

COVID-19 vaccine Delivery Support (CDS) Programme Funding Guidelines (Amended)

AUGUST 2021

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List of acronyms

AMC - Advance Market Commitment

CCE - Cold Chain Equipment

CCEOP - Cold Chain Equipment Optimisation Platform

CDS – COVID-19 vaccine Delivery Support

CSOs - Civil Society Organisations

GMRs - Grant Management Requirements

HSS - Health Systems Strengthening

iNGOs - International non-governmental organisations

NDVP - National Deployment and Vaccination Plan for Covid-19 Vaccines

PEF - Partners' Engagement Framework

PFA - Partnership Framework Agreement

PHC - Primary health care

RI – Routine Immunisation

SCM - Senior Country Manager

Introduction

COVAX seeks to support countries to rapidly and equitably scale-up COVID-19 vaccines. To this end, Gavi is providing a funding opportunity to all AMC-eligible COVAX participants to support vaccine delivery. This COVID-19 vaccine Delivery Support (CDS)¹ is intended to be closely **aligned and complementary to domestic funding, support from other donors**, multilateral development banks and agencies. The CDS will seek to **immediately enable rapid roll-out and scale up of COVAX-funded doses until the end of 2022**. Gavi will make available a **CDS Early Access Window** from July 2021, through which countries can request funding following a rapid and streamlined process. The CDS Early Access Window will be complemented by a CDS Additional Funding Window to be opened in August 2021 which will address additional needs for COVID-19 vaccine delivery support that are not covered through the CDS Early Access window or other sources.

Target audience

This Programme Funding Guidelines document is meant for Immunisation Programme Managers, Alliance partners including civil society organisations (CSOs), Gavi Secretariat country teams, and other stakeholders supporting the delivery of COVAX supported vaccines in the 92 AMC countries.

Eligibility for CDS support

All 92 [AMC countries](#) that are **confirmed participants in COVAX** are eligible to receive the CDS funding.

Guiding principles for CDS Funding

- **Mitigate delivery risks:** Accelerate effective and equitable delivery of COVAX funded doses and avoid idle or wasted doses.
- **Funding is complementary to other funding:** CDS funding will focus on areas of comparative advantage and gaps not supported by domestic resources or other donors.
- **Agility and minimised transaction costs** – CDS funding will be implemented in a way that allows for fast disbursement and utilisation by countries to rapidly deliver COVID-19 vaccines.
- **Equality of opportunity** for all AMC countries to access funds based on their specific needs.
- **Expanding partnerships:** The full range of in-country partners should be engaged in the design and implementation of CDS funding, including international non-governmental organisations (INGOs), CSOs, and other local partners based on their comparative advantages.

Scope of the CDS (Early Access Window and Additional Funding Window)

Countries can use the CDS funding for all elements of their [National Deployment and Vaccination Plan for COVID-19 Vaccines \(NDVP\)](#) which are critical to successfully scaling up COVAX-funded doses **according to**

¹ The Bridge Funding which was made available to some countries between April and June 2021 was an advance of the CDS to enable delivery of vaccines already in countries and at risk of expiry due to lack of delivery funding.

their needs². This can include activities related to vaccine delivery, purchase of cold chain equipment, and technical assistance, amongst other things. Countries are **encouraged** to scale up innovative practices in their approach, where possible. A full set of illustrative activities that can be funded through both CDS windows can be found in Annex 1. A list of eligible and ineligible expenditures for both windows can be found in Annex 2.

Vaccine delivery

The CDS is intended to rapidly **expand the capacity of countries to deliver COVAX-funded doses**, avoiding that capacity gets diverted from routine immunisation. Countries are encouraged to use CDS funds in a way that also strengthens routine immunisation and integration with other essential services where possible and to put a focus on improving equitable access for marginalised populations and communities. The CDS is intended to be used for the delivery of **COVAX funded doses only**. However, in cases where vaccines from other sources are concurrently distributed with COVAX doses, the CDS may benefit delivery of both. Delivery of exclusively non-COVAX funded doses will **NOT** be supported.

