GAVI/13/555/ap/rk

H.E. Ghulam Nabi Azad
The Minister of Health
Ministry of Health
155 - A, Nirman Bhavan
New Delhi – 110108
India

4 October 2013

Dear Minister,

India's 2013 application to the GAVI Alliance for Health System Strengthening (HSS) cash support

I am writing in relation to India's proposal for HSS cash support which was submitted to the GAVI Secretariat in February 2013.

Following a meeting of the GAVI Independent Review Committee (IRC) from 4 to 12 April 2013 to consider your application and subsequent approval of the clarifications provided by the Ministry, we are pleased to inform you that the GAVI Alliance has approved the HSS support to India. The terms and conditions of this grant are specified in the Appendices to this letter.

The following table summarises the amount endorsed by GAVI Alliance for the entire duration of the programme totalling US$ 107,000,000 from which US$ 27,290,000 have been approved for 2013.

	2013	2014	2015	Total
Programme Budget (US$)	27,290,000	41,090,000	38,620,000	107,000,000

Please do not hesitate to contact my colleague Ranjana Kumar at rkumar@gavialliance.org or email gavihss@gavialliance.org if you have any questions or concerns.

Yours sincerely,

Hind Khatib-Othman
Managing Director, Country Programmes

Attachments:	Appendix A: Decision Letter for HSS Cash Support. Appendix B: Report of the Independent Review Committee. Appendix C: GAVI Alliance Terms and Conditions.
cc:	Secretary of Health PS, The Minister of Health PS, The Minister of Finance The DG Health Services Additional Secretary, MD NRHM Joint Secretary RCH, MoHFW Assistant Commissioner Child Health Deputy Commissioner (Child Health & Immunisation) WHO Country Representative UNICEF Country Representative Regional Working Group WHO HQ UNICEF Programme Division UNICEF Supply Division The World Bank The GAVI Finance Unit The World Bank

APPENDIX A

This Decision Letter sets out the Terms of a Programme.

1. **Country:** India
2. **Grant number: 1315-IND-10d-Y**
3. **Decision Letter number:** 3
4. **Date of the Partnership Framework Agreement:** N/A
5. **Programme Title:** Health Systems Strengthening (HSS)
6. **HSS terms:** ***Conditions du RSS*** The ultimate aim of HSS support is to ensure increased and sustained immunisation coverage through addressing health systems barriers in a country, as specified in: • The relevant GAVI HSS/HSFP guidelines – please contact your CRO at rkumar@gavialliance.org for the guidelines. • The relevant GAVI HSS/HSFP application form - please contact your CRO at rkumar@gavialliance.org for the form. • Country's approved grant proposal and any responses to the HSS IRC's request for clarifications. Any disbursements under GAVI's HSS cash support will only be made if the following requirements are satisfied: • GAVI funding being available; • Submission of satisfactory Annual Progress Reports (APRs) by the Country; • Approval of the recommendation by an Independent Review Committee (IRC) for continued support by GAVI after the second year; • Compliance with any TAP requirements pursuant to the TAP Policy and under any Aide Memoire concluded between GAVI and the Country; • Compliance with GAVI's standard terms and conditions (attached in Appendix [D] or as set out in the PFA); and • Compliance with the then-current GAVI requirements relating to financial statements and external audits, including the requirements set out for annual external audit applicable to all GAVI cash grants as set out in GAVI's grant terms and conditions.
7. **Programme Duration[1]:** 2013 to 2015

[1] This is the entire duration of the programme.

8. **Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement, if applicable):**

	2013-	2014	2015	Total[2]
Programme Budget (US$)	27,290,000	41,090,000	38,620,000	107,000,000

The Programme will be implemented by three agencies in India (UNICEF, WHO and UNDP) under the overall supervision of the Government of India. GAVI will enter into separate legal arrangements with each of these agencies.

9. **Indicative Annual Amounts (indicative) (subject to the terms of the Partnership Framework Agreement):**

The following disbursements are subject to the conditions set out in sections 6, 10, 11 and 12:

Programme Year	**2013**	**2014**	**Total[3]**
Annual Amount ($US)	27,290,000	41,090,000	68,380,000

10. **Financial Clarifications:** The Country shall provide the following clarifications to GAVI[4]:

If the bank account information most recently provided to GAVI has changed or changes prior to disbursement, the country will need to complete a bank account information form. Please contact gavihss@gavialliance.org for the form.

