## Description: GAVIAlliance

Application Form

for Country Proposals

*for receiving approximately two years of support for an*

*HPV Demonstration Program*

**Submission Deadline: 15 September 2013**

Submitted by

the Government of Senegal

Date of submission: September 2013

Please submit the Proposal using the form provided.

Enquiries to: [proposals@gavialliance.org](mailto:proposals@gavialliance.org?subject=Applications%20for%20New%20Vaccines%20Support) or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

Note: Please ensure that the application has been received by the GAVI Secretariat on or before the day of the deadline.

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE**

**GRANT TERMS AND CONDITIONS**

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms. These terms and conditions 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 programmer(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. Any funds repaid will be deposited into the account or accounts designated 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.

***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 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 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 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.

1. Application Specification

**Q1.** Please specify for which type of GAVI support you would like to apply to.

|  |  |  |
| --- | --- | --- |
| **Preferred vaccine**  **(bivalent (GSK) or quadrivalent (Merck))**  **See below for more information** | **Month and year of first vaccination** | **Preferred second presentation1** |
| Quadrivalent | October 2014 | Bivalent |

Please summarize the rationale for choice of preferred vaccine. Also, please clarify whether the vaccine is licensed for use in the country.

[The country has chosen Gardasil, a quadrivalent vaccine, which, in addition to protecting against cervical cancer also protects against anogenital warts and other anogenital cancers. Its rating of VVM 30 means it is stable with regard to temperature giving it a specific advantage for use in the field. The vaccine does has not yet received Market Authorization (*Autorisation de Mise sur le Marché* - AMM) in Senegal. Authorization will be given by the National Regulation Authority upon request by the program as with all other vaccines pre-qualified by WHO. ]

For more information on vaccines: <http://www.who.int/immunization_standards/vaccine_quality/PQ_vaccine_list_en/en/index.html>

1 This "**preferred second presentation**" will be used if there is no supply available for the preferred presentation of the selected vaccine ("**Vaccine"** column). If left blank, it will be assumed that the country prefers to wait until the selected vaccine becomes available.

1. Executive Summary

**Q2.** Please summarize the rationale and the expected outcome of the HPV Demonstration Program Plan.

In sub-Saharan Africa, papillomavirus infections remain a public health problem. Cervical cancer is the leading cancer among women in Senegal. According to information from Globocan 2008, the incidence for all ages is 34.7 per 100,000 women and mortality is 25.5 per 100,000 women.

Consequently, Senegal, like other African countries, is currently accelerating its progress to reach its MDGs, all within the framework of the Global Immunization Vision and Strategy (GIVS). To be successful, it is crucial to continue to introduce new vaccines. After having expanded the vaccines offered by introducing the pentavalent vaccines in 2005 and the pneumococcal vaccine in 2013, the country is now planning to introduce the HPV demo project in two pilot districts with the support of GAVI. They are also planning to introduce the rotavirus vaccine and a second dose of measles into the routine in 2014.

Senegalese authorities are clearly committed to preventing cancer; they have realized the magnitude of the problem in the population and there is political will within public institutions to implement the HPV vaccine.

Immunization will be integrated using a holistic approach for the prevention of this disease. There are 7 operational screening centers for precancerous cervical lesions using VIA/IVI/cryotherapy, and a pilot screening center for precancerous cervical lesions using HPV/VIA/IVI/cryotherapy and a trained staff along with support materials.

GAVI support for this Human Papillomavirus immunization demonstration will last two years. Total funding is estimated at US$ 221,000, of which US$ 170,000 are being requested of GAVI

The preferred vaccine for the Human Papillomavirus immunization demonstration is GARDASIL. This is a quadrivalent vaccine, prepared in one-dose vials, presented in liquid form. The GARDASIL vaccine is administered intramuscularly in 0.5 ml doses for girls aged 9 to 13, before they are sexually active, at 0, 2 and 6 months.

It is stored between +2 and +8°C and shows good thermo stability with a VVM of 30 that makes it an easy vaccine to use at vaccine service delivery points.

The project is set to begin in October 2014 so that the HPV immunization schedule follows the school year schedule. The school year begins in October and ends in July. This will allow the target to be reached during the school year, and to significantly reduce wastage. The cohort targeted for the demonstration is the cohort of girls who are 9 years old. This cohort is estimated to be 4,582 girls for the first year and 4,692 for the second. To reach our target for this demonstration project, two strategies will be used: immunization in schools as the primary strategy and immunization outside of schools as the secondary strategy.

Preparatory activities have been carried out, including the EVM assessment that took place from 27 August to 05 October 2012, the revision of the logistics improvement plan, revision of the 2012 -2016 cMYP and development of the introduction plans and communications.

Planning activities, training of health care personnel and teachers and communications are planned for the beginning of the demonstration.

The post-introduction assessment will occur when the third dose has been administered (6 months later) and another assessment will take place at mid-term at the end of the first year, to measure immunization coverage, acceptability and the feasibility of joint administration with other interventions related to adolescent health. The country is currently working on developing a national cervical cancer prevention strategy using a holistic approach.

1. Immunization Program Data

**Q3.** Please provide national coverage estimates for DTP3 for the two most recent years from the WHO/UNICEF Joint Reporting Form in the table below. If other national surveys of DTP3 coverage have been conducted, these can also be provided in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Trends of national DTP3 coverage (percentage) | | | | |
| Vaccine | Reported | | Survey | |
|  | Administrative coverage 2008 | Administrative coverage 2009 | DHS V  2010-2011 | ENCV  2013 |
| DTP 3 | [88]% | [87]% | [83]% | [91]% |

**Q4.** If survey data is included in the table above, please indicate the years the surveys were conducted, the full title, and if available the age groups the data refer to.

[The country does not have access to administrative data from the last two years due to the union ordering that data be held back.