Innovation

Countries are **encouraged** to invest at least 15% of their CDS funding request to scale up innovations that support COVID-19 vaccine delivery consistent with this Programme Funding Guidelines document. For the CDS window, Gavi defines innovation broadly, **as the use of practices, products, or services new to COVID-19 vaccine delivery in a country**. The CDS is intended to facilitate this, based on two principles:

1. **Government ownership** of the application for, and implementation of, these innovations; innovations **grounded in specific-country** challenges, culture, and capacities; and **innovations integrated** into relevant country systems and protocols (assessed for readiness as needed).
2. **Focus on adapting for COVID-19 vaccines existing innovations** already proven in-country, **or scaling-up those used in-country on a smaller scale**. Several governments have adapted digital platforms or innovative practices already used in a country so they can also be used for COVID-19 vaccine delivery. COVID-19 related human resource constraints make the piloting of unproven innovations, or the adaptation of innovations proven only in other countries, less likely, but these are not necessarily excluded.

Learning between countries is encouraged as information sharing on the **benefits and costs** of various innovations including from private sector. **Support from Gavi Partners and Secretariat** with application and implementation is available as required.

The ideal situation is that a government already has in mind innovations consistent with Gavi's broad definition and with the focus of its overall CDS. Some examples of innovations are provided in Annex 1 and Alliance partners and the Gavi Secretariat would be pleased to further engage on how innovations could assist COVID-19 vaccine delivery.

Cold Chain Equipment (CCE)

CDS should be used to **address imminent needs for COVID-19 vaccine safety and distribution**, prioritising 2-8°C and -20°C storage capacity necessary to receive large, regular shipments of COVID-19 vaccines.

² Procurement of Covid-19 vaccines and injection devices is not permissible with the funding available through the CDS support window.

Where needed, the replacement of obsolete or non-functional CCE is encouraged, particularly where large volumes of vaccines are stored (e.g., cold rooms) or where it inhibits access to immunization (e.g., hard-to-reach locations). Additional areas of support (including passives and monitoring devices) are described in Annex 1.

For many countries, this support will build on investments secured through the COVAX CCE support window or investment from other donors. Gavi-eligible countries are also receiving CCE support through Gavi HSS or CCEOP investments. As such, while there is no recommended proportion or cap on the proportion of CDS funding which can be used for CCE, countries are encouraged to factor in this range of CCE funding options and prioritise accordingly.

As with other versions of Gavi CCE support, eligible equipment must meet the requirements of the [Cold Chain Equipment Optimisation Platform](#) and be procurable through UNICEF Supply Division's long-term agreements (LTAs). Countries will also be **required to budget for a service bundle** of distribution and installation support, which will be administered through the respective UNICEF country office. Budgeting tools and [equipment selection guides](#) are available as part of this guidance pack. An illustrative list of CCE supported areas is available in Annex 1.

Ultra-Cold Chain (UCC) Equipment

For UCC storage needs, Gavi has channelled funding through a dedicated mechanism with UNICEF. To evaluate outstanding needs, countries are requested to consult with UNICEF on the support available through the dedicated mechanism, and the impact of factors such as equipment lead times and vaccine profile evolution on long-term need for UCC capacity.

Technical Assistance (TA)

The TA support for **deployment and administration of COVID-19 vaccines** will be administered according to the Partners' Engagement Framework (PEF) principles of country ownership, differentiation, transparency, accountability, context-appropriate partnerships (including embracing partnerships beyond immunisation) and sustainability. Existing TA support provided under the first round of COVAX TA to WHO, UNICEF and expanded partners will be extended, and AMC 61 countries (Gavi57 plus Timor, Angola, Vietnam and Indonesia) are assured of TA support to the level of their COVAX TA ceiling until end of 2022. Support to India will be considered separately. Countries are **encouraged** to assess their TA gap and **depending on need** apply for TA under both CDS Early Access Window and the CDS Additional Funding Window. Countries are encouraged to choose partners based on their comparative advantage including through new partnerships with CSOs, humanitarian actors and other local partners. Close collaboration with local partners, communities and CSOs will be particularly critical to increase sustainability **and to reach marginalised communities**. Countries and partners are **encouraged** to programme up to 30% of the TA request to local organisations. Countries will need to explain the rationale for the partner selection for TA.