11. **Documents/information to be delivered prior to HSS cash disbursement (Financial clarifications) :**

Nil

[2] This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.
[3] This is the amount approved by GAVI.
[4] Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements

12. **Documents to be delivered for future HSS cash disbursements:**

The Country shall deliver the following documents by the specified due dates as part of the conditions for approval and disbursements of the future Annual Amounts.

Reports, documents and other deliverables	Due dates
Annual Progress Reports (APRs). The APRs shall provide detail on the progress against milestones and targets against baseline data for indicators identified in the proposal. The APRs should also include a financial report on the use of GAVI support for HSS (which could include a joint pooled funding arrangement report, if appropriate).	15 May 2014 or as negotiated with Secretariat
Interim unaudited financial reports. Unless stated otherwise, the Country shall deliver interim unaudited financial reports on the HSS cash support no later than 45 days after the end of each quarter . Failure to submit timely reports may affect future funding.	15 February, 15 May, 15 August and 15 November
In order to receive a disbursement for the second approved year of the HSS grant (2014), Country shall provide GAVI with a request for disbursement, which shall include the most recent interim unaudited financial report.	As necessary

13. **Other conditions: The following terms and conditions shall apply to HSS support.**

Cash disbursed under HSS support may not be used to meet GAVI's requirements to co-finance vaccine purchases.

In case the Country wishes to alter the disbursement schedule over the course of the HSS programme, this must be highlighted and justified in the APR and will be subject to GAVI approval. It is essential that Country's Health Sector Coordination Committee (or its equivalent) be involved with this process both in its technical process function and its support during implementation and monitoring of the HSS programme proposal. Utilisation of GAVI support stated in this letter will be subject to performance monitoring.

Signed by

On behalf of the GAVI Alliance
Hind Khatib-Othman
Managing Director, Country Programmes
4 October 2013

APPENDIX B

IRC Country Report

Country name: India
Type of report: HSS
Type of support requested: Health System Strengthening (HSFP)
Application method: Common Application Form
Date reviewed: Geneva, 5th – 12th April 2013

1. Country profile/Basic data

Type of proposal (new or resubmission)	New
Type of application (request template/common form)	Common Application form
Proposal duration	3 years (May 2013 – April 2016 in proposal form; 1 June 2013 – 31 May 2016 in PF)
Budget required (US$)	107 million
GAVI Annual ceiling (US$)	NA
National health policy strategy plan (NHPSP) duration	2012-2017 (12th 5 year multi-sectorial plan)
Country multi-year plan (cMYP) duration	2012-2017 (draft)
Final NHPSP included	No, only multi-sectorial plan
Current cMYP included	Yes
Population (year/source)	1.241 billion (JRF 2011, United Nations, Population Division - the 2010 revision)
IMR (year/source)	44/1000 (Sample Registration System India, 2012)
DTP3 Coverage (country/UNICEF) year	85% (Country estimates, 2011) 71% (WHO/UNICEF estimates, JRF 2012)

2. Composition & functioning of the HSCC

The HSCC-equivalent decision-making bodies in India are the Partners Forum and the IAG. The Partners Forum, formed in 2007, meets quarterly and has representation from a wide range of experts in areas of immunization, programme management and health systems in India, and includes members from the Ministry of Health and Family Welfare (MoHFW), ITSU, UNICEF, WHO and other partners. The main purpose of the Forum is to coordinate activities to strengthen routine immunization (RI).

This proposal is the result of a concerted and consultative process. A GAVI HSS working group (HSS-WG) was created to develop the HSS proposal, with the new Immunization Technical Support Unit (ITSU) joining the proposal development process in June 2012. There was extensive consultation between HSS-WG and GAVI in the development of the proposal, as demonstrated in the minutes of six (6) meetings. During the proposal development process, there were a series of review meetings conducted by the MoHFW for review and discussions

with State Immunization Officials (SIOs) (such as the National Cold Chain review meeting and UIP review meetings). The minutes of the HSCC endorsing the India HSS proposal include delegated ministerial signatures for MoHFW and Ministry of Finance (the Ministry of Health official signed on behalf of the Ministry of Finance), four external development partners (USAID, UNICEF, WHO, The World Bank, PATH) and one CSO representative (PHFI). There is limited evidence of participation of Civil Society Organizations in the AIG and Partners Forum, although an estimated 10-15% of immunization services are being provided by the private sector in India.