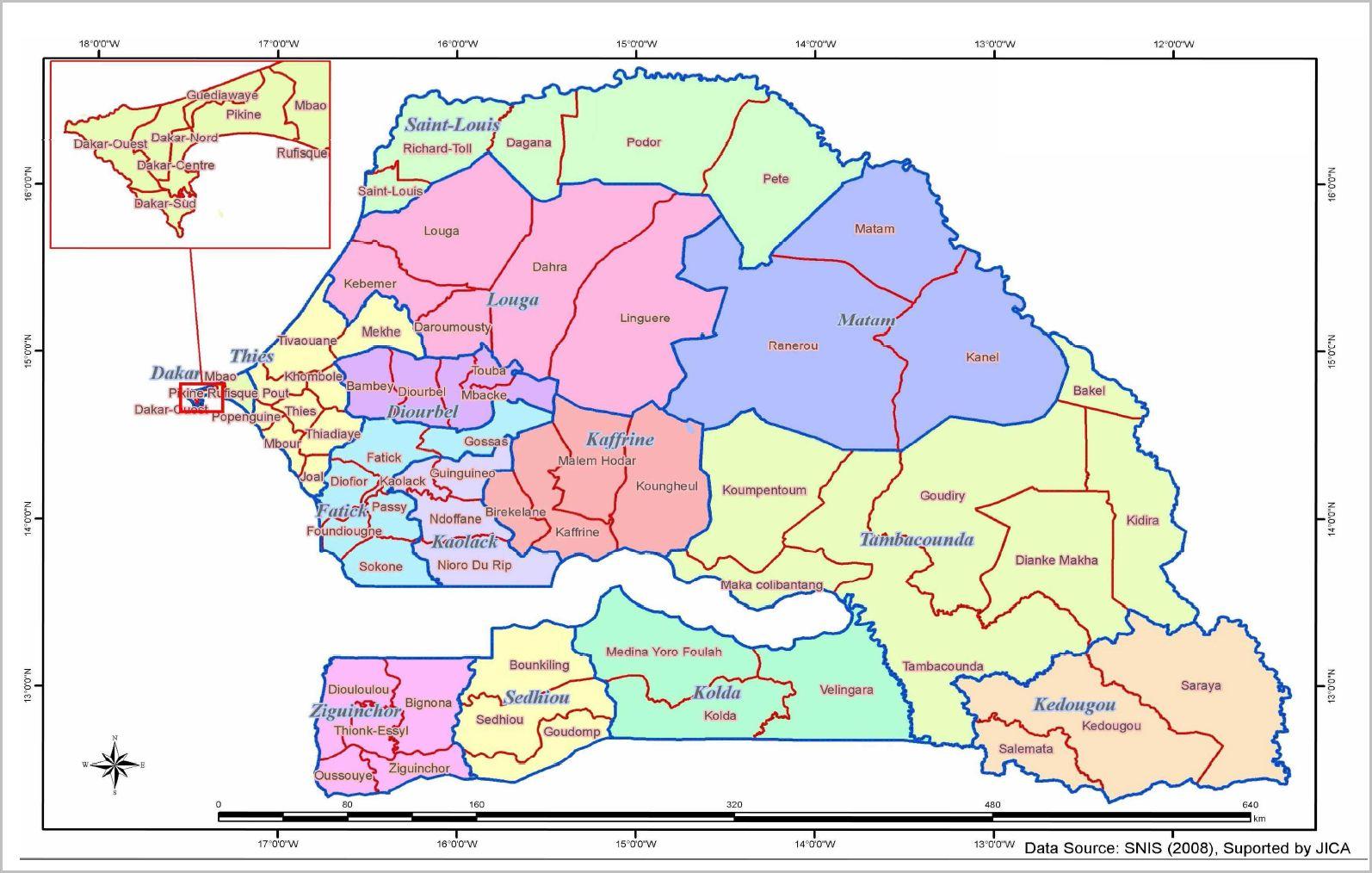
The survey data noted in the table is from a 201-2011 demography survey and a national immunization coverage survey from 2013 that focused on children aged 12-23 months. ]

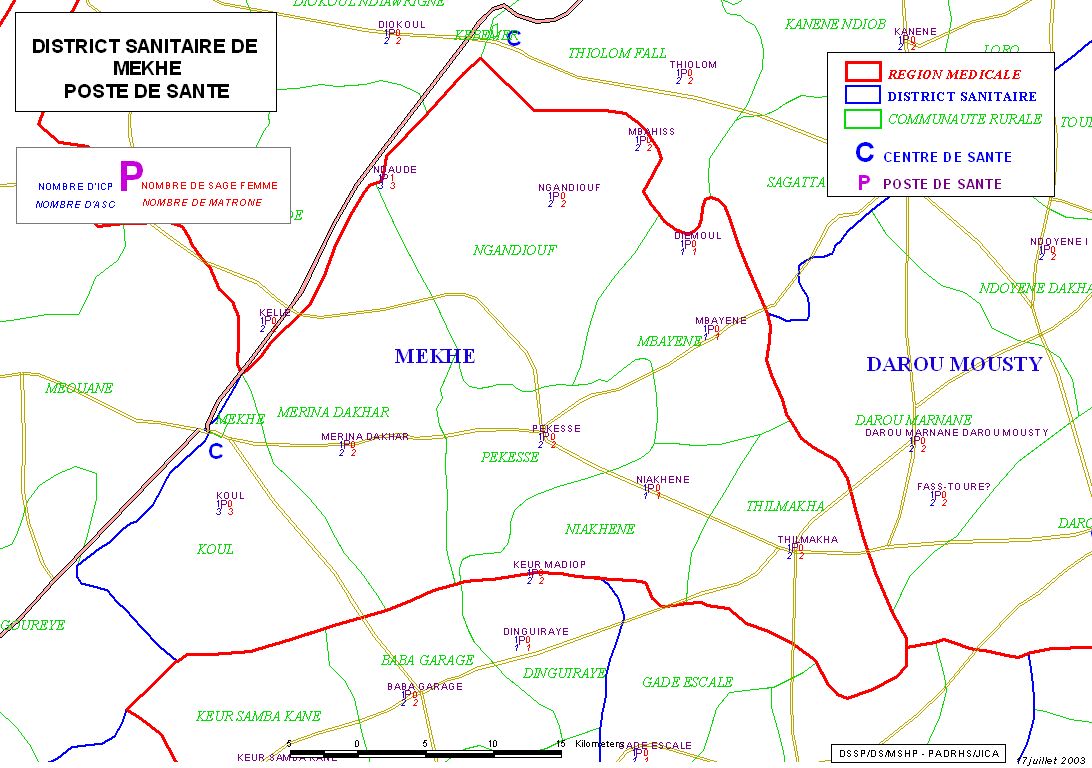
**Note**: The IRC may review previous applications to GAVI for a general understand of country's capacities and challenges.

1. HPV Demonstration Program Plan

4.1 District Profiles

**Q5.** Please describe which district or districts have been selected for the HPV Demonstration Program, completing all components listed in the table below. Also, kindly provide a district level map of the country.





|  |  |  |
| --- | --- | --- |
| **Components** | **Ouest district** | **Mékhé district** |
| % urban population  % rural population | 100% | 12.4 %  87.6 % |
| Number and type of sub-administrative units: | 1 arrondissement  4 arrondissement municipalities | 1 municipality, 7 rural communities, 600 villages. |
| Total population | 167529 (ANSD) | 175771 (ANSDS) |
| (%) Total female population | 51 | 51 |
| (%) Total female population aged 9-13 yrs | 4 | 8 |
| Number and type of public health facilities | 1 health center  10 health outposts | 1 health center, 19 health outposts, 70 operational health huts, |
| Number and type of health workers in all district public health facilities | 25 doctors, 1 pharmacists, 1 dentist surgeon, 10 TSS, 24 IDEs, 48 registered midwives, 50 assistant nurses, 238 other | 3 doctors, 11 IDEs, 12 AIE, 11 registered midwives, around 100 community health officer, data source |
| Number of private health facilities | 87 | 00 |
| Number and type of health workers on staff in private health facilities in the district | N/A | 00 |
| Number of private and public elementary/primary and secondary schools | 106 (IDEN Almadies, Dakar) | 132 (IDEN Tivaouane) |
| Number of private and public elementary/primary and secondary teachers | 1661 (IDEN Almadies, Dakar)  644 women, 1017 men | 470 including 116 women |
| Estimate of number of girls who attend school in the following age tranches: (Ministry of Education)  9 yrs  10 yrs  11 yrs  12 yrs  13 yrs | 1552  1311  1215  819  759 | 2086  1940  1899  1777  1117 |
| Estimate of number of girls who do not attend school in the following age tranches: (Ministry of Education)  9 yrs  10 yrs  11 yrs  12 yrs  13 yrs | 150  229  208  272  877 | 794  965  996  1331  1333 |

**Q6.** Please give a brief description of why this district (or districts) was (were) selected to participate in the HPV Demonstration Program.