Gavi is pleased to share a list of technical partners including local partners who can support the Ministry of Health on the following link: [List of technical partners](#). Additionally, Gavi will share a list of prequalified

providers in the coming weeks. TA requests should be guided by the TA framework, which is found on the following link: [CDS Programme Funding Guidelines TA Framework](#).

How to request CDS funding

CDS funding requests should be developed through a participatory, transparent, and inclusive dialogue with relevant stakeholders and should be informed by local evidence and availability of funding from domestic resources and other donors. The Ministry of Health or other relevant Ministry body leading COVID-19 vaccination coordination should provide leadership in collaboration with the Gavi Senior Country Manager, and relevant in-country partners (core, expanded and local partners).

How to request the CDS Early Access Window funding

To ensure countries are able to rapidly access delivery funding, all AMC-eligible COVAX participants are eligible for the CDS Early Access Window from July 2021 based on a light touch process³. The 57-Gavi-eligible countries and Indonesia, Timor-Leste, Angola, and Vietnam will need to submit a [short request form](#), which will be available via the WHO COVID-19 Partner's Platform⁴. Should countries experience any difficulties with the platform, they can send their completed forms by email to covaxproposals@gavi.org, copying their respective SCM. Gavi SCMs will also share directly with countries the maximum amount of funding which they can request through the Early Access Window. The request will need to be signed off by the Minister of Health or a designated official and countries should notify the Inter-agency Coordinating Committee (ICC) of the request.

Support through the Early Access Window will flow through funding modalities in countries' current Grant Management Requirements (GMRs). Where a country has not been assessed and/or would need to change the funding modality, a risk assessment would need to be done setting the basis of updated GMRs.

Expanded partners already supporting the country under the COVAX TA RFP, may be engaged under CDS Early Access Window to provide both implementation support and/or technical assistance. If selected by countries, expanded partners should be listed as funding recipients in the CDS Early Access Application request form. The application request form accepts up to six (6) funding recipients in total. Usual Gavi expanded partner contracting processes will follow approval.

Technical assistance support requested under the CDS Early Access Window should be reflected retrospectively in the country CDS TA plan.

For other AMC-eligible participants beyond those listed above, CDS support is immediately available via UNICEF, who will be in touch directly through their Country Offices.

How to request the CDS Additional Funding Window funding

Gavi will be making available additional CDS funding from October 2021. Further details on this are anticipated to be available in September 2021. In the interim, countries are encouraged to update their NDVPs including the costing according to the [revised WHO guidance](#) and align their CDS requests with the

³ Countries that have previously accessed delivery support through the Bridge Funding will have that funding accounted for against this Early Access Window support.

⁴ For countries unable to access the platform, the equivalent form can be requested from your Gavi Senior Country Manager.

priorities in the revised NDVPs. This will be important to be able to demonstrate clearly the unmet needs for which additional CDS is required.

Requesting Technical Assistance (TA)

The request for CDS TA follows a parallel process. TA requests, needs, budget and potential providers should be reflected in the **CDS TA plan**. For Gavi countries, the Senior Country Manager (SCM) will share the country specific CDS TA plan template with the country and partners. The CDS TA plan template will include instructions for successfully filing out the plan prior to its submission through the SCM. The total TA support request should be reflected in either the CDS Early Access Window request form or the CDS Additional Funding Window budget. For the non-Gavi (AMC-31) countries, a TA request template will be made available through UNICEF.

