## AltText

**Application Form for Country Proposals**

**Measles Supplementary Immunization Activities (SIAs)**

**FOR CHAD**

Submitted by

**THE GOVERNMENT OF THE REPUBLIC OF CHAD**

Date of submission: [Tuesday, 13 September 2013]

**(Deadline for submission: 15 September 2013)**

**TERMS AND CONDITIONS FOR GAVI ALLIANCE GRANTS**

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

***FUNDING USED SOLELY FOR APPROVED PROGRAMS***

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

***AMENDMENT TO THIS PROPOSAL***

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

***RETURN OF FUNDS***

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

***SUSPENSION/ TERMINATION***

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

***ANTI CORRUPTION***

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

***AUDITS AND RECORDS***

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

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

***CONFIRMATION OF LEGAL VALIDITY***

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

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

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

***ARBITRATION***

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

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

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

***Use of commercial bank accounts***

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

# APPLICATION SPECIFICATION

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

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

The SIA will be consecutively organized in each of the three (3) regional blocks defined below; the SIA duration being seven (07) days per block with the following time schedule:

**Block 1**: 03 – 09 October 2014

**Block 2**: 10 – 16 December 2014

**Block 3**: 20 – 26 January 2015

# EXECUTIVE SUMMARY

***Q2.*** ***Please provide an executive summary that clearly states the target age, geographic extent or phasing, and time period of the planned SIA. Please also provide clear justification for these plans based on the current state of the immunization program (routine coverage, previous SIAs, plans for introduction of a second dose of measles vaccine through routine) and on measles surveillance data. The executive summary must also highlight those activities done during SIA preparations or operations that will strengthen the routine immunization program as described in the Application Guidelines.***

Since 2002, Chad has adopted and implemented the strategies recommended by the World Health Organization (WHO) for the accelerated measles control program in the African Region; notably, the country has devised a strategic accelerated measles control plan for the period 2004 - 2008 to revive EPI and vaccine-preventable diseases’ control activities. This plan was centered around the following strategies i) Strengthening of routine immunization, ii) Organization of supplementary immunization activities, iii) Reinforcement of epidemiological surveillance with disease confirmation data and iv) Improvement in case management of vitamin-A deficiency and prevention of complications.

During 2003-2013, the accelerated measles control initiative witnessed two evolutionary phases in Chad. An overview of the disease situation from 2003 to 2012 is presented here (see table 1 below). The initial phase was characterized by the devising and execution of the strategic measles control plan (2004-2008) that aimed at 90% reduction in morbidity and 95% decline in mortality due to measles, as against the situation prevalent in the preceding period, i.e., in the year 2004, (deadly epidemics with annual average of more than 20,000 cases and over 500 deaths estimated by SIS). Notably, the implementation of this plan facilitated organization of national immunization campaigns against the disease. Following the first immunization catch-up campaign in January 2003, regional campaigns across the country were organized in October 2005 and February 2006. Children in the age group of 9 months to 14 years formed the target population of the campaign (Table E).

The second phase saw the organization of a national follow-up campaign for polio, mebendazole and vitamin-A deficiency in 2009 covering 6-59 month-old children. This campaign did not yield the desired results. A second follow-up campaign was organized in January 2012 (Table F).

Despite the considerable decline in measles mortality, the immunization coverage with the routine measles vaccine, the quality of measles supplementary immunization activities and the status of disease control have not attained the levels required for measles eradication from Chad by 2020. The Expanded Program on Immunization (EPI) came into operation in the country in 1985. The routine Measles Immunization Coverage (MIC) never reached 90% at the national level (Table 2). Hence, the population immunity level continues to be very low. Over the last few years, the country has witnessed intense measles virus circulation and measles epidemic outbreaks in several regions. At least one measles epidemic is reported each year. In 2012, half of the laboratory confirmed measles cases involved children less than five years of age.

With regards to the severity of the problem, Chad intends to lead a national anti-measles campaign consecutively in each of the three (3) regional blocks during 2014 – 2015 to ensure collective immunity in children aged 9-59 months and to put the country on the path leading to measles eradication by 2020.

**Table 1**: Overview of the measles situation in Chad from 2003 to 2012

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **2003** | **2004** | **2005-2006** | **2007** | **2008** | **2009** | **2010** | **2011** | **2012** | **2013**  **Jan- Aug** |
| National immunization campaign | | Yes | No | Yes | No | No | Yes | Local response | Local response | Yes | No |
| Age-group | | 6 months to 14 years | n/a | 9 months to 14 years | n/a | n/a | 6-59 months | 6-59 months | 6-59 months | 6-59 months | n/a |
| Population to be immunized | | NA | n/a | 50,71, 954 | n/a | n/a | 17,70, 918 | 3,69,740 | 65,06, 707 | 19,88, 605 | n/a |
| Campaign results (%) | Administrative | n/a | n/a | 92 | n/a | 68 | 99 | n/a | 91 | 112 | n/a |
| Surveys (MICS) | n/a | n/a | n/a | n/a | n/a | n/a | 46 | n/a | n/a | n/a |
| Routine EPI results (%) | Administrative | NA | 59 | 70 / 78 | 73 | 54 | 82 | 84 | 79 | 86 | 69 |
| WHO/UNICEF Estimates | 23 | 16 | 27/39 | 31 | 27 | 36 | 33 | 28 | NA | NA |
| Surveillance (case by case) | Laboratory confirmed cases/ suspected cases | NA | NA | NA | NA | 36/200 | 165/321 | 194/327 | 129/195 | 86/184 | 145/235 |
| Number of reported outbreaks | NA | NA | 4  in 2006 | 3 | 41 | 3 | 3 | 3 | 11 | 15 |
| Average age in lab confirmed cases and epidemiological link | NA | NA | NA | NA | NA | 9.61 years | 8.58 years | 8.41 years | 9.57 years | 9.10 years |
| Median age in lab confirmed cases and epidemiological link | NA | NA | NA | NA | NA | 6 years | 5 years | 5 years | 7 years | 6 years |

n/a = not applicable, NA = Not Available.