The final meetings that discussed the HSFP proposal were held on March 4th and 8th 2013, but no explicit endorsement is visible in the minutes. The signed page of HSCC is as of August and October 2012, but signatures from the seven members were obtained in February 2013.

3. Comprehensive Multi Year Plan (cMYP) overview

The country draft cMYP (2012- 2017) was made available, although the previous cMYP expired more than two years ago. The draft cMYP provides key information about epidemiology of vaccine preventable diseases as well as incidence rates. The National 2011 vaccine policy states lack of information about disease burden in India as one of the major challenges. Further, the cMYP highlights areas with low immunization coverage in different states and reflects on strategies to improve immunization. The objectives provided in the GAVI HSS proposal align with other health sector and immunization planning documents provided, such as the 12th FYP, the National Rural Health Mission, and the National Vaccine Policies. Major limitations of the cMYP draft are the absence of implementation timelines for key activities despite having yearly milestones. Additionally, outdated information is used in some tables, such as graphic analyses of vaccine coverage from 1990-2008. Lastly, there is no financial gap analysis or funding gap analysis as part of this draft.

4. Monitoring and Evaluation/Performance Framework

The Performance Framework is provided and includes some indicators from the draft cMYP; however, no national M&E plan is provided to enable cross referencing of selected indicators. The Performance Framework includes one impact indicator, eight outcome indicators (which are mostly output oriented, 5-8) and thirty-four programmatic indicators.

While some of these are appropriate, there is overlap in output and outcome indicators, especially in the areas of districts reporting and training. Additionally, there is still a need for disaggregated data including gender, geographic and wealth quintiles to adequately measure equity in immunization coverage. Some indicators should be modified to capture intermediate progress rather than final outcomes or outputs, such as suggested in the revised tables attached in Annex C.

There are no indicators reflecting the dropout rate that is linked with increase knowledge of the parents. For this reason, it is suggested that DTP3 and DTP3 drop out rate also be included as outcome indicators. Please refer to Annex C for comprehensive detail on indicators. As 43% of the budget is dedicated to cold chain, with a significant amount of built-in supervisions and training, it would be useful to introduce an indicator to measure reduction in the proportion of vaccine wastage and use this as an outcome measure measuring cold chain capacity problems and effectiveness of supervision/training. Lastly, only 2/8 outcome indicators report baseline figures, which is largely insufficient.

Plans for reporting are well articulated, with the project management cell at UNDP to coordinate baseline, midterm and final evaluations of the work done under the HSS grant. A budget of US$ 4.53 million for research and evaluation has been allocated to this activity (4.3.2 UNDP budget).

The log frame provided is consistent with activities from across the proposal document and offers indicators for service delivery areas.

5. Linkages to immunisation outcomes

This proposal demonstrates a good understanding of health system constraints with regards to immunization outcomes and is consistent with the 12th five-year Government plan in broader terms. The five objectives are organized around the most significant barriers in the health system, including the need to strengthen cold chain capacity, to create demand by scaling up behavioral change communication, to strengthen monitoring and evaluation, as well as vaccine preventable disease surveillance. There is a specific focus on "hard to reach" populations in states with immunization coverage <61% by using successful models set up during the polio eradication program. Gender, geographic and socio-economic disparities in immunization coverage are also explicitly referred to. GAVI HSS efforts for immunization will be inscribed into existing efforts, including the new Immunization Technical Support Unit, which has a central role in coordinating and linking various immunization-related agencies at the central level. There is a well detailed description of ongoing immunization efforts, including Mother Child Tracking System, Teeka Express, introduction of accredited social health activists (ASHAs) to increase vaccination coverage rates, call to action campaign for child health, and training of 1.2 million frontline workers on RI.

6. Action plan for immunisation results

The MoHFW has invested in health systems improvements related to immunization as part of the year of Intensification of Routine Immunization in India. This proposal capitalizes on this momentum by addressing system barriers not yet funded by MoHFW or other donors. The use of the structures set up by WHO-NPSP in order to scale up routine immunization is a major strength of this proposal. As it has successfully reached marginalized populations, there are good chances that it can repeat past achievements in polio with routine immunization.