Eligible and Ineligible expenditures

Annex 2 provides a complete activity and cost framework showing both eligible and ineligible elements as well as some indicative limits to funding of specific costs for the CDS. Note that this applies to any expenditures under CDS for both windows. When presenting the CDS budget any areas of non-compliance with this framework should be highlighted. Funds should be used and managed responsibly for approved objectives as per Gavi's existing Grant Management Requirements (GMRs), and Gavi program funding guidelines outlined in the Partnership Framework Agreement (PFA). The CDS shall be subject to Gavi's standard auditing guidelines.

Key dates

Countries have up to the end of August 2021 to apply for the CDS Early Access Window. The CDS Early Access Window is primarily designed to support countries' urgent needs in preparing for the large scale-up of COVID-19 vaccines expected in the second half of 2021. Gavi therefore encourages countries to plan to utilise this funding in the next six months. Longer term needs can be addressed through the CDS additional funding window, for which applications can be submitted from October 2021.

Further information on application deadlines for the CDS Additional Funding Window will be made available upon its launch. Given the need to ensure that COVID-19 vaccines are delivered rapidly, countries are encouraged to respond to the funding window as soon as it opens.

Reporting

Activity and programmatic results reporting

All CDS recipients will be required to provide both programmatic and financial reporting to Gavi. Recipients will be required to report on a **semi-annual (6 monthly) basis** on activity completion rates as well as progress against a set of core programmatic performance metrics. Reporting on innovation should be incorporated as part of this reporting. Outcomes will be largely monitored through existing reporting through the WHO-UNICEF COVID-19 monthly module reporting submitted by countries (via the electronic Joint Reporting Form). Recipients will also be strongly encouraged to participate in broader COVID-19 evaluation and learning related efforts (and CDS funds can be used to support these activities as noted in Annex 1). Further details on programmatic reporting requirements will be released in August with the

launch of the Additional Funding Window and a reporting template will be made available for both early access and the additional funding windows reporting.

Expenditure/financial reporting

Financial reporting against the CDS budget will be required in line with Gavi's normal requirements for reporting on cash grants. The default reporting periodicity is 6 monthly and should be aligned with the country's fiscal cycle.

- Countries supported through the Early Access Window which do not intend to request additional support are required to provide an income and expenditure report detailing how the funds were spent within three (3) months of activity completion, with any unspent balances rolled over to other COVID-19 delivery support (subject to approved programming).
- Countries supported through both the CDS Early Access Window and the CDS Additional Funding Window will provide a cumulative income and expenditure report detailing how the funds were spent within three (3) months of activity completion, with any unspent balances rolled over to other COVID-19 delivery support (subject to approved programming).
- Expenditure reporting should be completed in the separate Gavi CDS financial reporting template and aligned with Gavi's Financial Management and Audit Requirements. The template would not apply to already agreed upon reporting arrangements such as funding through core partners or pooled funding arrangements.
- External audits for CDS should be aligned with standard annual audit exercises timelines unless otherwise agreed upon between Gavi and the country.

Reporting on technical assistance through TA milestones

It is important that the TA plan has strong, logical, and results-focused milestones. Partners will semi-annually report on milestones in June and November, for selected activities on the PEF Partner Portal commencing from November 2021 onwards.

The CDS TA plan will contain predefined milestones compiled by the Alliance based on the activities in the NDVP and [CDS TA Framework](#). The compilation of predefined milestones is comprehensive but not exhaustive. Partners are strongly encouraged to choose an adequate predefined milestone for each of their proposed activities, where applicable.

Additional guidance on Gavi predefined milestones and the compilation of predefined milestones can be found here: [CDS Technical Assistance \(TA\) Milestones Guidance](#).

Reporting on cold chain equipment

Required reporting will align with standard Gavi CCE support, including routine updates on (i) progress on the installation of Gavi-supported equipment, and (ii) select CCE related results metrics. These can be integrated into the CDS semi-annual reporting described above.