Q2.1-**Target age group**: 9 months - 59 months

Q2.2-**Dates and geographic timetable in tables A, B, C below:**

Q2.2**.1 – 1st round**: 3-9 October 2014 in a block of ten (10) regions (table A).

**Table A**: Block 1

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Regions** | **Total population in 2014** | **Target population (16.2%)** |
| 1 | Batha | 6,36,420 | 1,04,373 |
| 2 | Borkou | 1,15,616 | 18.961 |
| 3 | Dar-Sila | 1,35,887 | 22.286 |
| 4 | East Ennedi | 71.300 | 11.693 |
| 5 | West Ennedi | 6,65,066 | 3,19,232 |
| 6 | Guéra | 8,22,593 | 1,34,905 |
| 7 | Ouaddaï | 3,68,300 | 60.401 |
| 8 | Salamat | 4,58,022 | 75.116 |
| 9 | Tibesti | 23.370 | 3.833 |
| 10 | Wadi-Fira | 6,06,722 | 98.289 |
| TOTAL BLOCK 1 | | 39,03,296 | 8,49,088 |

**Q2.2.2 – 2nd round**: 10-16 December 2014 in a block of seven (7) regions (table B).

**Table B**: Block 2

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Regions** | **Total Population in 2014** | **Target Population (16.2%)** |
| 1 | Bar El Gaze | 3,11,324 | 50.434 |
| 2 | Chari Baguirmi | 7,38,480 | 1,52,010 |
| 3 | Hadjar Lamis | 6,71,851 | 1,40,069 |
| 4 | Kanem | 4,30,793 | 68.558 |
| 5 | Lac | 7,54,441 | 77.553 |
| 6 | East Mayo Kebi | 9,06,534 | 1,48,948 |
| 7 | N’djaména | 12,23,884 | 3,59,442 |
| TOTAL BLOCK 2 | | 50,37,306 | 8,77,472 |

**Q2.2.3 – 3rd round**: 20-26 January 2015 in a block of six (6) regions (table C). 2015régions et bloc de régions.ableau ci-après)

**Table C**: Block 3

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Regions** | **Total Population 2015** | **Target Population (16.2%)** |
| 1 | Moyen Chari | 8,96,603 | 1,48,948 |
| 2 | Tandjilé | 9,23,263 | 1,42,770 |
| 3 | Mandoul | 9,98,254 | 1,16,371 |
| 4 | West Mayo Kebi | 6,49,077 | 1,13,158 |
| 5 | Eastern Logone | 10,95,342 | 1,69,054 |
| 6 | Western Logone | 7,89,735 | 1,46,507 |
| TOTAL BLOCK 3 | | 53,52,274 | 8,67,068 |

**Q2.3-Explanation**

**Q2.3.1-**Routine immunization coverage

The routine coverage trend is presented in table D below.

**Table D**: Evolution of the national administrative routine coverage per antigen in Chad from 2004 till June 2013.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year**  **Antigens** | **2003** | **2004** | **2005** | **2006** | **2007** | **2008** | **2009** | **2010** | **2011** | **2012** | **2013**  **Jan-Jun** |
| **BCG** | 72% | 38% | 71% | 81% | 67% | 57% | 74% | 83% | 79.1% | 88% | 76% |
| **DTP3** | 47% | 50% | 58% | 72% | 65% | 43% | DTP replaced by Pentavalent on 1 July 2008 | | | | |
| **Pentavalent 3** |  | | | | | 17% | 75% | 83% | 71% | 77% | 71% |
| **OPV3** | 40% | 48% | 57% | 69% | 60% | 41% | 63% | 75% | 67.5% | 78% | 69% |
| **MCV** | 61% | 56% | 70% | 78% | 73% | 54% | 82% | 84% | 79% | 86% | 69% |
| **VAA** | 40% | 49% | 63% | 70% | 70% | 53% | 74% | 81% | 80% | 86% | 72% |
| **VAT2+ (FE)** | 10% | 14% | 16% | 98% | 61% | 57% | 58% | 76% | 62% | 78% | 75% |

*Source: Statistical Yearbook of the MPH, PPAC 2013-2017*

**Q2.3.2 –** Previous SIAs (tables E and F)

**Table E:** Regional administrative data of the Measles SIA campaign of 2005-2006 targeting the age-group of 9 months to 14 years in Chad