The district of Ouest of Dakar and that of Mékhé have been selected based on the following criteria::

**Mékhé health district:**

* District size and profile: medium-sized district that is predominantly rural (87.6%)
* Immunization performance: good performance for routine immunizations
* Good coverage in health facilities
* Good community environment
* Sufficient storage capacity that does not require additional investment
* The involvement of the District Doctor and his team for EPI.

The success of the demo program in the Mékhé district will guarantee the success of the vaccine's introduction into rural areas at the national level.

**Dakar Ouest health district:**

* District size and profile: 100% urban, medium-sized district
* Immunization performance: good performance for routine immunizations
* Good coverage in health facilities
* Good community environment
* Sufficient storage capacity that does not require additional investment
* The involvement of the District Doctor and his team for EPI.

The success of the demo program in the Dakar Ouest district will guarantee the success of the vaccine's introduction into urban areas at the national level.

**Q7.** Please describe the operations of the EPI program in the district(s) selected for the HPV Demonstration Program.

|  |  |  |
| --- | --- | --- |
| **Components** | **Ouest District** | **Mékhé District** |
| Number of health facilities supplied with routine immunizations | 12 immunization units (CS + 11 PS) | 18 immunization units (CS + 17 PS) |
| Number of outreach strategies organized during the month | 00 | 51 |
| DTP3 coverage | 97.3 % (2012) | 96.3 % (2012) |
| OPV3 Coverage | 97.3 % (2012) | 96.3 % (2012) |
| MCV1 Coverage | 90% (2012) | 88.8 % (2012) |
| Pentavalent 3 Coverage | 97.3 % (2012) | 96.3 % (2012) |
| TTV2+ Coverage (pregnant women) | 94 % (2012) | 92.6 % (2012) |

**Q8.** Please summarize the performance of the district EPI program as reported in any recent evaluation, for example identifying resources available, management, successes, and challenges.

An external EPI review was conducted in 2010 and assessed the general effectiveness of the EPI. That review's conclusions show that the EPI's overall effectiveness is very good. That same review also identified all of the areas that needed improvement, and these were included in the cMYP's strategic focuses. Senegal's EPI is a dynamic program with coverages that have been increasing since 2001.



**Trends in immunization coverage in Senegal**

The vaccine and input management system works well. The 2009 EVM highlighted certain weaknesses and suggested several recommendations, the implementation of which are described in the cMYP that was recently drafted. The storage capacity extension forecasts were correctly identified as were the funding sources needed to close the deficit.

The existence of an operational monitoring system for the diseases targeted by the EPI, and measles in particular, is a strong point of the program.

The 2013 national immunization coverage survey showed penta3 coverages higher than 90% within the two districts. The recent assessment of NID/Polio paired with Vitamin A supplements and deworming showed good results in terms of reaching objectives linked to involvement of all district and community participants; this enabled funding and human resource deficits to be eliminated.

**Q9a.** Please describe any current or past linkages the district EPI program has had with the primary and/or secondary schools in the district, e.g., going to schools for health education, delivery of vaccinations, outreaches, etc.

On 5 July 2012, the Ouest district in Dakar, in cooperation with the Education Inspection department and Almadies training, organized a deworming campaign (using 400 mg of albendazole) for children attending school and darras aged between 5 and 14 years. 34,654 students were dewormed for out of total of 45,597 school-aged children. This is a coverage rate of 76%.

The Mékhé district organized a deworming campaign in March 2012 for school-aged children. Successful cooperation between school directors and IDEN (the National Academy of Department Inspections) led to satisfactory results in terms of coverage, and a high-quality activity.

**Q9b.** Please indicate if gender aspects relating to introduction of HPV vaccine are addressed in the demonstration program.

A specific communication plan will be developed and it will take specific issues linked to gender into account. . A crisis communication plan will also be developed in the event of possible rumors or other resistance to immunization in the two districts

**Q9c.** Please describe any recent evidence of socio-economic and/or gender barriers to the immunization program through studies or surveys?

No such study has yet been conducted in Senegal

* 1. Objective 1: HPV vaccine delivery strategy

**Q10.** Please describe the primary and secondary HPV vaccine delivery strategies selected (school-based, facility-based, outreach, mixed, other, etc.) and the rationale for selection.

* **Immunization** 
  + Target

The country has chosen the "age" strategy and the demonstration will be focused on the cohort of girls who are attending school and girls who are not attending school, who are 9 years old.

This choice was based on the following criteria:

* The cohort of girls attending school only exists in primary schools
* This is an age that is far from having sexual relations for the first time
* It is easier to correctly determine age in those who are younger
* The cohort is 9 years plus those attending school aged 9- 13 and therefore easier to locate (see Table 1).
  + Strategies

To reach our target for this demonstration project, two strategies will be used: immunization in schools as the primary strategy and immunization outside of schools as the secondary strategy.

The main strategy in the two districts will be to immunize in schools. School authorities will be made aware in advance so that they are cooperative. They will be asked to conduct a census of all girls who attend the school and who are 9 years old. A registry will be created in health facilities with information about these children. Visits by the immunization teams will be according to a calendar established with school authorities. Immunization will take place in the schools. Immunization cards will also be carefully kept at school for future visits by the immunization teams so as to avoid lost cards.

Classic strategies will be used to vaccinate girls who are not attending school such as fixed, outreach and mobile. These strategies will be applied according to the calendar established in advance by the communities. Classic immunization sites will be used (health facilities, public places, home of village/neighborhood chief, etc.). The "Bajenu Gox" (neighborhood women mentors) and other community liaisons will first take a census of girls aged 9 years old in all locales within the zones for which they are responsible before the immunization teams' visit. Census records with name, age, exact address and, if possible, telephone number will be created and used for this purpose. We will also use immunization cards that will be kept by the community health workers; this will facilitate reaching the target set for immunization visits.

For zones with low population numbers, immunization teams will systematically cover all zone concessions while looking for and vaccinating all girls in the relevant age tranche.