Please reach out to your SCM for any questions or further information

Annex 1: Illustrative prioritised activities and innovations

NDVP programmatic area	Prioritised activities	Examples of innovative interventions
Regulatory preparedness	<ul style="list-style-type: none"> Developing or updating tools and regulatory procedures for registration of new vaccines and expedited import approvals. Supporting National Regulatory Authorities to effectively communicate with communities on safety of vaccines. This may include building confidence in the registration processes of new vaccines, vaccines safety profiles and AEFI reporting channels. 	
Planning, coordination, and simulation Exercises	<ul style="list-style-type: none"> Planning and coordination meetings for COVID-19 vaccine deployment at national and sub-national levels ensuring representation from CSOs, including community and faith-based organisations, women’s groups and other marginalized high-risk groups. Identifying optimal vaccine delivery models based on community perspectives using Human-centred design Enhancing programme management and coordination capacities at all levels Updating microplans as needed. Mapping opportunities for reaching target groups in marginalised/missed communities with integrated interventions including routine immunisation and COVID-19 vaccination. Mapping opportunities and defining pathways for integrating COVID-19 vaccination with routine immunisation and other health interventions such as Primary Health Care across the life course. 	<ul style="list-style-type: none"> Digital microplanning and monitoring including Geospatial Information System strengthening (geo enabled Master Facility List)
Costing and funding: ensuring funds reach the point of delivery	<ul style="list-style-type: none"> Updating budgets and costing of COVID-19 vaccine delivery as needed. Resource mapping for COVID 19 vaccine delivery. 	<ul style="list-style-type: none"> Digital payment platforms and services
Identification of target populations	<ul style="list-style-type: none"> Defining and identifying priority target groups in missed communities and the appropriate vaccine delivery strategies as well as opportunities for integration with routine immunisation and other essential services 	
Vaccination delivery strategies	<ul style="list-style-type: none"> Establishing and operating vaccination sites (depending on local context fixed, mobile or outreach services) while ensuring security of the health workforce. Implementing integrated strategies for under-vaccinated or underserved priority populations Developing and implementing plans for COVID-19 vaccination quality assurance and improvement Integrating vaccine delivery into primary healthcare services that are used and trusted by the communities and marginalized groups such as NCD and TB/HIV Clinics. Updating national vaccination policies and guidelines to include adult vaccination. 	<ul style="list-style-type: none"> Geo optimisation of immunisation services location Real Time planning, implementation, and monitoring of COVID-19 vaccination and other co- delivered services Developing, testing, and scaling up innovative service delivery models including differentiated vaccine delivery strategies to effectively reach women, men

	<ul style="list-style-type: none"> Supporting countries to create delivery platforms for adult vaccination such as workplace vaccine programs. 	<p>and gender-diverse people for Covid vaccines and children for routine vaccines</p>
<p>Preparation of supply chain and management of health care waste</p>	<p><u>CCE</u></p> <ul style="list-style-type: none"> Support countries to forecast and identify resourcing for additional cold chain needs for COVAX (for 20% and remaining target population). Procure Additional 2-8°C and -20°C storage capacity necessary to receive large, regular shipments of COVID-19 vaccine – in line with international vaccine supply and national distribution plans. The replacement of obsolete or non-functional CCE, particularly where large volumes of COVID-19 vaccines will be stored (e.g., cold rooms) or where it inhibits access to immunization (e.g., hard-to-reach locations). Passive storage devices – including freeze-preventative units – for the implementation of service delivery and distribution strategies related to COVID-19. Monitoring devices to ensure the safe storage and management of COVID-19 and RI vaccines. Short- or long-term leasing of vaccine storage space from private sector providers, particularly where it mitigates acute capacity constraints. Support countries to design SC (national/sub-national) appropriate for the delivery model for COVAX, evaluate options for outsourcing to private sector 3PL or 4PL providers. Support the planning and implementation of site readiness activities in line with COVAX CCE or other cold chain equipment deployments. Support the corrective maintenance of large-format or other essential CCE infrastructure where it contributes to improving COVID-19 vaccine storage and delivery capacity. Support the development and implementation of a maintenance plan and/or post-pandemic reallocation plan for CCE procured for COVID-19 needs. <p><u>Ultra-Cold Chain</u></p> <ul style="list-style-type: none"> Support for the procurement and installation of UCC equipment (where support from dedicated UNICEF mechanism is insufficient and long-term portfolio/product profile improvements have been accounted for). Support for training, planning and readiness activities associated with the use of UCC products in countries. 	<ul style="list-style-type: none"> Supporting waste management system optimization including innovative waste management techniques/equipment Supporting scaling-up systems to use serialized COVID-19 vaccine data for national traceability systems, including (i) vaccine verification / falsified product detection systems, and (ii) fuller integration of serialized RI + C19 vaccines into LMIS / eLMIS for fuller ‘track and trace’ capability. Remote temperature monitoring devices to manage the performance of the cold chain – particularly at upper levels of the system (central, regional)