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REGIONS** | **TARGET POPULATION** | **CHILDREN IMMUNISED** | **COVERAGE RATE** | **WASTAGE RATE** | **AEFI cases** |
| Batha | 1,78,483 | 1,52,811 | 86% | 2% | - |
| Bet | 63.178 | 28.617 | 45% | NA | - |
| Chari Baguirmi | 3,39,406 | 3,28,661 | 97% | 3% | - |
| Guera | 1,89,470 | 1,85,598 | 98% | 3% | - |
| Hadjer Lamis | 3,12,744 | 2,67,756 | 86% | 4% | - |
| Kanem | 2,88,904 | 2,74,810 | 95% | 7% | - |
| Lac | 1,73,160 | 1,63,943 | 95% | 3% | - |
| Western Logone | 3,15,753 | 3,17,366 | 101% | 3% | 1 |
| Eastern Logone | 3,64,347 | 3,67,202 | 101% | 2% | 2 |
| Mandoul | 2,50,804 | 2,62,592 | 105% | 4% | - |
| East Mayo Kebbi | 3,32,571 | 3,33,527 | 100% | 3% | 3 |
| West Mayo Kebbi | 2,43,879 | 2,66,795 | 109% | 3% | - |
| Moyen Chari | 2,61,964 | 2,53,885 | 97% | 4% | - |
| N'djamena | 8,02,560 | 5,19,945 | 65% | 4% | - |
| Ouaddai | 3,45,714 | 3,41,120 | 99% | 4% | - |
| Salamat | 1,06,118 | 1,10,793 | 104% | 4% | - |
| Tandjile | 3,07,699 | 3,09,341 | 101% | 3% | - |
| Wadi Fira | 1,95,200 | 1,90,272 | 97% | 6% | 1 |
| **CHAD** | **50,71,954** | **46,75,034** | **92.17%** | **3.64%** | **7** |

Table F: Regional administrative data of the 2012 anti-measles campaign for the age-group of 6-59 months

|  |  |  |  |
| --- | --- | --- | --- |
| **REGIONS** | **TARGET POPULATION** | **CHILDREN IMMUNISED** | **COVERAGE RATE (%)** |
| BATHA | 96.006 | 98.717 | 102.82 |
| BORKOU | 15.755 | 8.917 | 56.60 |
| CHARI BAGURMI | 1,12,291 | 1,22,874 | 109.42 |
| ENNEDI | 19.835 | NA | NA |
| GUERA | 1,01,059 | 1,03,590 | 102.50 |
| HADJER LAMIS | 1,01,407 | 1,20,933 | 119.25 |
| KANEM | 65.849 | 77.325 | 117.43 |
| LAC | 82.225 | 88.067 | 107.10 |
| WESTERN LOGONE | 1,23,084 | 92.640 | 75.27 |
| EASTERN LOGONE | 1,68,734 | 2,46,714 | 146.21 |
| MANDOUL | 1,13,677 | 1,23,647 | 108.77 |
| EAST MAYO KEBBI | 1,33,773 | 1,52,157 | 113.74 |
| WEST MAYO KEBBI | 1,01,791 | 1,32,129 | 129.80 |
| MOYEN CHARI | 1,07,771 | 1,48,433 | 137.73 |
| N'DJAMENA | 1,72,742 | 2,00,352 | 115.98 |
| OUADDAI | 1,33,219 | 1,56,769 | 117.68 |
| TANDJILE | 1,21,252 | 1,47,904 | 121.98 |
| TIBESTI | 3.779 | NA | NA |
| SILA | 69.133 | 70.435 | 101.88 |
| SALAMAT | 55.590 | 49.235 | 88.57 |
| WADI FIRA | 89.633 | 86.386 | 96.38 |
| **TOTAL** | **19,88,605** | **22,27,224** | **112** |

Table G: Changes in the immunization coverage (IC) by surveys 2010 and 2012

|  |  |  |
| --- | --- | --- |
| **ANTIGENS** | **IC in % - MICS (2010)** | **IC in % - REVUE (2012)** |
| BCG | 46.5 | 68 |
| PENTA1 | 35.3 | 55 |
| PENTA3 | 14.2 | 42 |
| OPV3 | 32 | 52 |
| MCV | 46 | 54 |
| VAA | 32 | 54 |

The per-antigen estimated routine immunization coverage data obtained through surveys (MICS 2010 and REVUE 2012) is fairly reliable (table G).

**Q2.3.3 - Plan for the introduction of a second dose of measles vaccine as a part of the routine immunization:**

**Following the 2014-2020 strategic plan for measles eradication:**

Chad foresees a second opportunity for measles immunization thanks to the advanced measles supplementary immunization activities and/or introduction of a second dose of measles vaccine in the national timetable of routine immunization. This is the principal strategic approach to maintain high immunity levels amongst the population.

The second measles immunization program, which will be implemented after 16 months, is necessary to reduce the disease incidence across all age-groups and thereby enhance the immunity levels and prevent local and imported virus transmission.

However, introduction of the second dose in the routine EPI will be planned from the year 2015 onwards. This delay is because the country still does not fulfill the criteria recommended by WHO/AFRO:

* MCV1 coverage >80% for two consecutive years based on the estimates of WHO/UNICEF. The current level is 48%.
* The fulfillment of one of the surveillance indicators for two consecutive years, notably;
* 80% of districts with ≥1 suspected cases sampled per year. Chad stands at 54% in 2013 (January-August).
* Non-measles febrile rash illness rate > 2:1, 00,000 per year. The non-measles case investigation rate is 0.56/1, 00,000 in 2013 (January-August).

***Q2.4- Activities for SIA preparation and reinforcement of the routine immunization program.***

The efforts also are not at the break-even point in this field. Indeed, several frameworks on local, regional and national levels have been developed as practical MLM/EPI guidelines. Other workshops on MLM and EPI guidelines will be planned in the forthcoming months.

