	Start Year	End Year	Preferred second presentation[1]
Routine New Vaccines Support	PCV 13, 4 dose vial	2017	2019	PCV 10, 4 dose vial
Preventive Campaign Support	MR, 10 dose(s) per vial, LYOPHILISED	2017	2019	

[1] Gavi may not be in a position to accommodate all countries first product preferences, and in such cases, Gavi will contact the country and partners to explore alternative options. A country will not be obliged to accept its second or third preference, however Gavi will engage with the country to fully explore a variety of factors (such as implications on introduction timing, cold chain capacity, disease burden, etc.) which may have an implication for the most suitable selection of vaccine. If a country does not indicate a second or third preference, it will be assumed that the country prefers to postpone introduction until the first preference is available. It should be noted that this may delay the introduction in the country.

* Note Pneumococcal vaccine presentation options:

- Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID
- Pneumococcal (PCV13), 4 dose(s) per vial, LIQUID
- Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID
- Pneumococcal (PCV10), 4 dose(s) per vial, LIQUID

When is the country planning to introduce pneumococcal vaccine (month/year)? First Quarter of 2017.

India is planning to introduce PCV in the first quarter of 2017 in a phased manner with Gavi support as commodity assistance to cover 20% of the target population each year for three years, with supplies to be delivered to consignee points and not to port of entry. Operational cost will be borne by the Government of India. The Govt. of India will continue PCV immunization in these states once Gavi support is over, as has been done in the past with pentavalent and hepatitis B vaccines. The Government of India will provide funds for scaling up the vaccine introduction in the rest of the country in a phased manner. The specific states and the timing of scale up will be decided as per availability of vaccines and funds.

When is the country planning to conduct measles-rubella (MR) campaign? First Quarter of 2017

India is planning to start MR campaign in the first quarter of 2017. The dates however, are tentative. The MR campaign will target ~410 million children in the age-group of 9 months to <15 years of age in a phased manner over a period of two to three years from first quarter of 2017 to 2019. Each state will introduce MR vaccine in routine immunization immediately after the campaign. Therefore, an increasing cohort of children will be eligible for MR vaccine under routine immunization finally leading to all ~52 million children eligible for MR vaccine after completion of campaign.
India is seeking GAVI support only for Measles-Rubella (MR) vaccine for campaign as commodity assistance, with supplies to be delivered to consignee points and not to port of entry. Syringes, waste management, operational cost will be borne by Government of India's domestic budget.

3. Overview of State-wise vaccine introduction

Please provide an overview of the planned state-wise introduction of PCV and MR campaign (for Gavi-supported phases and future domestically supported phases where known). Timings of introduction of IPV and rotavirus are included for reference. Information can be provided in a different format as a separate attachment.

	IPV	Rotavirus	Pneumococcal*	MR campaign
A&N ISLANDS	2016			Phase 2
ANDHRA PRADESH	2016	Q1 2016		Phase 2
ARUNACHAL PR.	2016			Phase 2
ASSAM	Q4 2015			Phase 2
BIHAR	Q4 2015		2017	Phase 3
CHANDIGARH	2016			Phase 1
CHHATTISGARH	2016			Phase 3
D&N HAVELI	2016			Phase 2
DAMAN & DIU	2016			Phase 2
DELHI	2016			Phase 1
GOA	2016			Phase 2
GUJARAT	Q4 2015			Phase 3
HARYANA	2016	Q1 2016		Phase 3
HIMACHAL PRADESH	2016	Q1 2016		Phase 1
JAMMU & KASHMIR	2016			Phase 1
JHARKHAND	2016			Phase 3
KARNATAKA	2016			Phase 1
KERALA	2016			Phase 1
LAKSHADWEEP	2016			Phase 2
MADHYA PRADESH	Q4 2015		2018	Phase 3
MAHARASHTRA	2016			Phase 2
MANIPUR	2016			Phase 2
MEGHALAYA	2016			Phase 2
MIZORAM	2016			Phase 2
NAGALAND	2016			Phase 2
ODISHA	2016	Q1 2016		Phase 2
PONDICHERRY	2016			Phase 1
PUNJAB	Q4 2015			Phase 1
RAJASTHAN	2016		2018	Phase 4
SIKKIM	2016			Phase 2
TAMIL NADU	2016			Phase 1
TELANGANA	2016			Phase 2
TRIPURA	2016			Phase 2
UTTAR PRADESH	Q4 2015		2017	Phase 4
UTTARAKHAND	2016			Phase 1
WEST BENGAL	2016			Phase 2

***** The list of States for introduction of PCV is tentative and may undergo change. The scale- up to other states by the Govt. of India would be according to the availability of vaccine and funds.