	<ul style="list-style-type: none"> • Support to implement outsources UCC storage and delivery from private sector 3PL or 4PL providers. <p>Supply chain</p> <ul style="list-style-type: none"> • Supporting use of existing systems or introduce new systems (Target Software Standards (TSS) qualified eLMIS), tools to improve availability of precise and accurate data on vaccine stocks, wastage, temperature excursions, available CCE capacity and functionality at all levels of the supply chain. • Supporting deployment of systems and tools for vaccine forecasting, data triangulation of stock /coverage data, and use of data for action at all levels of the supply chain. • Supporting robust Supply & Logistics planning and implementation vis-a-vis optimal storage, temperature monitoring and control, distribution and redistribution planning, and waste management. • Supporting establishment/integration of vaccine accountability and reporting systems into the COVID-19 response. • Supporting identification of waste management needs for COVID-19 vaccine products and develop mitigation plans. • Supporting regular review of SC&L performance, at national and sub-national levels, as well as triangulation with service delivery data (considering data use barriers and mitigating them) and iterative course correction. • Take established systems for forecasting, stock management and vaccine accountability to scale across all EPI vaccines (routine and campaign) 	
<p>Human resource management and training</p>	<ul style="list-style-type: none"> • Developing and implementing surge capacity to deliver high volumes of COVID-19 vaccines while maintaining routine immunisation. This can include recruitment, remuneration, training, and supervision of temporary staff at all levels. • Supporting expenses associated with vaccine delivery including staff allowances/Per diems and fuel for outreach and vaccine transportation • Conducting training, mentorship, and supportive supervision 	<ul style="list-style-type: none"> • Adopting and conducting innovative learning and performance management approaches such as digital knowledge sharing, training, and performance management
<p>Vaccine acceptance and uptake (demand)</p>	<ul style="list-style-type: none"> • Systematically collecting, analysing, understanding, and acting on the drivers and barriers of vaccine acceptance and uptake at population level, including health and front-line workers • Developing systematic approaches for social listening for immunisation and broader health to help identify and mitigate risks and rumours related to COVID-19 vaccine • Designing behaviourally informed interventions/ complementary RCCE and social listening approaches with strong linkages with each other 	<ul style="list-style-type: none"> • Supporting Infodemic digital intelligence management • Developing systematic approaches for gathering qualitative insights in addition to more formal survey data, from communities through digital ethnography