All these trainings and anticipated workshops for Measles SIA would help in enhancing the capability to manage any immunization program, be it SIA or routine EPI.

The following activities for SIA preparation are also aimed at strengthening the routine immunization process; these include:

* Revival of local, regional and national coordination structures;
* Organization of micro planning workshops for program implementation in regions and districts;
* Servicing and use of communication aids;
* Refresher courses for health workers and training for immunization teams;
* Providing immunization centers with adequate cold chain equipments.

# SIGNATURES OF THE GOVERNMENT AND NATIONAL COORDINATING BODY

* 1. THE GOVERNMENT

The Government of THE REPUBLIC OF CHAD would like to expand the existing partnership with the GAVI Alliance to further prevent measles deaths and for the improvement of the infant routine immunization program of the country, and specifically hereby requests GAVI support for measles vaccine (lyophilized, 10doses/via) for supplementary immunization activities.

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

The Government of THE REPUBLIC OF CHAD acknowledges and accepts the GAVI Alliance Grant Terms and Conditions included in the Application Form for Country Proposals for Measles Supplementary Immunization Activities.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **MINISTER OF HEALTH (OR DELEGATED AUTHORITY)** | | **MINISTER OF FINANCE (OR DELEGATED AUTHORITY)** | |
| **Name** | AHMED DJIDDA MAHAMAT | **Name** | ATTEIB DOUTOUM |
| **Date** | 12 September 2013 | **Date** | 12 September 2013 |
| **Signature** |  | **Signature** |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME** | **POSITION** | **TELEPHONE** | **EMAIL** |
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NATIONAL COORDINATING BODY/ INTER-AGENCY COORDINATING COMMITTEE FOR IMMUNISATION

We the members of the Inter-Agency Coordinating Committee for Immunization (ICC), Health Sector Coordinating Committee (HSCC), or equivalent committee[[2]](#footnote-3), met on this date, **[Tuesday, 10 September 2013]**,to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

|  |  |  |
| --- | --- | --- |
| **Name/Title** | **Agency/Organization** | **Signature** |
| AHMED DJIDDA MAHAMAT | Minister of Health |  |
| ATTEIB DOUTOUM | Minister of Finance |  |
|  | Secretary General of the Ministry of Health |  |
|  | WHO Representative |  |
|  | UNICEF Representative |  |
|  | Red-Cross Representative in Chad |  |
|  | President of the National Rotary PolioPlus Commission |  |

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

**Minutes of the Meeting of Health Sector Coordinating Committee held on 10 September 2013**

The EPI-focused meeting of the Health Sector Coordinating Committee was held on September 10, 2013 in the conference room of the Ministry of Public Health, under the chairmanship of its Secretary General, Dr Mahamat Annour Wadak.

Participants: see the list of attendees

There were three items on the agenda:

1. Validation of the Measles Eradication Strategic Plan 2014-2020
2. Approval of request for GAVI support to Measles SIA
3. Any other business

In his opening address, the Secretary General of the Ministry of Public Health welcomed the participants and expressly pointed out that HSCC was the main body assisting the Ministry’s immunization program by approving its plans and mobilizing adequate and necessary resources for the implementation of project-specific activities. He also acknowledged GAVI’s noble cause of pursuing wider immunization coverage targeting children less than one year of age and pregnant women. The Secretary General insisted that the analysis and adoption of two important documents mentioned below would enable Chad to solicit GAVI’s support for the measles immunization campaign in 2014. This brief introduction was followed by presentation of the documents.

The first presentation on the 2014-2020 Strategic Plan for Measles Eradication was made by the EPI Coordinator. The Coordinator briefed members about the context, goal and objectives of the plan, as well as the funding required for its implementation.

The second presentation dealt with the request addressed to GAVI to solicit its support for the measles immunization campaign in 2014-2015. The country background, current situation, resources, objectives, strategies and the budget of the plan were shared with the HSCC members.

The discussions and comments by the HSCC members pertained to the following points:

* Threats related to the analysis and spreading of wild poliovirus in a country neighboring Chad.
* The possible failures of vaccines in terms of inadequacy, notably with regards to unavailability of a buffer stock for epidemics and other breakouts
* Opportunity offered by GAVI to the developing countries
* Funding procedure of the strategic plan

Clarifications and explanations were provided for the concerns expressed.

As regards other business, the participants were informed of the significant progress attained with respect to the availability of State grant for EPI in 2013.

Following the discussion round, the HSCC members approved the two documents and advised the EPI Coordination Committee to forward the proposal request to GAVI at the earliest.

Having begun at 14:30 hrs, the meeting ended at 16:30 hrs.

Reporter

**Dr. CHERIF BAHARADINE**

# IMMUNISATION PROGRAM DATA

4.1 Gender and equity

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

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

**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 describe how these issues may impact your immunization program or campaigns and financing of these activities.**

Q4.1.1 - Description of potential barriers to access immunization services.