After each immunization day, an assessment will identify stragglers so that make-up sessions can be scheduled within both the schools and the community.

For each visit, the activities will last 10 days; this will allow access to the maximum of targets and also allow for catching up with girls who missed their appointment.

Other specific strategies could be developed according to the realities in the field and target specifics.

Furthermore, realistic implementation will require support activities such as raising awareness and social mobilization at the operational level, but also integration of immunization with other activities to make the demo plan more successful. Lessons learned will help identify the best strategies for reaching targets when the immunization is scaled.

**Note**: If the application proposes to use school as a venue for HPV vaccine delivery the minimal proportion of girls of the target vaccination cohort or target grade that is enrolled in school must be 75% nationwide (not only in the selected district).

The country has chosen the "age" strategy and the demonstration will be focused on the cohort of girls who are attending school and girls who are not attending school, who are 9 years old.

This choice was based on the following criteria:

* The cohort of girls attending school only exists in primary schools
* This is an age that is far from having sexual relations for the first time
* It is easier to correctly determine age in those who are younger
* The cohort is 9 years plus those attending school aged 9- 13 and therefore easier to locate (see Table 1).

**Q11.** If schools are being used as a venue for HPV vaccine delivery, please state the percentage of girls in the target age group which are attending school nationwide and in the district(s).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Dakar Ouest | | | | Mékhé | | | |
| Age in Years | Attending School | Not Attending School | T | Enrollment Rate | Attending School | Not Attending School | T | Enrollment Rate |
| 9 | 1552 | 150 | 1702 | 91% | 2086 | 794 | 2880 | 72% |
| 10 | 1311 | 229 | 1540 | 85% | 1940 | 965 | 2905 | 67% |
| 11 | 1215 | 208 | 1423 | 85% | 1899 | 996 | 2895 | 66% |
| 12 | 819 | 272 | 1091 | 75% | 1777 | 1,331 | 3108 | 57% |
| 13 | 759 | 877 | 1636 | 46% | 1117 | 1,333 | 2450 | 46% |
|  | **5656** | **1,736** | **7392** | **77%** | **8819** | **5,419** | **14238** | **62%** |

Gross enrollment rate is estimate at 78% nationally

**Q12.** Please identify a single year of age (or single grade in school) target vaccination cohort within the target population of 9-13 year old girls and provide information in the table below. Please clarify the rationale for the choice of the target population.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Target age or grade** | **N. of girls targeted Year 2** | | **N. of girls targeted Year 2** | | **Data Source** |
| 9 yrs | 3,638 | In school | 3,725 | In school | Education Inspection Department |
|
| [Insert text] | 944 | Out of school | 967 | Out of school | UNESCO Estimate |
|
|  | 4,582 | T | 4,692 | T |  |

[Insert text]

**Q13.** If the target population is a single grade in school, describe the percentage of girls in the target grade between the ages of 9 and 13 years and the data source.

N/A

**Note**: If the strategy selects eligible girls based on their grade in school, then at least 80% of the girls in the grade should be between 9 and 13 years of age (the WHO-recommended age group for HPV vaccine).

[Insert text]

**Q14.** Please describe how eligible girls not attending school will be identified and the mechanism for providing them an opportunity to receive HPV vaccine.

Classical strategies will be used to vaccinate girls who are not attending school such as fixed, outreach and mobile. These strategies will be applied according to the calendar established in advance by the communities. Classic immunization sites will be used (health facilities, public places, home of village/neighborhood chief, etc.). The "Bajenu Gox" (neighborhood women mentors) and other community liaisons will first take a census of girls aged 9 years old in all locales within the zones for which they are responsible before the immunization teams' visit. Census records with name, age, exact address and, if possible, telephone number will be created and used for this purpose. We will also use immunization cards that will be kept by the community health workers; this will facilitate reaching the target set for immunization visits.

For zones with low population numbers, immunization teams will systematically cover all zone concessions while looking for and vaccinating all girls in the relevant age tranche.

For each visit, the activities will last 10 days; this will allow access to the maximum of targets and also allow for catching up with girls who missed their appointment.

**Q15.** Please describe the mechanism for reaching all the target girls with three doses who were missed on the main vaccination days, specifying plans for reaching hard-to-reach or marginalized girls.

Census records with name, age, exact address and, if possible, telephone number will be created and used for this purpose as well as for use on immunization cards. These records and immunization cards will be kept in the schools to facilitate identifying those who were absent during each visit; this information will also facilitate locating the absent girls.

For each visit, the activities will last 10 days; this will allow access to the maximum of targets and also allow for catching up with girls who missed their appointment. Immunization follow-up sessions will be scheduled for those who were absent. Active searching will take place at the community level with the support of community liaisons, to identify stragglers so that they can be vaccinated during the follow-up sessions.

**Q16.** Please summarize ability to manage all the technical elements which are common to any new vaccine introduction, e.g. cold chain equipment and logistics, waste management, vehicles and transportation, adverse events following immunization (AEFIs), surveillance, and monitoring, noting past experience with new vaccine introductions (such as rotavirus, pneumococcal vaccine, or others).

The Senegal EPI has proven its ability to successfully introduce a new vaccine. As a signatory to GIVS, which aims to expand the range of vaccines and protect against more diseases, Senegal successfully introduced into its routine EPI: the hepatitis B vaccine in 2004, the HIB B infection vaccine in 2005 with support from GAVI, in Pentavalent form (DTP-Hep-Hib); the pneumococcal vaccine (PCV 13) is scheduled to be introduced in October 2013.

Furthermore, the country will introduce the rubella vaccine, in the form combined with the measles vaccine, in 2014.

Experience learned during the introduction of these various new vaccines will, without a doubt, contribute to implementing the HPV immunization demo in Senegal's two pilot districts. The main lessons learned are:

* The existence of a detailed plan to introduce the immunizations facilitated the mobilization of resources and timely implementation
* Implementing commissions (technical, logistical, communication and monitoring) was a benefit of revising training modules, management tools and supporting communication materials
* The possibility of an introduction made at the national level
* Implementation of an advance logistical inventory in anticipation of possible vaccine and supply storage problems, to eliminate any deficits.
* Supportive supervision was a chance to support the implementation of all EPI directives, and monitoring.
* In addition to the media campaign, adapted communication support materials contributed to improving the program's visibility with a particular focus on new vaccines.
* The necessity to strengthen pharmaco-vigilance systems and follow up on AEFIs cases

Within the two districts, human resources are adequate to carry out the demonstration project. Supervision vehicles will be used to transport immunizations. During training sessions, particular attention will be given to the need to actively monitor AEFIs cases in the 15 minutes that follow immunization, but also passive monitoring in the 7 days following.