Additionally, the use of BCC, particularly through incentives to the ASHAs, has the potential for great gains in vaccination coverage. The proposal tries to address key issues related to immunization, such as improving coverage in low performing districts, improving interpersonal communication, and capacity building of the program staff and field staff. In addition, it intends to improve vaccine logistic systems, supervision and monitoring of the program and build on experiences from the use of technology for improving communication, reporting and planning.

There is cross cutting attention to equity issues as part of the grant development process and in the background narrative. However, this is not translated into detailed action plans nor is it reflected in the monitoring and evaluation framework. Greater detail on this is required. With regards to BCC, the level of detail on how under-immunized populations (females, rural, urban slum populations) will be targeted through this arm of the project is insufficient.

While there is attention to gender in the background sections ("2001 DHS data cross-checked with MICS data suggested a difference in full coverage of 13.4% in favor of boys."), there is no mention of how this will be translated in the activities. Additional detail on this would be welcomed, as India works alongside the Secretariat to revise its performance framework.

Detail of CSO involvement is given only in two activities: 3.2.3 (Strengthen systems for effective inter personal communication and social mobilization using Polio social mobilization network, CSOs, school teachers) and 3.4.3 (Media, Parliamentarians and CSOs to meet two times a year per state). However, additional detail on the role of CSOs with regards to the WHO-NPSP RI efforts is missing. It is not explicit how CSO will be involved in the RI interventions, the selection process, and nature of collaboration and financial arrangements. The country needs to provide more detail on this process and results, especially as it reports on year 1 activity.

7. Feasibility

The proposal describes how they expect to achieve incremental gains in vaccination coverage based on the multi-pronged strategy outlined in the proposal: "modest improvements in coverage in just the four states that have both the largest birth cohorts as well as the largest numbers of unimmunized children can lead to a significant increase in national coverage". Additionally, system strengthening nationwide through on-going programmes, such as ASHA incentives and the MCTS, along with new efforts proposed here, are expected to lead to a further ten percentage point increase in RI coverage with a national coverage rate of 80% before 2015."

The Indian Government has declared the year of 2012/13 as Intensification of Routine Immunisation in India, which indicates a strong political commitment.
India does not have significant problems in terms of geography, insecurity, etc. On the other hand, the Government of India has been utilizing a huge amount of funding on health on a yearly basis compared to the amount requested from GAVI. Most of the supplies and suppliers are available within India, which will facilitate implementation.

While the country has stated in its application that it will be working closely through states for program implementation, there is no clear documentation on oversight, accountability, roles and responsibilities, coordination and other key aspects at national and state levels. It is important that this is clearly outlined and agreed with the Secretariat.

8. Soundness of the financing plan and its sustainability

The Indian government is committed to increase its resources for health from current levels of 1.4 % of GDP to 2.5% by 2017. The requested amount from GAVI is a small proportion to the overall public health expenditure for health (3%). Unlike most developing countries, India self-finances most of its health budget and the RI program is 100% financed by the government from its domestic resources. It is thus foreseeable that the activities started as part of this grant will be taken over by GoI upon completion of the project.

The budget should have no issues with upper ceilings since the requested amount was negotiated with GAVI, however, there are calculation errors which has reduced the request minimally. The budget plan does not provide detailed assumptions for objective 5, and for the rest of the objectives it provides incomplete assumptions, making it difficult to comment on the unit costs and budget needs. The IRC further flags this as an issue to be negotiated with partners before the memoranda of understanding are signed.

9. Added value

The program, as a concept, will clearly add value to the existing national program in the states with the highest proportion of unimmunized children. The choice of focusing on the eight states where the immunization coverage is less than 61% addresses the important issue of equity in coverage rates, which has not successfully been addressed in the past. The strength of this proposal lies in establishing pathways/systems to effect change, such as BCC, VPD surveillance, and utilizing the effective structures created as part of the National Polio Surveillance Program.

In addition to the introduction of new technologies to improve cold chain, the country also proposes to scale up demonstration projects that have the potential to add value, as these represent innovative aspects of the proposal. From this standpoint, the activities proposed in this application are relatively unaddressed by MoHFW and external donor funding and have the

potential for catalytic change. Additionally, strengthening the immunization program in India may contribute to reaching GAVI's Strategic Goal 4 (vaccine market shaping).

The IRC reiterates the need for clear budget assumptions and unit costs. The Secretariat should work closely with the partners to further clarify the budget concerns. Once clarified, this proposal has the potential to offer value for money.