* **Income-related barriers:** The National Health Policy of the Republic of Chad allows free access to the immunization services.To this date, there are no income constraints limiting access to immunization.
* **Geographic difficulties:** The vast Chadian territory, poorly served by public transportation and basic health services on the one hand; the existence of difficult-to-access natural zones (the great desert in the North, Chad lake in the West, Iro lake in the South, mountain ranges in the North and East, etc.) and numerous intermittent streams formed during rains on the other hand, all this poses genuine difficulty in accessing the immunization services.
* **Gender-specific barriers:** There exist no gender-based obstacles preventing access to immunization services, although it must be noted that immunization data is not collected on gender lines.
* **Socio-economic barriers:** Furthermore, this category of factors constitutes a genuine barrier generally obstructing access to health services and to immunization services in particular: e.g., the mobility of nomadic pastoralists in search of pasture and water points; mobility of women traders who stay away from their homes for weeks at a stretch, as well as scattering of farmers in the bushes during field work.

**Q4.1.2 - Actions taken to mitigate these barriers**

As far as the above mentioned structural and cyclical obstacles are concerned, several specific strategies have been devised to overcome them, amongst others:

* For geographical difficulties: The national territory being vast and divided into twenty-three (23) regions, our strategy is to make three (3) regional blocks and organize a ten (10)-day campaign per block in the specified period taking into account the epidemiology of measles and the existence of a beneficiary community. From an operational and managerial point of view, this would enable the deployment of optimal resources in the target zones to obtain better results. The fixed, advanced and mobile strategies have been retained for immunization activities.
* For socio-economic difficulties:
* In case of women traders: Temporary fixed sites at stations and around the markets have been earmarked.
* In case of nomadic pastoralists: Mobile strategy is being deployed after identification of their itineraries and tracking down of their camps. Their immobile representatives in cities and villages are also being roped in.
* In case of farmers: The period of relative inactivity (December and January) has been chosen for organizing the campaign.

**Q4.1.3 – Kindly check if equity issues are taken into account while devising the social mobilization strategies, amongst others, to improve the immunization coverage. Please specify if these issues are dealt with in the action plan.**

* The communication and social mobilization strategies based on the equity principle and included in the action plan being:
* Involvement of opinion leaders and development partners;
* Peer-to-peer knowledge mobilization;
* Involvement of community volunteers recruited from villages.

**Q4.1.4 – Please indicate if sex-disaggregated data is collected and used in routine immunization reporting systems and/or campaigns.**

* Unfortunately, routine immunization or campaign data is not collected on gender lines.

**Q4.1.5 - 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 describe how these issues may impact your immunization program or campaigns and financing of these activities.**

* The country hosts Sudanese and Central African refugees in its Eastern and Southern territory respectively. However, the presence of these refugees does not impact the stability of the country. All the immunization campaigns at the country level take into account the presence of these refugees.

4.2 Immunization Coverage

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

**Table 4.1**. Reported MCV1 coverage

|  |  |  |  |
| --- | --- | --- | --- |
| **Trends of reported national MCV1 coverage** | | | |
|  | **WHO/UNICEF Joint Reporting Form** | | |
| **Year** | 2010 | 2011 | 2012 |
| Total population in the target age cohort | 4,20,478 | 4,35,616 | 4,57,872 |
| Number vaccinated | 3,53,202 | 3,45,388 | 4,07,505 |
| MCV1 Coverage (%) | 84% | 79% | 89% |
| Wastage rate (%) for MCV1 | NA | NA | NA |

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

Survey date: March-April 2012

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

Sample size: 19 out of 22 regions of the country

Number of clusters: 42, with 10 subjects in each region

Number of children: 7,980 children aged 12-23 months

MCV1 coverage: 54% (gross coverage)

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

**Table 4.2**. Measles SIA coverage

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEMS** | **REPORTED** | | |
| Year | **2005-2006** | **2009** | **2012** |
| Target age group | 6 months – 14 years | 6 - 59 months | 6 - 59 months |
| Total population in the target age group | 5,071,954 | 1,770,918 | 1,988,605 |
| Geographic extent (national, sub national) | National | National | National |
| Number vaccinated | 4,675,035 | 1,750,148 | 2,227,224 |
| Measles SIA Coverage (%) | 92% | 99% | 112% |
| Wastage rate (%) for measles SIA | 3.6% | 6% | 7.8 % |
| Survey ( MICS) | SO | SO | SO |

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

|  |
| --- |
| ***X*** |

Survey date:

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

Sample size:

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

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

Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_

# Targets and Plans for Measles SIAs and Increasing Routine MCV Coverage

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Target** | **Target**  **(if applicable, for phased\* SIA)** | **Target**  **(if applicable, for phased\* SIA)** |
|  | **(Block 1: October 2014)** | **(Block 2: December 2014)** | **(Block 3: January 2015)** |
| Target age group | 9-59 months | 9-59 months | 9-59 months |
| Total population in the target group (nationally) | 3,903,296 | 5,037,306 | 5,352,274 |
| % of population targeted for the SIA | 16.2 | 16.2 | 16.2 |
| Number to be vaccinated with measles vaccine during the SIA | 849.088 | 887.472 | 867.068 |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MCV COVERAGE** | **Target** | **Target** | **Target** | **Target** |
|  | **[Insert Year]** | **[Insert Year]** | **2014** | **2015** |
| Routine MCV1 Coverage |  |  | 70 % | 75 % |
| Routine MCV2 Coverage (if applicable) |  |  | n/a | n/a |

# Financial Support

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

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

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

* 1. Government financial support for past Measles SIA

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

**Table 6.1.** Share of financing for last measles SIA (Measles SIA 2012)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Category** | **Government funding**  **(US$)** | **Partner support (US$)** |
| Vaccines and injection supplies | Total amount | 9,71,834 | - |
| Amount (US$) per target person | 0.49 | - |
| Operational costs | Total amount | 6,36,000 | 6,36,000 |
| Amount (US$) per target person | 0.32 | 0.32 |

Year of SIA: [2012]

Estimated target population: [19,88,605 children]

Are the amounts provided based on final budget or actual expenses?: [The amounts are based on the projected Budget.]