**Q17.** Please describe the cold chain status for the selected district and the data source(s) for this information. Information such as the number of cold storage facilities, function and working order of the facilities, storage capacity (and any excess capacity), distribution mechanism for routine delivery of vaccines, status of vaccine carriers and ice packs (e.g., supply shortages or excesses), and plan for HPV vaccine storage and distribution during the HPV Demonstration Program.

|  |  |  |
| --- | --- | --- |
| **Components** | **Ouest District** | **Mékhé district** |
| Number and type of storage equipment | 15 | 18 |
| Number of operational equipment in the facilities | 17 | 20 |
| District storage facility capacity | 300 liters | 524 liters |
| Required capacity for traditional vaccines and the HPV vaccine | 216 liters | 296 liters |
| Vaccine supply schedule | 3 | 3 |
| Deficit to eliminate | 0 liters | 0 liters |
| Number coolers | 69 in good condition | 62 in good condition |

There is no deficit to eliminate as far as storage capacity in the two districts.

Vaccines will be first stored at the central level and then transferred to the cold rooms in the Dakar and Thiès regions where the two pilot districts are located.

The Districts will be supplied from the regions during each scheduled immunization stage and will make the vaccines available to the health outposts. The vaccines will be stored at between 2 and 8 degrees at all levels.

**Q18.** Additional district cold chain information if necessary:

Central level has 5 positive cold rooms (3 of 30m 3 and 2 of 40 m3) for a net total capacity of 53,125 liters and one negative cold room (20 m3) for a net total capacity of 6,250 liters available.

With the introduction on a national scale of the pneumococcus vaccines in 2013, and the second dose of measles vaccine and the rotavirus vaccine, along with the HPV vaccine in the two districts, in 2014, 26,418 positive liters will be required and will, therefore, be covered until 2016.

**Estimate of HPV vaccine need in pilot districts**

**Year 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **District** | **Target** | **Vaccine needs** | **AD needs** | **SB needs** |
| **Ouest** | 2,236 | 7,748 | 7,748 | 77 |
| **Mekhé** | 2,346 | 8,130 | 8,130 | 81 |
| **T** | **4,582** | **15,878** | **15,878** | **159** |

**Year 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **District** | **Target** | **Vaccine needs** | **AD needs** | **SB needs** |
| **Ouest** | 2,290 | 7,934 | 7,934 | 79 |
| **Mekhé** | 2,403 | 8,325 | 8,325 | 83 |
| **T** | **4,692** | **16,259** | **16,259** | **163** |

**Conservation of vaccines**

Vaccines will be first stored at the central level and then transferred to the cold rooms in the Dakar and Thiès regions where the two pilot districts are located.

The Districts will be supplied from the regionals during each scheduled immunization stage and will make the vaccines available to the health outposts. The vaccines will be stored at between 2 and 8 degrees at all levels.

### Ordering vaccines

The procurement of the HPV vaccine will be made through GAVI. Supply constraints are not expected for the HPV demonstration program. A country submitting an application is anticipated to be supplied with vaccine as early as six months after it receives GAVI notification of award for HPV demonstration project support. GAVI will work closely with the vaccine manufacturers and UNICEF supply division to ensure supply is made available in a timely manner after application approval.

Transport of vaccines and injection supplies

The two districts have vehicles for supervision that can be used to deliver vaccines and to collect sharps containers.

* 1. Objective 1: HPV vaccine delivery training and community sensitization & mobilization plans

**Q19.** Please describe initial plans for the training of health workers and others who will be involved in the HPV Demonstration Program.

## Staff training and supervision

Before the HPV vaccine is introduced, staff will be trained in the two pilot districts. The trainings will be conducted by the central level which is responsible for training the districts; the districts are responsible for training the immunization service providers.

The objective of this training is to allow health agents to acquire the skills required to successfully demonstrate the HPV vaccine. An active teaching method including role plays and group discussions, adapted for adult learners will be used in order to be more effective.

The training will cover all aspects of the EPI with particular emphasis on the elements specific to the HPV vaccine, as well as the programmatic changes caused by its introduction.

The following topics will be discussed, among others:

* HPV-related illnesses and how to monitor them
* Cervical cancer screening (effectiveness and limits)
* The HPV vaccine (calendar, safety, effectiveness, AEFI, etc);
* Storage, preparation and administration of the vaccine and, specifically, that freezing must be avoided;
* Recordkeeping and reporting of the doses administered; and
* Monitoring and reporting vaccine wastage
* Monitoring and reporting AEFI cases

Orientation sessions geared toward teachers and community participants will be organized. These sessions will provide a forum in which to share all relevant information about this vaccine and the immunization as well as the actions that are expected of these individuals.

Because the training is a pre-requisite to the success of the new vaccine's introduction, steps will be taken to promote timely availability of sufficient quantities of the resources required for this training, in order to allow timely creation of the training documents and proper execution of the training.

**Q20.** Please describe initial communication plans for sensitizing and mobilizing communities for the HPV Demonstration Program.

## Information, Education and Communication

A communication plan specific to the introduction of the HPV vaccine will be developed.

* **Objective**

The communication plan will have the following objectives:

* overcome the obstacles that will surely emerge that can limit dissemination of this type of vaccine which is targeted at females as a priority, who are also adolescents, within a context linked to transmission in most cases by sexual contact.
* Remove cultural reticence such as: the assumption that this immunization is linked to future sexual activity and will be an invitation to "debauchery" or that it is used to sterilize children.
* Educate the population about the link between cervical cancer and the HPV virus which is not well known.
* **Strategies**

A documentary review will be conducted to identify the best communication and support methods regarding the vaccine as well as to identify obstacles to HPV immunization for adolescents. The goal is to be able to surmount obstacles due to possible controversy related to HPV immunization as sometimes presented in the media and by certain interest groups; to respond in advance to the concerns of these groups.

* **Activities** 
  + **Raising awareness in communities**

Good information is key to improving understanding of HPV infection and cervical cancer by health workers, educators, decision makers, parents and patients. Many people are unaware of cervical cancer's cause and burden and need to be made aware of the value of the HPV vaccine and cervical screening.

* + **Health worker information**

Health service providers are often the main source of information for parents and adolescents. It is important to educate them on how to help families understand the advantages of immunizations and other health services. Workers need to be informed about how they can help patients understand the valuable advantages offered by screening and immunization. HPV and cervical cancer is not well-known among the service providers who are most familiar with immunization programs. Therefore, it will be necessary to provide additional training to ensure the implementation of the anti-HPV programs.

**Q21.** Briefly describe any initial thinking about potential barriers or risks to community acceptance and the process or communication plan that might be used to address this. Consider briefly describing any positive leverage points that might be beneficial for program implementation to promote acceptability.

**Constraints**

Immunizing young girls against cervical cancer and other genital afflictions due to sexually transmitted diseases is a delicate question in certain cultures.