9. Consistency across proposal documents

There is consistency across the documents provided. The detailed budget corresponds to activities that are inscribed into the 5 objectives of the proposal, with relevant performance and outcome indicators.

There are minor discrepancies in some of the indicators. For example, the Goal in the proposal narrative is "to improve the quality and level of immunization coverage in India and prepare for the adoption of new antigens by catalyzing the development of a 21st century immunization program that is capable of high performance even in settings where the capacity of the regular government infrastructure is poor" while the goal in the Log frame is "to reduce infant mortality in India by improving immunization coverage, in alignment with the national target set by the 12th Five Year Plan." Additionally, there are some discrepancies in the indicators reported in the Log Frame and the Performance framework. Although these differences are minor, it is important that they are reconciled, in view of the weakness of the M&E framework of this proposal. Another discrepancy noted between the proposal narrative part and the budget template includes, for example, the eVIN budget: US$ 21 million in the narrative and US$ 19.5 million in the budget template. Lastly, the lack of an updated cMYP, as well as a national M&E plan, was a disadvantage in reviewing this application.

10. Recommendations

Recommendation: **Approval with clarifications (Level 1)**

Clarifications: (Please see annex B for more details.)

1. Please work with the Secretariat to revise the proposed Performance Framework provided with the GAVI grant proposal, as per recommendations made in the Annex C of this report.

2. While the country has stated in its application that it will be working closely through states for program implementation, there is no clear documentation on oversight, accountability, roles and responsibilities, coordination and other key aspects at national and state levels. Kindly provide information on how coordinated planning and implementation arrangements with the states will be ensured in view of GAVI's catalytic resource.

3. Country and implementing partners to kindly address the minor budget differences and ensure that the figures are correct and add up to requested total. Please provide unit costs where these are missing from the submitted proposal budget and detailed budget assumptions for the different cost categories.

Recommendations to the country

The IRC requests India to:

1. Ensure that the proposal's timeline is consistent throughout the proposal, the performance framework and the budget framework (May 2013-April 2016 or 1 June 2013 – 31 May 2016 (PF)).

2. Ensure that the supporting documents include a comprehensive national/state health plan/strategy and a national/state M&E plan. It is recommended that the country provides these documents before the Aide Memoire is signed with the GAVI Secretariat.

3. Provide an updated version of cMYP as soon as possible. The cMYP is in the draft form and lacks an operational plan, timeframe, gap analysis and budget. In addition, some outdated figures are used.

4. Include CSOs as part of Partners Forum and/or IAG. In addition, it is recommended to involve more CSOs in implementation of the grant where applicable.

5. Provide further details on how the planned evaluation by UNDP (budget plan: UNDP activity 4.3.4) will be implemented. The country is requested to kindly share the TORs of the evaluation with the GAVI secretariat before commencement of the evaluation.

6. Provide missing unit costs, budget assumptions and a proper gap analysis before commencing the implementation.

7. Provide information on how coordinated planning and implementation arrangements with the states will be ensured in view of GAVI's catalytic resource.

Annex A: Country Budget Summary Template

	May 2013- April 2014	**May 2014- April 2015**	**May 2015- April 2016**	**TOTAL**
	Year 1	**Year 2**	**Year 3**	
Grant Programme Year	2013	2014	2015	
Budget request from Country Proposal ($)				**107,000,000**
Upper ceiling of budget approved by IRC, in case different from proposal budget ($)*	27,550,000*	41,290,000*	36,110,000*	**104,950,000 (difference of 2,050,000)**
5 year annual ceilings provided by GAVI ($) [annual budget cannot exceed this amount]	N/A	N/A	N/A	N/A

* India has made a calculation error in the consolidated total budget. There is no consolidated yearly projection, but India's total projected budget in the proposal narrative is US$ 107,000,000. After review of the budget, a calculation difference of **US$ 2,050,000** was found, bringing the proposed budget down to **US$ 104,950,000**.