* 1. Support for past measles routine vaccines

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

**Table 6.2**. Share of financing for routine measles (only vaccines and injection supplies’ cost)

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Category** | **Governments funding**  **(US$)** | **Partner support (US$)** |
| 2012 | Total amount | 147,463 | 0 |
| Amount per child immunized | 0.33 | 0 |
| 2011 | Total amount | 281,461 | 0 |
| Amount per child immunized | 0.65 | 0 |
| 2010 | Total amount | 67.931 | 0 |
| Amount per child immunized | 0.16 | 0 |
| 2009 | Total amount | 224,231 | 0 |
|  | Amount per child immunized | 0.55 | 0 |
| 2008 | Total amount | NA | 0 |
|  | Amount per child immunized | NA | 0 |

Proposed support for upcoming Measles SIA

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

**Kindly provide a precise estimation of operational costs in the tables below (6.3a.1-Block 1, 6.3a.2-Block 2, 6.3a.3-Block 3).**

**Table 6.3a.1-**Proposed financing for the upcoming measles SIA for which GAVI support is requested. - **Block 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Category** | **Country funding (US$)** | **Other donors’ support (US$)** | **GAVI support requested (US$)** |
| Vaccines and injection supplies | Total amount | 0 |  | 344,250 |
| Amount per target person | 0 |  | 0.41 |
| Operational costs | Total amount | 171,003.00 | 0.00 | 543,416.02 |
| Amount per target person | 0.20 |  | 0.64 |

Estimated target population: [849,088]

**Table 6.3a.2-** Proposed financing for the upcoming measles SIA for which GAVI support is requested - **Block 2**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Category** | **Country funding (US$)** | **Other donors’ support (US$)** | **GAVI support requested (US$)** |
| Vaccines and injection supplies | Total amount | 0 |  | 363,640 |
| Amount per target person | 0 |  | 0.41 |
| Operational costs | Total amount | 258,057.67 |  | 567,982.08 |
| Amount per target person | 0.29 |  | 0.64 |

Estimated target population: 8 87.472

**Table 6.3a.3-** Proposed financing for the upcoming measles SIA for which GAVI support is requested - **Block 3**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Category** | **Country funding (US$)** | **Other donors’ support (US$)** | **GAVI support requested (US$)** |
| Vaccines and injection supplies | Total amount | 0 |  | 359,231 |
| Amount per target person | 0 |  | 0.41 |
| Operational costs | Total amount | 199,679.69 | 0.00 | 554,923.52 |
| Amount per target person | 0.23 |  | 0.64 |

Estimated target population: 8 67.068

**Table 6.3b.** Amount (and financing) for the upcoming measles SIA operational costs-**Block 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost Category** | **Total projected cost ($US)** | **Government funds (US$)** | **Partner funds (US$)** | **GAVI operational funds (US$)** |
| Training | 11,007.89 | 0.00 |  | 11,007.89 |
| Social Mobilization, IEC and advocacy (Communication) | 99,821.71 | 0 |  | 99,821.71 |
| Cold Chain Equipment & Maintenance | 0 |  |  | 0.00 |
| Vehicles and Transportation | 155,100.40 | 71,003.00 |  | 84,097.40 |
| Program Management | 0 |  |  | 0.00 |
| Surveillance and Monitoring (Coordination, Management of AEFI) | 19,274.14 | 0 |  | 19,274.14 |
| Human Resources (Bonus+Gratuity) | 225,282.95 | 100,000.00 |  | 125,282.95 |
| Waste Management | 6,640.60 |  |  | 6,640.60 |
| Technical Assistance | 0 |  |  | 0.00 |
| Planning (Orientation workshop) | 113,333.33 |  |  | 113,333.33 |
| Supplies and materials | 0 |  |  | 0.00 |
| Post- SIA coverage survey (Evaluation) | 12,811.20 |  |  | 12,811.20 |
| Routine Immunization strengthening | 0 |  |  | 0.00 |
| Restitution workshop | 29,104.00 |  |  | 29,104.00 |
| Other (Management tools) | 42,042.80 |  |  | 42,042.80 |
| **Total** | 714,419.02 | 171,003.00 | 0.00 | 543,416.02 |

**Table 6.3b.** Amount (and financing) for the upcoming measles SIA operational costs-**Block 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost Category** | **Total projected cost ($US)** | **Government funds (US$)** | **Partner funds (US$)** | **GAVI operational funds (US$)** |
| Training | 16,251.81 |  |  | 16,251.81 |
| Social Mobilization, IEC and advocacy (Communication) | 150,354.69 |  |  | 150,354.69 |
| Cold Chain Equipment & Maintenance | 0 |  |  | 0.00 |
| Vehicles and Transportation | 168,306.95 | 100, 000.00 |  | 68,306.95 |
| Program Management | 0 |  |  | 0.00 |
| Surveillance and Monitoring (Coordination, Management of AEFI) | 16,089.17 | 8, 045 |  | 8, 044.17 |
| Human Resources (Bonus+Gratuity) | 285,939.86 | 144,980.67 |  | 140, 959.19 |
| Waste Management | 10,064.74 | 5.032 |  | 5,032.74 |
| Technical Assistance | 0 |  |  | 0.00 |
| Planning (Orientation workshop) | 113,333.33 |  |  | 113,333.33 |
| Supplies and materials | 0 |  |  | 0.00 |
| Post- SIA coverage survey (Evaluation) | 13,789.20 |  |  | 13,789.20 |
| Routine Immunization strengthening | 0 |  |  | 0.00 |
| Restitution Workshop | 8,454.00 |  |  | 8,454.00 |
| Other (Management tools) | 43,456.00 |  |  | 43, 456.00 |
| **Total** | 826,039.75 | 258,057.67 | 0.00 | 567,982.08 |