	<ul style="list-style-type: none"> • Conducting community mobilisation and developing communication materials to combat vaccine hesitancy and build confidence in COVID-19 vaccines and in the health workers delivering them and also counter hesitancy for routine immunisation, wherever prevalent • Community engagement approaches in partnership with CSOs to reach marginalised and vulnerable groups, especially in under-served areas and use it as an opportunity to improve uptake of routine immunisation • Holistic and human centred communication interventions harnessing the power of available mediums and platforms. • Quick learning assessments to ensure quality, reach and cost effectiveness of demand interventions. • Tackling gender barriers to COVID-19 vaccine deployment • Work with religious leader’s networks to counter and address misinformation around vaccines • Scale up behavioural interventions that promote vaccine confidence amongst health care workers to get vaccinated and recommend communities to take the vaccines. 	
Vaccine safety monitoring, management AEFI and injection safety	<ul style="list-style-type: none"> • Enhancing Adverse event following immunisation (AEFI) surveillance including enhancement of the reporting system, awareness of health care workers on AEFI reporting, AEFI data management. • Understanding and addressing vaccine safety and pharmacovigilance challenges 	<ul style="list-style-type: none"> • Digitalization of Case Based Surveillance AEFI management system • active AEFI monitoring
Immunization monitoring systems	<ul style="list-style-type: none"> • Strengthen data collection, validation, reporting and monitoring of COVID-19 programme implementation progress and equitable access. This could include the collection, validation, reporting and use of national and subnational data across priority disaggregation, such as gender, priority population groups, age, occupation, and co-morbidities. • Strengthen reporting of data to regional level (such as regional dashboards) and global level (such as through WHO-UNICEF COVID19 monthly Joint Reporting Form module) • Establish or strengthen community-based monitoring systems to measure data on availability, accessibility, acceptability, equity, and quality of COVID-19 vaccination services received • Integration of COVID-19 into existing health management information / vaccination related data systems 	<ul style="list-style-type: none"> • COVID-19 coverage, facility stock and surveillance data and insights available in subnational/district dashboard, advanced and real time monitoring, • Improving surveillance information flows with laboratory information system
COVID-19 surveillance	<ul style="list-style-type: none"> • Integrating COVID-19 surveillance in existing Vaccine Preventable Diseases (VPD) surveillance systems. • Support COVID-19 disease surveillance 	<ul style="list-style-type: none"> • Integrating COVID-19 surveillance into integrated VPD electronic-surveillance

Evaluation of COVID-19 vaccine introduction	<ul style="list-style-type: none">• Conducting programmatic evaluation and learning activities, such as COVID-19 post-introduction evaluations, Intra-Action Reviews, case studies, operations research, syntheses, and other efforts.	
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Annex 2: Eligible and Ineligible expenditures

2. 1 Human Resources

Cost grouping	Cost input description (ref Gavi cost framework)	PFS or CR ¹	Which costs are eligible?	Indicative maximum as % of grant amount
1. Human Resources (HR)	1.1 Salaries, Wages & Allowances (programme management/admin staff)	PFS	Salaries for temporary staff as surge capacity to manage increased vaccines demand	30-40% ²
	1.2 Salaries, Wages & Allowances (health, technical and outreach staff)			
	1.3 Performance-based supplements, incentives, top-ups			
	1.4 Other payments for support services			
[From] 2. Transport and Travel-related Costs	2.5 Per diems/allowances for travel-related activities	CR	Yes	
[From] 5. Event related (trainings, meetings, workshops, launches)	5.1 Per diems/allowances related to events (trainings, meetings, workshops, launches)			

¹ PFS = pay-for-services i.e., payment for provision of labour, CR = cost recovery i.e., a refund or contribution to personal costs incurred in performing a service

²Waiver allowed if exceptionally justified

2. 2 All other cost types (see over page)