Annex B: IRC HSFP COUNTRY RESPONSE TEMPLATE FOR CLARIFICATION OR RESUBMISSION

IRC Recommendation (select one):
Please complete after Clarification/Resubmission is received

X Level I Clarification
☐Level II Clarification
☐Resubmission

Final IRC Recommendation	
Date	

Clarification Questions/ Resubmission Issues Identified by GAVI's Independent Review Committee

Please add lines as necessary for each iteration

Question/Issue 1:	
Please work with the Secretariat to revise the Performance Framework for the grant as per recommendations made in the Annex C of this report.	
Supporting Documentation requested: *(IRC: Please list suggested supporting documentation to accompany country response)*	
Revised PF and reflected adjustments for consistency with the rest of proposal documents	
Applicant's Response – Issue 1:	Date: dd- MM-yy
Response:	
Supporting Documentation from the applicant relevant to the response: *(Applicant: Please list any supporting documentation that was provided to accompany country response)*	
IRC Comments and/or request for further clarifications – Issue 1: *(Indicate whether the IRC is satisfied with the clarifications/adjustments provided (with or without conditions or matters the IRC wish to draw to the attention of the Secretariat to consider during grant processing) or there are further clarifications/adjustments requested)*	Date: dd- MM-yy
Response:	

Question/Issue 2:	
Kindly provide information on how coordinated planning and implementation arrangements with the states will be ensured in view of GAVI's catalytic resource.	
Supporting Documentation requested: *(IRC: Please list suggested supporting documentation to accompany country response)*	
Relevant guidelines/templates	
Applicant's Response - Issue 3:	Date: dd- MM-yy
Response:	

Supporting Documentation from the applicant relevant to the response: *(Applicant: Please list any supporting documentation that was provided to accompany country response)*

IRC Comments and/or request for further clarifications – Issue 3: *(Indicate whether the IRC is satisfied with the clarifications/adjustments provided (with or without conditions or matters the IRC wish to draw to the attention of the Secretariat to consider during grant processing) or there are further clarifications/adjustments requested)*	Date: dd- MM-yy
Response:	

Question/Issue 3:	
Country and implementing partners to kindly address the minor budget differences and ensure that the figures are correct and add up to requested total. Please provide unit costs where not available with the proposal and detailed budget assumptions for the different cost categories.	
Supporting Documentation requested: *(IRC: Please list suggested supporting documentation to accompany country response)*	
Revised budget with annual projections and budget assumptions	
Applicant's Response - Issue 3:	Date: dd- MM-yy
Response:	
Supporting Documentation from the applicant relevant to the response: *(Applicant: Please list any supporting documentation that was provided to accompany country response)*	
IRC Comments and/or request for further clarifications – Issue 3: *(Indicate whether the IRC is satisfied with the clarifications/adjustments provided (with or without conditions or matters the IRC wish to draw to the attention of the Secretariat to consider during grant processing) or there are further clarifications/adjustments requested)*	Date: dd- MM-yy
Response:	

Annex C: Specific Recommendations for Revised Performance Framework

There are significant defects in the current Performance Framework (PF), in the form of missing details for baselines, targets and absence of some key indicators. Addressing these defects will help GAVI to measure its progress towards its strategic objectives, as well as the country to comprehensively address the priority needs of the states in the context of GAVI support.

Inline with the additional guidelines provided by the Secretariat to the IRC at the beginning of the April 2013 review process, the IRC has made the suggestions seen below to improve the PF as submitted in the application package. The Secretariat will have to ensure that the baselines, targets, frequency of reporting, and sources of information are provided for each of the indicators. Further, the IRC recommends that if more indicators emerge and are deemed necessary, they can be added to this table or vice versa, if any indicator is deemed unnecessary it can be removed. In particular, please choose indicators that highlight disparities in immunization coverage based on gender, geographic area and wealth quintile to capture equity.

Once this is finalized, a revised PF will cause some changes in Section 4 of the proposal narrative, the log frame and the budget. It is recommended to note this and take the required actions to ensure consistency between these documents. The revised PF must be completed before the grant is signed and should form the basis of the APR and reporting to the Monitoring IRC subsequently.

Original proposed and revised recommended outcome indicator	Baseline			Comments
	Value	Year	Source	
Increase in Full Immunization	61%	2009	Coverage Evaluation Survey 2009	Please include coverage by sex for all 12 states. Include by lowest and highest wealth quintile, if possible. In addition, the same indicator for national level can be included to track nationwide progress as well.
DTP3 coverage by sex, for each state and for national level	TBD	TBD	TBD in consultation with country	New Indicator suggestion
% DTP3 Dropout rate in each of the twelve states, as well as national level	TBD	TBD/2009	Any feasible source: Routine reporting/Coverage Evaluation Survey 2009	New indicator suggestion
% change in vaccination wastage rate for each state receiving cold chain supervision/training.	TBD	TBD	TBD	New Indicator suggestion as a measure of effectiveness of Cold Chain training and planned Supervisions. Need to provide vaccination wastage rate for each State, as well as national level.
Number of states where cold chain breakdown rate meets the national standard of less than 2% (out of 12	Baseline N/A	2012	EVM Assessment for country completed this month and baseline for this indicator will be	This is an output indicator. Please provide information at the state level for each state. More EVMs are planned in the budget, which is an opportunity to