4. Pneumococcal vaccine support

4.1. Baseline and Annual Targets (NVS Routine Support)

Please refer to cMYP pages to assist in filling-in this section.

Number	Base Year	Baseline and Targets				
	2015	2016	2017	2018	2019	2020
Total births [A]	28,338,000	26,342,000	26,246,000	26,130,000	25,996,000	25,850,000
Total infants' deaths [B]	1,340,000	1,061,000	1,057,000	1,053,000	1,049,000	1,041,000
Total surviving infants	26,998,000	25,281,000	25,189,000	25,077,000	24,947,000	24,809,000
Target population vaccinated with DTP1/Penta1 *[1]*	26,921,100	25,024,900	24,933,700	24,823,500	24,696,200	24,557,500
Target population vaccinated with DTP3/Penta3 *[1]*	25,504,200	23,707,800	23,621,400	23,517,000	23,396,400	23,265,000
DTP/Penta3 coverage *[2]*	90%	90%	90%	90%	90%	90%
Target population vaccinated with 1st dose of Measles	25,504,200	23,707,800	23,621,400	23,517,000	23,396,400	23,265,000
Measles1 coverage *[2]*	90%	90%	90%	90%	90%	90%
Target population for the 1st dose of pneumococcal vaccine by State						
Bihar			1,450,500	2,890,000	2,877,000	
Uttar Pradesh			564,400	1,126,800	1,686,000	
Madhya Pradesh			-	1,941,000	1,932,000	
Rajasthan			-	449,750	895,500	
Target Pneumococcal Vaccine last dose coverage *[2]* **(please see note 1 below)**			100%	100%	100%	
First Preferred Presentation: Pneumococcal vaccine PCV-13, 4 dose vial						
Wastage *[3]* **rate in base-year and planned thereafter (%)**	NA	NA	15%	15%	15%	NA
Second Preferred Presentation: Pneumococcal vaccine PCV-10, 4 dose vial						
Wastage *[3]* **rate in base-year and planned thereafter (%)**	NA	NA	15%	15%	15%	NA

Source: A and B : MoHFW

[1] Indicate total number of children vaccinated with either DTP alone or combined

[2] Number of infants vaccinated out of total surviving infants

[3] The formula to calculate a vaccine wastage rate (in percentage): [(A - B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

NOTES AND COMMENTS:

1. **PCV doses have been calculated on the basis of 100% coverage in the first year of introduction with 25% buffer and 15% wastage. This will enable availability of sufficient quantity of vaccine at all times for effective implementation of coverage improvement initiatives such as Mission Indradhanush. For subsequent years, it will be based on replacement of consumption of vaccine, assuming that the coverage is 90% and wastage is 15%. On the basis of this, the total dose of PCV vaccine required is ~60 million doses covering on an average nearly 20% of target population each year for a period of three years. In all likelihood this dose requirement will not change much; though the states indicated in the table above are tentative and subject to change. All calculations have been done using no. of births, as**

1st dose of PCV is given at 6 weeks. The above considerations can help avoid vaccine shortages which were observed in the case of IPV supply, possibly due to an underestimation of vaccine requirements. Please see para 4.3 and 4.5 of PCV introduction plan for details. Same principles had governed proposals submitted previously to Gavi for new vaccine introductions. The wastage rate has been observed to be 15% while using multi-dose vials with open vial policy. Any calculations based on wastage rate less than 15% can lead to vaccine stock-outs. In addition, for smooth vaccine supply, any changes in price of vaccine or freight costs must be factored in by Gavi only in the last tranche of PCV supply and not in the initial stages.

2. **Coverage projected to be 95% for DPT1 and Penta1 based on GoIs goals of more than 90% coverage for full immunization and 2015 WUENIC estimate of 90%.**
3. **Coverage projected to be 90% for both DPT3/Penta3 and MCV1 based on GoI goals and 2015 WUENIC estimates of 87%.**
4. **Wastage rate has been assumed at 15% for both 4 dose vial presentations of PCV.**
5. **Although Measles 1 coverage has been requested in the table above, for MR campaign vaccine requirements the target age group is wide i.e. 9 months to 15 years.**
6. **For PCV and MR vaccines, all supplies are to be delivered to consignee points.**
7. **For MR campaign, because of large volume of supplies and to adjust for unforeseen circumstances, the consignee points will be notified at the last moment after consultation with State Governments.**

4.2. Integrated disease control

Gavi considers the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) an important initiative. For Gavi to develop an understanding of any existing interventions and any barriers to integration activities:

a) Please describe any existing interventions for the prevention and treatment of pneumonia and diarrhoea and the status of implementation.