Selective immunization of 9-year old girls could cause resistance in parents. As a matter of fact, during previous campaigns targeting women of reproductive age, rumors were circulated about possible "sterilization" of women (immunization of women of reproductive age in schools, the MNT campaign). These rumors were quickly contained thanks to a very successful communication campaign involving all components of society

**Actions to be taken**

To minimize this phenomena, we are counting on resource people and other BCOs:

* + A core of educators that have a certain level of credibility with parents
  + The network of health journalists who maintain a good relationship with the national service (SNEIPS)
  + The network of Imams and Ulemas of Senegal which has been an asset in other areas such as HIV/AIDS prevention
  + The network of community liaisons and Bajenu Gox which plan an important role in the reproductive health
  + The Federation of Women-Focused Associations (*La Fédération des Associations Féminines du Sénégal* - FAFS)

The implementation of a communication plan will be "learning by doing" that will, when the assessment is conducted, allow lessons learned to be used for developing a plan for scaling the program.

* 1. Objective 1: HPV vaccine delivery evaluation plan

**Q22.** Indicate the agency/person who will lead the evaluation required for the “Learn by Doing” objective.

An independent consultant will be recruited to coordinate this assessment, with support from the Ministry of Health and its partners: the WHO, UNICEF, USAID, and UNFPA.

* 1. Objective 2: Assessment of adolescent health interventions

**Q23.** Please summarize the anticipated activities for the assessment of adolescent health interventions, such as planning milestones, stakeholder meetings, methodology for the assessment, process for identifying a lead for this activity, and the process to involve the TAG in this work.

To evaluate the feasibility of integrating the HPV vaccine with other health interventions targeting adolescents aged 9 to 13 years, a feasibility study will be conducted as well as a review using existing documentation from the Ministry of Health, the Ministry of Education and other partners in the country. This will also address interventions, services and programs related to adolescents.

The intervention assessed will be based on documented experience, and, if possible, have already been implemented on a national scale. This will be an intervention targeted, at a minimum, at girls and boys aged 9 to 13 years old. The intervention will allow for gathering information that will help select which intervention can be implemented simultaneously with the HPV strategy.

There are currently many interventions that exist in the country that are being tested for adolescent health in schools; here are several examples:

* Deworming
* Mass treatment of bilharzia
* Iron supplements
* Promotion of hand washing
* Instruction on family life

One of these will likely be the intervention selected.

Depending upon the structure and success of HPV vaccine delivery, the identified intervention may be delivered at the same time as vaccination, at the time of community sensitization, at the time of mobilization for vaccination, for every dose or with only one dose.

This assessment will be assigned to a consultant who will work in close collaboration with TAG.

[Insert text]

* 1. Objective 3: Development or revision of cancer control or cervical cancer prevention and control strategy

**Q24.** Please summarize the planned activities for the development or revisions of a national cervical cancer prevention and control strategy, such as planning milestones, stakeholder meetings, methodology for developing the strategy, process for identifying a lead for this activity, and the process to involve the TAG in this work.

There is currently no national integrated strategic prevention plan for cervical cancer in Senegal.

To integrate prevention via HPV immunization and the prevention of cervical cancer into the national control strategy, the country is currently developing a roadmap before completing an integrated plan to prevent cervical cancer.

The TAG put into place for the demo program will be able to accelerate the process.

* 1. Technical advisory group

**Q25.** Please identify the membership and terms of reference for the multi-disciplinary technical advisory group established that will develop and guide implementation of the HPV Demonstration Program and list the representatives (at least positions, and ideally names of individuals) and their agencies.

* Countries are encouraged to use their ICC or a subset of the ICC as the multi-disciplinary TAG.
* The TAG must at least have representatives from the national EPI program, cancer control, education, and the ICC (if separate from the ICC), and adolescent and/or school health (if they are represented within the Ministry of Health).

Enter family name in capital letters.

|  |  |  |
| --- | --- | --- |
| **Agency/Organization** | **Name/Title** | **Area of representation1** |
| WHO | Dr. Aliou Diallo | EPI |
| UNICEF | Dr. Diarietou Sall | EPI |
| MCHIP /USAID | Dr. Hassan Yaradou | EPI |
| [INTRHEALTH/USAID | Dr. Eugénie Diouf | Infectious diseases |
| Disease control | Dr. Alpha Cissé | Cancer prevention |
| Reproductive Health and Child Survival Department | Dr. Ousseynou Faye | Reproductive health |
| Ministry of Education | Ms. Diallo | School health |
| UNFPA | Ms. Ndiaye | Logistics |
| Immunization Unit | Dr. Ousseynou Badiane | EPI |
| WHO | Dr. Fatim Thiam | Maternal and Child Health |
| National Department of Education and Information for Health [National Department of Health Education and Information] | Ms. Madjguène Ndiaye | Communication |
| Epidemiological surveillance unit | Dr. Ibrahima Ba | [monitoring |
| Federation of aid and development NGOs (CONGAD) | Mr. Boubacar Seck | Civil Society |
| Cancer Institute | Prof Mamadou Diop | Cancer prevention |
| PATH | Dr. Mbayame Ndiaye  Dr. Scott Lamontagne | Technical support |

11Area of representation can be cancer control, noncommunicable disease, immunization, adolescent health, school health, reproductive health, maternal or women’s health, cervical cancer prevention, nursing association, physicians, health communications, midwives, civil society group, education, etc.

**Q26.** If known, please indicate who will act as the chair of the technical advisory group.

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/Title** | **Agency/Organization** | **Area of Representation** |
| Chair of Technical Advisory Group | Dr. Amadou Diack | [Ministry of Health | Directorate of Health |

* 1. Project manager/coordinator

**Q27.** List the contact details, position, and agency of the person who has been designated to provide overall coordination for the day-to-day activities of the two-year HPV Demonstration Program, taking note that a technical officer/lead/manager from EPI might be most suitable as a part of their current role and responsibilities.

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Dr. Ousseynou Badiane | **Title** | Head of Immunization Unit (EPI coordinator) |
| **Tel no.** | 00221776514376 |
| **Fax no.** | 00221338694231 | **Agency** | Ministry of Health |
| **Email** | ouzbad@hotmail.com | **Address** | Rue Aimé césaire fann résidence Dakar |
|  |  |

1. Timeline

The HPV Demonstration Program will include immunization of the cohort of girls in two consecutive years (Figure I). Countries are required to begin vaccinating in the demonstration district within two years of the application.