priority states) Number of States =12			taken from Country EVM assessment final report	collect data for this.
Number of states (UP and Bihar) not reporting stock out for any antigen in UIP for > 1 month during last 12 months of GAVI Support	0/2	2012	Deep Dive	Alternative Measure: For each state, frequency of antigen stock out for > 1 month over 12 months of GAVI Support
Reduction in % of parents/ caregivers of eligible children whose child received partial or no immunization, did not feel the need of adhering to the schedule of immunization.	28%	2009	CES 2009	Number of States =12? For each state: % of care givers with partially or unimmunized children in each state who do not feel the need to further vaccinate their children (unless their definition is an accepted national level definition). It will be helpful to measure this indicator at level to see the knowledge changes nationwide.
Number of states where 80% or more of the districts send timely and complete reports on surveillance and immunization indicators for the previous financial year	0	2012-13	HMIS	This is an output indicator. Number of States =12 Or all states? Alternative wording: For each state: % of districts sending timely, complete and accurate reports on immunization indicators for the previous financial year. Need baseline denominator for number of districts in each state.
Percentage of monitored high risk areas receiving RI services as per RI micro-plans;	0	2012	NPSP monitoring data	This is an output indicator. Need denominator for number of high risk areas. Also needs better definition.
Percentage of districts where intensified RI monitoring feedback for action is shared with district officials on quarterly basis	0	2012	NPSP monitoring data	This is an output indicator. Need denominator for number of high risk areas

Programmatic indicator	Baseline (if applicable)				Comments
	N # / D #	%	Year	Source	
Number of districts where public-private partnership models for vaccine delivery have been piloted	0 / 10	0%	2012	MoHFW Report	In addition, would recommend a qualitative measure for this indicator to describe obstacles, challenges and successes encountered.
Number of districts where the public-private partnership models have been evaluated	0 / 10	0%	2012	MoHFW report	No comment
National Cold Chain and Vaccine Management Resource Centre established and functional (Operational and strategic framework, National CC Plan & national Standards for Cold Chain)	0 / 1	0%	2012	NIHFW report	This is one time activity and could be reported and removed from PF OR define functionality in a measureable way, for example, quantity of expected outputs from the center.
Number of states where 80% of cold chain staff are trained in effective cold chain and vaccine management	0 / 12	0%	2012	NIHFW training report	Percentage of staff trained in cold chain for each state. Denominator will be total number of cold chain staff per state.
No of states with supportive supervision mechanism in place for cold chain and vaccine Management	0 / 12	0%	2012	MoHFW Report	% of cold chain and vaccine management sites receive supportive supervision on quarterly or monthly basis (TBD). Denominator to be all the expected sites that need supervision for cold chain and vaccine management.
Number of states with completed EVM and developed Improvement plan and integrated in the annual Health Plan (PIP)	0 / 12	0%	2012	EVM Assessment report	Table format for each State report whether there is: completed EVM or EVM+ improvement plan or EVM+improvement plan+PIP
NCCMIS implemented in all 12 GAVI supported states and 80% of non-supported states	0 / 12	0%	2012	NCCMIS	Would make it easy for reporting to have all in one indicator
Integrated vaccine logistics management system implemented in 10 out of 12 GAVI supported states (Except UP & Bihar) & 4	0 / 14	0%	2012	Integrated Vaccine Management Report	How will you capture partial implementation? Needs measureable definition