Under the umbrella of National Health Mission (NHM), the interventions under the maternal health, child health and immunization focus on early initiation of and exclusive breast feeding, use of oral rehydration salt (ORS) and Zinc tablets in children with diarrhea, provision of Vitamin A, vaccination as per the national immunization schedule, increasing the access to health care. ORS and Zn are provided under the National Health Mission (NHM) to all cases of diarrhea seeking care at District hospitals/CHC/PHC/Additional PHC/SC. For children with non-severe pneumonia, co-trimoxazole is provided at SCs for community based management of pneumonia by front line workers. At the facility level, amoxicillin is given by the physician for non-severe pneumonia. A detailed ARI treatment guideline is being developed to assist states with standard treatment protocols and operational strategies to improve preventive and treatment services. An integrated diarrhoea and pneumonia prevention control is being implemented in Bihar, UP, Madhya Pradesh and Rajasthan with support of UNICEF & WHO. It aims to reduce mortality from pneumonia to < 3 per 1000 live births and from diarrhoea to < 1 per 1000 live births. It works on principle of PROTECT (by promoting breastfeeding and adequate complimentary feeding), PREVENT (ensuring measles vaccination, promoting hand wash with soap) and TREAT (improving care seeking behaviour and referral and ensuring improved case management at community and health facility level). A National Consultation was held in October 2014 to take forward WHO Global Action Plan for Pneumonia and Diarrhoea (GAPPD) and develop an Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD). The plan is currently being scaled up in the 62 High Priority Districts (HPDs) in four states (UP, Bihar, Rajasthan and Madhya Pradesh). Strategic planning workshops were conducted in all four of the high-priority states to review the barriers in implementation and identify optimal solutions in 2014-15. State/district level committees are being established in the four priority states and the HPDs. Planning and budgeting for roll-out of IAPPD in these states are being included in the State NHM Project Implementation Plans (PIPs).
Ongoing support is being provided by WHO UNICEF during the operational planning for PIPs in other select states (Manipur, Haryana and Tripura) that have requested for assistance.

b) Please provide any considerations for how vaccination could strengthen delivery and communication of additional health interventions. Please highlight any barriers that you may foresee with integrating vaccination with other health interventions.

All the activities to introduce new vaccines will help enhance routine immunization programme system strengthening, especially in the areas of micro planning including high risk areas, health workers training (both of vaccinators and link workers), cold chain strengthening, improving AEFI surveillance & management using AEFI management kits, injection safety, social mobilization and immunization waste management. Recent example of Mission Indradhanush has demonstrated the same where, besides vaccination under Universal Immunization Programme (UIP), Vitamin A, ORS and Zinc were also provided.

4.3. Procurement for PCV Vaccines (Routine)

Note: The PCV vaccine must be procured through UNICEF to be able to access the price awarded by the Advance Market Commitment (AMC).

4.3.1 Product Licensure

For each of the vaccine(s) requested, please state whether manufacturer registration and/or national vaccine licensure will be needed in addition to WHO prequalification and, if so, describe the procedure and its duration. In addition, state whether the country accepts the Expedited Procedure for national registration of WHO-prequalified vaccines, and if the country would issue waivers for an importation license for a period of time where necessary.

Note that the necessary time for licensure should be factored into the introduction timeline and reflected in the Vaccine Introduction Plan.

Yes, it is necessary to obtain manufacturers registration and licensure is mandatory, in addition to WHO pre-qualification. The manufacturer has to submit the prescribed format of the Central Drugs and Standards Organization (CDSCO) for import /manufacture and marketing approval of new drugs for human use. The time taken for approval will be based on the processing time and requirements for approval process of the CDSCO.

For each of the vaccine(s) requested, please provide the actual licensure status of the preferred presentation and of any alternative presentations, if required.

PCV-13, 4 dose vial and PCV-10, 4 dose vial are not yet licensed in India. The preferred presentation is PCV-13, 4 dose vial.

Please describe local customs regulations, requirements for pre-delivery inspection, special documentation requirements that may potentially cause delays in receiving the vaccine. If such delays are anticipated, explain what steps are planned to handle these.