**Table 6.3b.** Amount (and financing) for the upcoming measles SIA operational costs-**Block 3**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost Category** | **Total projected cost ($US)** | **Government funds (US$)** | **Partner funds (US$)** | **GAVI operational funds (US$)** |
| Training | 15,258.27 |  |  | 15,258.27 |
| Social Mobilization, IEC and advocacy (Communication) | 118,117.67 |  |  | 118,117.67 |
| Cold Chain Equipment & Maintenance | 0 |  |  | 0.00 |
| Vehicles and Transportation | 153,718.55 | 76,859.28 |  | 76,859.27 |
| Program Management | 0 |  |  | 0.00 |
| Surveillance and Monitoring (Coordination, Management of AEFI) | 14,718.73 |  |  | 14,718.73 |
| Human Resources (Bonus+Gratuity) | 264,818.85 | 122,820.41 |  | 141,998.44 |
| Waste Management | 9,491.58 |  |  | 9,491.58 |
| Technical Assistance | 0 |  |  | 0.00 |
| Planning (Orientation workshop) | 113,333.33 |  |  | 113,333.33 |
| Supplies and materials | 0 |  |  | 0.00 |
| Post- SIA coverage survey (Evaluation) | 13,771.20 |  |  | 13,771.20 |
| Routine Immunization strengthening | 0 |  |  | 0.00 |
| Restitution Workshop | 8,356.00 |  |  | 8,356.00 |
| Other (Management tools) | 43,019.03 |  |  | 43,019.03 |
| **Total** | 754,603.21 | 199,679.69 | 0.00 | 554,923.52 |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COST COMPONENT** | **PROJECTED COST** | | **GOVERNMENT FUNDING** | **REPAYMENT SCHEDULE** |
| **CFA** | **US$** |
| Vaccines and  injection supplies | 2,317,500,000 | 1,100,000 | 47% | Annual |
| Operating costs | 4,892,407,875 | 9,784,816 | 33% | Annual |
| EPI functioning | 560,320,000 | 1,120,640 | 40% | Annual |
| TOTAL | 7,770,227,875 | 12,005,456 | 38% |  |

# Procurement

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

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

**Table 7a.** Procurement information by funding source– **Block 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Proportion from government funds** | **Proportion from partner funds** | **Proportion from GAVI funds** |
| **Required date for vaccines and supplies to arrive** | 1 September 2014 |  |  |  |
| **SIA Date** | 3-9 October 2014 |  |  |  |
| **Number of target population** | 849.088 |  |  |  |
| **Wastage rate\*** | 10% |  |  |  |
| **Total number of vaccine doses** | 918.940 | 0 | 0 | 100% |
| **Number of syringes** | 918.940 | 0 | 0 | 100% |
| **Number of reconstitution syringes** | 99.990 | 0 | 0 | 100% |
| **Number of safety boxes** | 10.189 | 0 | 0 | 100% |

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

**Table 7.b-** Procurement information by funding source– Block **2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Proportion from government funds** | **Proportion from partner funds** | **Proportion from GAVI funds** |
| **Required date for vaccines and supplies to arrive** | 1 November 2014 |  |  |  |
| **SIA Date** | 10-16 December 2014 |  |  |  |
| **Number of target population** | 887.472 |  |  |  |
| **Wastage rate\*** | 10% |  |  |  |
| **Total number of vaccine doses** | 976.360 | 0 | 0 | 100% |
| **Number of syringes** | 976.360 | 0 | 0 | 100% |
| **Number of reconstitution syringes** | 108.376 | 0 | 0 | 100% |
| **Number of safety boxes** | 10.847 | 0 | 0 | 100% |

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

**Table 7.c-** Procurement information by funding source– Block **3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Proportion from government funds** | **Proportion from partner funds** | **Proportion from GAVI funds** |
| **Required date for vaccines and supplies to arrive** | 1 January 2015 |  |  |  |
| **SIA Date** | 20-29 January 2015 |  |  |  |
| **Number of target population** | 867.068 |  |  |  |
| **Wastage rate\*** | 10% |  |  |  |
| **Total number of vaccine doses** | 964.520 | 0 | 0 | 100% |
| **Number of syringes** | 964.520 | 0 | 0 | 100% |
| **Number of reconstitution syringes** | 107.062 | 0 | 0 | 100% |
| **Number of safety boxes** | 10.716 | 0 | 0 | 100% |

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

# Fiduciary Management Arrangement Data

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

The GAVI fund management mechanism for Measles SIA is proposed as follows:

The order, receipt and delivery of vaccines and consumables will be UNICEF’s responsibility. The proportion of GAVI funds earmarked for vaccines and consumables’ supplies and social mobilization will be transferred to UNICEF. WHO will look after the technical aspects of Measles SIA. The fund share for operational costs will be transferred to WHO.