GMSDs.					
Number of cold chain points created closer to immunization locations using solar/ hybrid power	0 100	0%	2012	NCCMIS	Define, how closer?
Number of cold chain equipment improved using innovative technology	0 864	0%	2012	NCCMIS	Definition for improved.
Number of cold rooms operational with wireless data loggers for temperature monitoring in the state of Bihar and Uttar Pradesh	40 1700	2%	2012	Wireless Data Loggers Report	Need denominators for each of the two states
Number of states implementing online vaccine stock management system	0 2	0%	2012	Online Vaccine Management Report	Disaggregate Data by State: Number of districts within each of the two states implementing online vaccine stock management system.
Number of districts where Vaccine Logistics Managers at district and state levels have been trained on vaccine intelligence	0 353	0%	2012	MoHFW Training Report	Number of States=? Please provide data at the State level. For each district, % of Vaccine Logistics Managers trained for vaccine intelligence.
Number of districts where refresher trainings provided on vaccine intelligence	0 150	0%	2012	MoHFW Training Report	In how many States? Need disaggregated data by State.
Number of states implementing their own evidence-based BCC and social mobilization strategies in immunization.	0 12	0%	2012	State PIPs	How partial implementation will be captured? Needs measurable definition
Number of states where 80% of HR involved in BCC are trained (BCC staff other than ASHA)	0 12	0%	2012	Training records (State NRHM Report)	For each state, % of HR involved in BCC have been trained in BCC (BCC staff other than ASHA)
Percentage of ASHAs trained in BCC for 12 high priority states	0 516.161	0%		Training records (NRHM Report; NHRC ASHA Module Training)	Provide data for each of the 12 States.
Increase in the number of immunization messages on TV/radio and print media (Baseline N/A)	0 0			UNDP Monitoring Report (TAM-TV Audience Measurement	Priority should be given where lowest coverage exists among the states.
Number of states that have	0			State	States to be defined.

a defined media tracking and assessment plan (Baselines not available will be done)	0			PIPs/UNICEF Report	
Number of Qualitative and Quantitative assessment conducted for ongoing IEC/ BCC interventions	0 3	0%	2012	MoHFW report	Put the planned numbers with timing intervals, either in a cumulative way or non-cumulative way.
Number of Media Analysis reports for 2013, 2014 & 2015	0 3	0%	2012	MoHFW report	Put the numbers as above indicator per year
Percentage measles outbreaks investigated out of flagged outbreaks, which should have been investigated		30%	2012	Measles surveillance reports	No comment
Percentage of sites sending timely and complete VPD surveillance reports	 TBD	0	2012	VPD surveillance reports	Define the time duration (i.e. quarterly, monthly ...)
Percentage of sites sending timely and complete measles surveillance reports		50%	2012	MoHFW	Define the time duration (i.e. quarterly, monthly ...)
Number of VPD surveillance workshops conducted at sentinel site (How many sentinel sites?)		0	2012	VPD surveillance reports	Put the planned numbers of planned workshops with timing intervals, either in a cumulative way or non-cumulative way.
Number of measles surveillance workshop conducted at district level (In how many districts?)		20	2012	Measles surveillance reports	As above
Number of states developed and designed computer simulation model for vaccine supply chain	0 7	0%	2012	INCLEN, ITSU	As above
Number of states where there are relevant changes in policies and/or procedures based on the detailed simulation model implemented	0 2	0%	2012	INCLEN, ITSU	Difficult to measure. Check alternative way of defining
Function research network set up and operational	0 1	0%	2012	MoHFW report	Difficult to measure. Check alternative way of defining
Percentage of blocks with identified high risk settlements that are linked to RI session sites		0%	2012	MoHFW	In each 12 states, how many blocks per district are anticipated? Please track this indicator over time to measure progress.
Percentage of states with		0%	2012	MoHFW	Percentage of states

state task force on immunization constituted to review RI program and take appropriate action.					with state task force on immunization constituted to review RI program? Include minutes of the task force to document appropriate actions.
Percentage of districts with a district task force on immunization constituted to review RI program and take appropriate action.		0%	2012	MoHFW	In how many states? Same comment as above
Percentage of states that have conducted state level training of district trainers for intensified and focused RI training of front line workers;		0%	2012	MoHFW	Alternative Indicator: % of frontline workers trained at the district level for intensified and focused RI per state. The denominator to be the total number of front line workers per state. Would be good to track over time to measure progress.
Percentage of districts that have conducted training sessions for block trainers for conducting intensified and focused RI training of front line workers.		0%	2012	MoHFW	Could be removed since the above indicator will give us better information.

Appendix C

GAVI Alliance Terms and Conditions

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 PROGRAMMES

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 programme(s) described in this application. Any significant change from the approved programme(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 programme(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 programme(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 programmes 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 programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

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 on the Country, under the Country's law, to perform the programmes described in this application.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY 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 the 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 programmes 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 programmes 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.