The manufacturer has to submit an application for import of vaccine and once that is obtained, samples of the vaccine have to be sent to CDL, Kasauli for quality testing, one month prior to shipment of batches of vaccine.

Please provide information on NRA in the country, including points of contact with phone numbers and e-mail addresses. UNICEF will support the process by communicating licensing requirements to the vaccine manufacturers where relevant.

The National Regulatory Authority of the Central Drugs and Standards Organization (CDSCO) Central Drugs and Standards Organization (CDSCO), which is headed by the Drug Controller General of India, Dr. G.N. Singh, Address: FDA Bhawan, Kotla Marg, New Delhi – 110002. Phone no+91-112323696, +91-1123236367. Email: dci@nic.in

4.4. Mandatory documents

Please attach a pneumococcal vaccine introduction plan (”New Vaccine Introduction Plan (NVIP)”) as well as New Vaccine Introduction Checklist and Activity List & Timeline) to this proposal.

The WHO templates and guidance on the NVIP and Checklist, Activity List & Timeline are available here: http://www.who.int/immunization/programmes_systems/policies_strategies/vaccine_intro_resources/nvi_guidelines/en/.

Checklist attached with PCV and MR Vaccine introduction Plans.

5. Measles-Rubella vaccine support

5.1 Updates to the January 2015 NVS application for MR support

Please update the table below based on requested Gavi support for the first two phases of MR campaign.

Baseline NVS preventive campaign figures for MR campaign - Phase 1 AND 2

Phase	MR campaign duration	No. of States	No. of Districts	Estimated Target Population (9 m<15 yrs)	MR vaccine required for campaign
Phase 1	Jan 2017 - Jun 2017	10	161	66,017,000	77,900,060
Phase 2	Jul 2017 – Dec 2017	18	212	111,100,000	131,098,000
Total Phase 1 & 2	Jan 2017 – Dec 2017	28	373	177,117,000	208,998,060

The timing of MR campaign and duration of each Phase indicated in the table above is tentative and may undergo change.

Number	Targets				
	2016	2017	2018	2019	2020
Total target population*	0	177,117,000	231,683,000	0	
Wastage rate (%) for MR (campaign)	15%	15%	15%		
Maximum wastage rate value for MR (campaign)	0 %	0 %	0 %	0 %	0 %

* For MR campaign, the target population is 9 month to 15 years. The figure for calendar years 2017 and 2018 have been consolidated from the MR campaign phasing plan given in the introduction plan. The figure for calendar year 2017 includes the target cohort of Phase 1 & 2, and the figure for calendar year 2018 includes the target cohort of Phase 3 & 4. Both, the timing of MR campaign and duration of its Phases are tentative and may undergo change.

5.2 Procurement for MR Preventive Campaign(s)

a) Please indicate the procurement mechanism of vaccines (Gavi expects that countries will procure vaccine and injection supplies through UNICEF):

India is seeking Gavi support for MR vaccine for the campaign only as commodity assistance. The syringes will be procured through Government of India' procurement procedures using its own funds. All supplies are to be delivered to consignee points. For MR campaign, because of large volume of supplies and to adjust for unforeseen circumstances, the consignee points will be notified just prior to initiation of campaign in specific states, after consultation with State Governments.

b) If an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or the Gavi) is requested, please document

- A description of the mechanism and the vaccines or commodities to be procured by the country
- Assurance that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. For the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, assurance should also be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

India is seeking commodity support of the vaccines and the vaccines will be supplied by Gavi to India through UNICEF. The syringes will be procured using Govt. of India's funds as per the its own procurement procedures.

5.3 Mandatory documents

Please provide a cover note to the January 2015 application, describing any updates to the submitted 2015 MR introduction plan or any other submitted documents. Please indicate relevant pages in the submitted documents for reference.

Or, please attach updated documents and indicate as such in Section 8.

Cover note for updates to MR application attached (Doc. 1)

6. Cold chain capacity

Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain equipment and other logistical requirements. If cold chain expansion is required, state how it will be financed, and when it will be in place. Please also describe how the surge capacity for MR campaigns will be managed.