Gavi cost framework		Which costs are eligible and indicative maximum as % of grant amount
Cost grouping	Cost input description (ref Gavi cost framework)	
1. Human resources		Refer to HR Table
2. Transport and Travel-related Costs	2.1 Vehicle procurement	No - exceptional only
	2.2 Vehicle rental	Yes
	2.3 Fuel for vehicles	<10% ¹
	2.4 Vehicle maintenance	No - exceptional only
	2.5 Per diems/allowances for travel-related activities	Refer to HR Table
	2.6 Other transports costs	Yes
3. External Professional Services (EPS)	3.1 Consultancy costs	Yes
	3.2 Fiscal/Fiduciary agent costs	Yes
	3.3 External audit costs	Yes
	3.4 Other EPS costs	Yes
4. Health Products, consumables and equipment	4.1 Immunisation session supplies	Yes
	4.2 Waste management supplies	Yes
	4.3 Health equipment and maintenance costs	Yes
	4.4 Other health products, consumables, and equipment	Yes - note PPE exceptional only and vaccines and related devices are ineligible
5. Event related (trainings, meetings, workshops, launches)	5.1 Per diems/allowances related to events (trainings, meetings, workshops, launches)	Refer to HR Table
	5.2 Other costs (venue, subsistence, facilitation, materials etc.)	Yes
6. Cold Chain	6.1 Cold storage large equipment	No
	6.2 Cold vehicles	Yes - exceptionally refrigerated trucks only ²
	6.3 Cold Chain small equipment	Yes - exceptional only
	6.4 Cold Chain running and maintenance costs	Yes - exceptional only
	6.5 Joint-investment for CCEOP	No
	6.6 Other cold chain related costs	No
7. Infrastructure (INF) and Non-Health Equipment (NHE)	7.1 Construction and renovation	Yes - exceptional only ³
	7.2 Furniture and fittings	Yes - exceptional only ³
	7.3 IT equipment, telephony, software, and connectivity	Yes
	7.4 Other infrastructure and non-health equipment and maintenance costs	No
8. Communication materials and Publications	8.1 Printed materials ⁴	Yes
	8.2 Television/radio spots and programmes	
	8.3 Promotional materials (non-print)	
	8.4 Other communication material and publications	
9. Programme Administration (PA)	9.1 Office related costs	Yes
	9.2 Program support costs (PSC) - UNICEF	Yes - per Agreement
	9.3 Program support costs (PSC) - WHO	
	9.4 Other programme administration costs	Yes
		<10%
10. Results based Financing	10.1 Results Based Financing	Yes

¹Waiver allowed if exceptionally justified

²Refrigerated trucks meet PQS standards exceptionally allowable if justified.

³Exceptionally allowed for minor renovations and fittings (e.g., painting, signage, fixing walls, etc.) however all major renovations and new construction are ineligible. In all cases, renovations would need to be achievable and completed within a short time frame (e.g., 30-60 days)

⁴Large quantities of printed communications materials, repeated for each and every new activity/ event are highly discouraged with electronic media options being preferred

Annex 3: Roles and Responsibilities for Gavi countries

Stakeholder	Roles & Responsibilities
EPI / MOH/ Relevant Ministry or body leading COVAX co-ordination	Lead the CDS planning and monitoring process including implementation of activities.
	Convene meetings to review progress on CDS implementation and plan for the following period.
	Proactively raise any concerns with CDS TA provision to partners, the ICC and Gavi.
In-country Co-ordination Forum	Review quarterly CDS implementation progress and challenges.
Partners: Country Level	Submit progress updates on output reporting in accordance with the TA planning tool on the PEF Partners’ Portal.
	Monitor and discuss progress with other country stakeholders
	Contribute to and submit additional requests as required, subject to available funding.
Partners: Regional Level	Monitor progress on country readiness for receiving of Covid-19 vaccines and support countries in identifying and overcoming challenges or bottlenecks.
	Support dissemination of Programme Funding Guidelines, tools, and decisions from PEF, ACT to country level staff.
	Facilitate lessons learned and best practices from planning, implementation and monitoring of TA in countries.
Partners: HQ	Review submission of outputs reports of priority countries before reporting deadlines and provide reporting feedback via the portal.
	Disseminate Programme Funding Guidelines, tools, and decisions from ACT, etc. to regional level staff.
	Core partners to submit HR and financial utilisation reports to Gavi Secretariat twice a year.
Gavi Secretariat	Ensure clarity on process for planning and reporting.
	Engage in review of CDS support in-country; convene discussions if necessary; review partner reports (milestones, results, and narratives) and provide timely feedback.
	Ensure robust discussion on planning for CDS including link with other Gavi grants and results expected in the country.