The Ministry of Health will be responsible for the implementation of preparatory and operational activities of the campaign. The Ministry shall forward a request to WHO and UNICEF following the DFC/FACE (Funding agreement) procedure for transfer of funds for SIA management. After the fund transfer, the Ministry will direct the funds to provinces, districts and health facilities for undertaking activities.

To enable smooth conduct of preparatory activities, funds must be received by 1 July 2014. To facilitate the completion of activities in line with the project schedule, it would be desirable to receive all the funds in one go. As regards the account of utilization of funds allocated to the campaign, the supporting documents would be forwarded by the Health Ministry to WHO and UNICEF within one month of the activity completion.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Information to be provided by the recipient organization/country** | | | |
| 1. Name and contact information of the recipient organization(s) | **Dr. CHERIF BAHARADINE, EPI-MPH mail: bahcherif2007@yahoo.fr**  **Dr. MEHOUNDO FATON UNICEF, mail: mfaton@unicef.org**  **Dr. KANDOLO W. PIERRE, WHO mail:** [**kandolop@td.afro.who.int**](mailto:kandolop@td.afro.who.int) | | |
| 2. Experiences of the recipient organization with GAVI, World Bank, WHO, UNICEF, GFATM or other donors-financed operations (e.g. receipt of previous grants)  **Yes or No?**  **If YES,** please state the name of the grant, years and grant amount:  and provide the following:  **for completed Grants:**   * What are the main conclusions with regard to use of funds?   **for on-going Grants:**   * Most recent financial management (FM) and procurement performance rating?   Financial management (FM) and procurement implementation issues? | YES  GAVI has funded mass campaigns against measles in 2005-2006, 2009 and in 2012, as well as the introduction of MenAfriVac in Chad.  GAVI funded 50% of the operational cost of all these campaigns while the remaining share was contributed by the Government.  The funds mobilized by GAVI from WHO and UNICEF are transferred to the EPI account following a signed request from the Ministry of Health.  The funds mobilized by the Government are deposited to a special account managed by MPH (EPI Coordinator, Director General of Health Activities (DGHA) and the Secretary General of Public Health (SGPH))  No particular difficulty was faced with regards to management of these funds, barring a delay in document transmission. | | |
| 3. Amount of the proposed grant (US Dollars) | 2,733,442.62 $ | | |
| ***4. Information about financial management (FM) arrangements for Measles SIA:*** | |  | |
| * Will the resources be managed through the government standard expenditure procedures channel? | Yes | | |
| * 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? | The budgetary execution will be done on the basis of micro-plan drafted by the health districts | | |
| * What accounting system is used or to be used, including whether it is a computerized accounting system or a manual accounting system? | Computerized system | | |
| * What is the staffing arrangement of the organization in accounting, auditing, and reporting? | 01 Financial Advisor; Masters in Financial Management; 8 years of experience;  01 Accountant; Masters in Accounting; 10 years of experience;  01 Health Services Manager: Masters in Health Services Management; 3 years of experience;  01 Accountant; Advanced Diploma in Accountancy;3 years of experience | | |
| * What is the bank arrangement? Provide details of the bank account opened at the Central Bank or in a commercial bank and the list of authorized signatories include titles | Bank Code: 60001  Sort Code: 00005  Account Number: 01300212001  RIB key:45  60001000050130021200145  Direct debit: ECOBANK TCHAD sa  Swift Code: COCTDND | | |
| * What are the basic fund flow arrangements in place or to be used to ensure timely disbursement of funds to Implementing Entities and to beneficiaries? | In accordance with the existing Decree no. 252, funds are transferred from EPI to Regional Health Delegations, which in turn direct them to Health Districts that ultimately make the funds available to the Health Centers. | | |
| * Does the implementing entity keep adequate records of financial transactions, including funds received and paid, and of the balances of funds held? | Once the activity is completed, the central EPI group awaits a technical (coverage) and financial (monetary flows) report from the regions. The report contains details on funds received, utilized, and remaining balances, if any. | | |
| * How often does the implementing entity produce interim financial reports? | Two weeks after the completion of each activity. | | |
| * Are the annual financial statements audited by an external audit firm or Government audit institution (e.g. Auditor General Department…)? | Yes | | |
| ***5. Information about procurement management arrangements for vaccines and devices, other materials and services for the proposed Measles SIA:*** | | |  |
| * What procurement system(s) is used or will be used for the Measles SIA? | There is a UNICEF-designated over-the-counter market mechanism for buying vaccines and other consumables. This holds good for routine immunization vaccines. For SIA, UNICEF makes contribution in kind to EPI in the form of number of vaccine doses. | | |
| * Does the recipient organization have a procurement plan or a procurement plan will be prepared for the Measles SIA? | The procurement plan is drawn from the Contract Awarding Code in force in the Republic of Chad. The Ministry of Public Health releases the plan through its Procurement Division. | | |
| * Is there a functioning complaint mechanism? | No | | |
| * What is the staffing arrangement of the organization in procurement? Does the implementing entity have an experienced procurement specialist on its staff? | Yes, there is a Procurement Head assisted by a Deputy. Both have several years’ of procurement experience within the Ministry of Public Health. | | |
| * Are there procedures to inspect for quality control of goods, works, or services delivered? | Yes | | |

# List of mandatory documents

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

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

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