There are approximately 27,000 cold chain points in India. Introduction of Pentavalent vaccine across the country has further freed cold chain space within the existing equipment. Additionally, there is an ongoing procurement which will substantially extend the cold chain space availability sufficiently to accommodate all new vaccine introductions. With these procurements, soon the cold chain space in terms of number of ILRs and Deep Freezers is expected to increase by over 30%; walk-in coolers and walk-in freezers would increase by 8% and 26% respectively.
Training of cold chain handlers, technicians will be carried out prior to MR campaign and PCV introduction while ensuring there is synergy between these introductions and also with routine RI trainings. In addition, to manage the surge capacity for MR campaigns, these campaigns will be conducted in four phases spread over three years. India had a similar past experience with Measles catchup campaigns, where a large population (children 9 months to 10 years of age) were immunized in many of the large states of the country.
The Government of India is implementing an alternate vaccine delivery (AVD) system, to ensure that the immunization session starts on time, vaccines are collected on the same day and unused/opened vials and immunization waste are brought to PHC on the same days. There are various ways of implementation of AVD system such as hiring of vehicle/auto-rickshaw, motor cycle/bicycle, potter, boats etc. Under the National Health Mission, flexible funds are available for the AVD system, which can be utilized based on the local conditions.
There is sufficient availability of power supply as the majority of cold chain equipment require only up to 8 hours of electricity per day. In selected areas, where power supply may be limited, solar cold chain equipment are being installed.

The above information can be provided as separate document(s) to describe any relevant capacity assessments and plans.

7. Data quality

Please indicate if there is a strategic data quality improvement plan in place at the national and/or state levels. It is a document that describes the country's plan for improving data quality, ideally as a part of an integrated country planning process rather than a standalone product. If available, please attach the data quality improvement plan(s).

Currently, the strategic data quality improvement plans are being formulated for three states including Haryana and high priority states - Uttar Pradesh and Rajasthan. These are being developed as a follow up of data quality assessments conducted in the state with technical support from national level by the Immunization Technical Support Unit. Data quality improvement is a priority for all the four high priority states (Uttar Pradesh, Rajasthan, Madhya Pradesh and Bihar) and figure prominently in the state led immunization coverage improvement plans (iCIPs).
At national level, data quality is being monitored very closely through the monthly dashboards. Based on the observations through these dashboards regular feedback is being shared with the states. States are also being encouraged and supported to develop similar dashboards at state level.

Please indicate if an in-depth data quality assessment and/or a data quality review workshop were recently conducted either at the national or state level. If yes, please attach the assessment and/or review reports.

In depth data quality assessment (DQA) workshops were conducted in three states – Haryana (2014), Uttar Pradesh (2015) and Rajasthan (2016). Haryana report has been published while the other reports are being prepared. Other high priority states are planning to conduct these workshops very soon.
The methodology of DQA workshops were based on various standardized tools recommended by WHO, GAVI, Global Fund and USAID. The DQA exercise aims to verify reported immunization data on four indicators of: availability, completeness, consistency, and agreement. Additionally, the DQA exercise also aims to critically understand the system which is responsible for generation and flow of immunization data. This exercise is conducted at each level of the data management and reporting system i.e. points of service delivery (eg., subcentre), point of data collation and entry into the electronic portal (eg., primary health centre/ block) and points at higher levels (eg., district, state) to which the data are reported.

The above information can be provided as separate document(s) to describe the initiatives to date.

8. List of documents attached to this proposal

Checklist of attachments

Document Number	Document	MR (please indicate if an updated document is provided)	PCV (please indicate with "x" if submitted with proposal"
	comprehensive Multi Year Plan - cMYP	(shared)	
	cMYP Costing tool for financial analysis	(shared)	
	M&E and surveillance plan within the country's existing monitoring plan	X (Doc.2)	X (Doc.3)
	Vaccine introduction plan (including checklist, activity list and timeline)	Updated Plan Attached	X (Doc.5)

	Plan of Action for campaigns / Introduction Plan for the introduction of RCV into the national programme	X (Doc.4)	
	Evidence of commitment to fund purchase of RCV for use in the routine system in place of the first dose of MCV	X (Doc. 6 cMYP 2013-17)	
	Campaign target population documentation	X (Doc.4)	
	EVM report	X (shared)	
	National Cold Chain Assessment	(2014 assessment shared)	
	Improvement plan based on EVM	(2015 National Cold Cain and Vaccine Logistics Action Plan shared)	
	EVM improvement plan progress report	X (Doc. 7)	
	Data quality assessment (DQA) report	X (Doc.8 DQAS report of Haryana state),	
	Other (please describe) - Latest national immunization dashboard	X (Doc.9.)	
	Other (please describe)		