**Figure I. HPV Demonstration Program Timeline**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | First round of vaccination | | | Evaluation of first round | | Second round of vaccination | | | | | | | | |
|  | | Assessment feasibility integrated delivery  Start cancer control strategy | | | | | | If feasible, test joint delivery of services  Finalization of cancer control strategy | | | | | | | |
|  | |  | | |  | |  |  | |  |  |  |  |  |  |
| Planning | | Year 1: demonstration program implementation | | | | | | Year 2 | | | | | | | |
|  |  | |  |  |  |  | | |  | |  | |  | |  |

**Q28.** Please modify as necessary and complete the timeline below for the main activities for HPV vaccination, assessment of adolescent health interventions, and development/revision of a national cervical cancer prevention and control strategy planned for the HPV Demonstration Program. Countries should ensure enough time is scheduled for planning activities prior to delivery of HPV1. For program tracking purposes, Year 1 starts with delivery of the first dose of vaccine. Applicants may want to complete this in MS Excel.

| **Activities** | **2013** | **2014** | | | | | | | | | | | | **2015** | | | | | | | | | | | | **2016** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **9** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| Establish TAG | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Draft implementation plan |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Communicating information to key stakeholders |  |  |  |  |  |  |  | X | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Establish implementing team |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Establish team to conduct assessment of ADH interventions |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Establish team to work on cervical cancer strategy | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adapt IEC materials &communication plan | X |  |  |  |  |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Review and revise immunization support |  |  |  |  |  |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Confirm availability of storage space in the district | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Receipt of vaccines |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Develop methodology for assessment of ADH interventions |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Developing site training plan |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Develop plan with key stakeholders for process of developing / revising cervical cancer strategy |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| District microplanning |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Implement training plan |  |  |  |  |  |  |  |  | x | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Implement communication strategy in district |  |  |  |  |  |  |  |  | x | x | x | x | x | x | X | x | x | x | x | x | x | x | x | x |  | x |  |  |  |  |  |  |  |  |  |  |  |
| Transport vaccine to district |  |  |  |  |  |  |  |  |  | x |  | x |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Develop evaluation plan |  |  |  |  |  |  |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Conduct assessment of ADH interventions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Deliver dose 1 |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Follow-up sessions for dose 1 |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Deliver dose 2 |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Follow-up sessions for dose 2 |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Deliver dose 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Follow-up sessions for dose 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Produce draft outline for cervical cancer strategy |  |  |  | X | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data collection to assess feasibility |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Conduct coverage survey |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Collect cost data |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Analyze evaluation data |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Write preliminary report of evaluation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Write preliminary report of feasibility assessment of ADH interventions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Review results from year 1 and outline any program delivery changes for year 2, including whether to do joint delivery of HPV vaccine and an ADH intervention |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Submit financial report to GAVI (15 months after funds disbursed from GAVI) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Submit progress report to GAVI |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |
| As appropriate, complete and submit GAVI application for national introduction |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |
| Top up training or program material revisions for year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Microplanning for year 2 delivery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If joint delivery done in year 2, revise evaluation plan from year 1 for year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If joint delivery done in year 2, revise immunization forms, as needed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Transport vaccine supply to district for year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Implement communication strategy in district |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x | x | x | x | x | x | x | x |  |  |  |  |  |  |  |  |  |
| Prepare first draft of full cervical cancer strategy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Deliver dose 1 in year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Follow-up sessions for dose 1 in year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Deliver dose 2 in year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |
| Follow-up sessions for dose 2 in year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |
| Deliver dose 3 in year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |
| Follow-up sessions for dose 3 in year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |
| If no joint delivery, gather routine program and monitoring reports for synthesis of outputs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If joint delivery done in year 2, conduct coverage survey |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If joint delivery done in year 2, conduct cost analysis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If joint delivery done in year 2, collect and analyze feasibility data |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prepare second draft of full cervical cancer strategy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Analyze coverage, feasibility and cost data, if joint delivery done in year 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Draft evaluation report of year 2 vaccinations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Final recommendations to TAG and MOH for national scale-up of HPV vaccine, including decision on joint delivery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |
| Submit financial report to GAVI (12 months after last report) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |
| Submit final progress report to GAVI |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
| Submit last draft of cervical cancer strategy to MOH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
| Hold dissemination meeting to key stakeholders |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |

1. Budget

**Q29.** Please provide a draft budget for year 1 and year 2, identifying activities to be funded with GAVI’s programmatic grant as well as costs to be covered by the country and/or other partner’s resources.

**Note**: Note: If there are multiple funding sources for a specific cost category, each source must be identified and its contribution distinguished in the budget.

|  |  |  |
| --- | --- | --- |
| **Activities** | **Year 1** | **Year 2** |
| **Operational costs** |  |  |
| Planning | **10,000** | **5,000** |
| Training health personnel and educators | **15,000** |  |
| Support for outreach strategies | **12000** | **12000** |
| Information, education and communication | **15000** | **12,000** |
| Supervision | **20000** | **20000** |
| Monitoring meeting | **10000** | **10000** |
| **T** | **82,000** | **59,000** |
| **M&E** |  |  |
| Start drafting national strategy for  the prevention of cervical cancer | **15000** |  |
| Year One assessment | **22500** |  |
| Assessment of feasibility of joint delivery | **10,000** |  |
| Year Two assessment |  | **22500** |
| Complete drafting of national strategy for  the prevention of cervical cancer |  | **20,000** |
| **TOTAL** | **119,500** | **101,500** |
|  | **US$ 221,000** | |
| **Amount expected from GAVI** | **170,000 \*** | |
| **DEFICIT** | **51000** | |

\* $50000 Yr 1; $25000 Yr 2; $95000 assessments

1. Procurement of HPV vaccines and cash transfer

HPV vaccines must be procured through UNICEF. Auto-disable syringes and disposal boxes will be provided.

Please note that, using the estimated total for the target population in the district and adding a 10 % buffer stock contingency, the GAVI Secretariat will estimate supplies needed for HPV vaccine delivery in each year and communicate it to countries as part of the approval process.

**Year 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **District** | **Target** | **Vaccine needs** | **AD needs** | **SB needs** |
| **Ouest** | 2,236 | 7,748 | 7,748 | 77 |
| **Mekhé** | 2,346 | 8,130 | 8,130 | 81 |
| **T** | **4,582** | **15,878** | **15,878** | **159** |

**Year 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **District** | **Target** | **Vaccine needs** | **AD needs** | **SB needs** |
| **Ouest** | 2,290 | 7,934 | 7,934 | 79 |
| **Mekhé** | 2,403 | 8,325 | 8,325 | 83 |
| **T** | **4,692** | **16,259** | **16,259** | **163** |

**Q30.** Please indicate how funds for operational costs requested in your budget in section 6 should be transferred by the GAVI Alliance (if applicable).

Funds can be transferred to the Ministry of Health’s ISS account

1. Financial Management Arrangements Data Sheet

Q31.

|  |  |  |  |
| --- | --- | --- | --- |
| **Information to be provided by the recipient organization/country** | | | |
| 1. Name and contact information of the recipient organization(s) | **Ministry of Health and Social Action** | | |
| 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? Yes**  **If YES**, please indicate grant name, years and grant amount:  Support for introducing new vaccines and under-utilized vaccines in 2013: $4,972,178  and provide the following:  **For completed Grants:**   * What are the main conclusions with regard to use of funds?   Implementation has recently begun  **For on-going grants:**   * Most recent financial management (FM) and procurement performance rating?   N/A   * Financial management (FM) and procurement implementation issues? N/A | | |
| 3. Amount of the proposed GAVI HPV Demo grant (US Dollars) | $221,000 | | |
| ***4. Information about financial management (FM) arrangements for the GAVI HPV Demo Program:*** | |  | |
| * Will the GAVI Demo Program resources be managed through the government standard expenditure procedures channel? | Yes | | |
| * Does the organization have an FM or Operating Manual that describes the internal control system and FM operational procedures? | Yes | | |
| * What is the budgeting process? | The same as for the Ministry of Health (annual budgeting) | | |
| * What accounting system is used or will be used for the GAVI HPV Demo Program? Is this system manual or computerized? | The Ministry's accounting system will be used.  The accounting system is computerized | | |
| * What is the staffing arrangement of the organization in accounting, auditing, and reporting? Does the implementing entity have a qualified accountant on its staff assigned to the GAVI HPV Demo Program? | An accountant is assigned to the ISS program at the DAGE level | | |
| * What is the bank arrangement? Provide details of the bank account at the Central Bank or at a commercial bank proposed to receive GAVI HPV funds and the list of authorized signatories. Include titles. | The account already exists and is at the bank Société Générale and the signers are:   * The Director of Prevention * Director of General Administration and Equipment | | |
| * In the implementation of the HPV Demonstration Program, do you plan to transfer funds from central to decentralized levels (provinces, districts etc.)? If yes, how will this funds transfer be executed and controlled? | Yes, the transfer will be made by transfer to district accounts per requests sent from the districts and validated by the Prevention Department according to the resource use plan | | |
| * Does the implementing entity keep adequate records of financial transactions, including funds received and paid, and of the balances of funds held? | Yes, DAGE | | |
| * How often does the implementing entity produce interim financial reports? | Per quarter | | |
| * 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 the GAVI HPV Demo Program:*** | | |  |
| * What procurement system is used or will be used for the GAVI HPV Demo Program? | The routine immunization procurement system will be used. | | |
| * Does the recipient organization have a procurement plan or will a procurement plan be prepared for this HPV Demo Program? | The procurement plan already exists | | |
| * Is there a functioning complaint mechanism? | Yes | | |
| * What is the staffing arrangement of the organization in procurement? Does the implementing entity have an experienced procurement specialist on its staff? | A logistics office directed by a pharmacists and senior technical already exists | | |
| * Are there procedures in place for physical inspection and quality control of goods, works, or services delivered? |  | | |

1. Signatures

9.1. Government

The Government of Senegal acknowledges that this Program is intended to assist the government to determine if and how it could implement HPV vaccine nationwide. If the Demonstration Program finds HPV vaccination is feasible (i.e. greater than 50% coverage of targeted girls) and acceptable, GAVI will encourage and entertain a national application during the second year of the Program. Application forms and guidelines for national applications are available at [www.gavialliance.org](http://www.gavialliance.org/). The data from the Demonstration Program and timing of a national application are intended to allow uninterrupted provision of vaccine in the demonstration district and nation-wide scale-up.

The Government of Senegal would like to expand the existing partnership with the GAVI Alliance for the improvement the health of adolescent girls in the country, and hereby requests for GAVI support for an HPV Demonstration Program.

The Government of Senegal commits itself to improving immunization services on a sustainable basis. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunization of targeted adolescent girls with HPV vaccine as outlined in this application.

The Government of Senegal acknowledges that some activities anticipated in the demonstration program could be considered research requiring approval by local ethics committees (e.g., collecting data from a random sample of parents of eligible girls for the HPV vaccine coverage survey). We acknowledge we are responsible for consulting and obtaining approval from appropriate local ethics committees (e.g., human subject protection committee or Institutional Review Boards) in our country, as required. By signing this application, the Government of Senegal and the TAG members acknowledge that such approval may be necessary and that it will obtain such approval as appropriate.

The table in Section 6 of this application shows the amount of support requested from the GAVI Alliance as well as the Government of Senegal's financial commitment for the HPV Demonstration Program.

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

**Q32.** Please provide appropriate signatures below.

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Minister of Health**  **(or delegated authority)** | | **Minister of Education**(if social mobilization, vaccination or other activities will occur through schools)  **(or delegated authority)** | |
| **Name** | Awa Marie Coll Seck | **Name** | Serigne Mbaye Thiam |
| **Date** | 9/9/2013 | **Date** | 9/9/2013 |
| **Signature** | See attachments | **Signature** | See attachments |

**Q33.** This application has been compiled by:

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Position** | **Telephone** | **Email** |
| Dr. El hadj Mamadou Ndiaye | Director of Prevention | 776344057 | mamamorph@yahoo.fr |
| Dr. Ousseynou Badiane | Head of Immunization Unit | 77 6514376 | ouzbad@hotmail.com |
| Dr. Aliou DIALLO | EPI WHO | 776458524 | dialloali@sn.afro.who.int |
| Dr. Diarietou Sow Sall | EPI UNICEF | 775295847 | dssall@unicef.org |

* 1. National Coordinating Body – Inter-Agency Coordinating Committee (ICC) for Immunization

**Q34.** We the members of the ICC, HSCC, or equivalent committee met on [Insert Text] to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER : [Insert text].

Enter family name in capital letters. See appendix

|  |  |  |
| --- | --- | --- |
| **Name/Title** | **Agency/Organization** | **Signature** |
| Dr. Alimata Jeanne Diarra Nama | WHO | See attachments |
| Ms. Giovani Barberis | UNICEF | See attachments |
| Mr. Boubacar Seck | RESSIP /CONGAD | See attachments |
| Dr. Jérôme Clouzeau | French Cooperation | See attachments |
| [Insert text] |  |  |
| [Insert text] | [Insert text] |  |
| [Insert text] | [Insert text] |  |
| [Insert text] | [Insert text] |  |
| [Insert text] | [Insert text] |  |
| [Insert text] | [Insert text] |  |
| [Insert text] | [Insert text] |  |

**Q35.** In case the GAVI Secretariat has queries on this submission, please contact:

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | El Hadji Mamadou Ndiaye] | **Director of Prevention** | [Insert text] |
| **Tel no.** | [(221)33 869 42 31] |
| **Fax no.** | [(221) 33 869 42 37] | **Ministry of Health** | [Insert text] |
| **Email** | [mamamorph@yahoo.fr] |
| **Mobile no** | [(221) 77 634 40 57] |  |  |

1. Optional supplementary information

**Q36.** (***optional***) If available, countries may provide additional detail in the table below on training content, role, and framework.

|  |  |  |  |
| --- | --- | --- | --- |
| **Who will be trained** | **Role in vaccine delivery**  *sensitization, mobilization, immunization, supervision, monitoring, etc.)* | **Training content**  *(e.g., basics on cervical cancer, HPV, HPV vaccine, IEC messages, safe injections, AEFI monitoring, etc.)* | **Who will provide the training?** |
| Health workers | [Insert text] | [Insert text] | [Insert text] |
| Supervisors | [Insert text] | [Insert text] | [Insert text] |
| Teachers | [Insert text] | [Insert text] | [Insert text] |
| School officials | [Insert text] | [Insert text] | [Insert text] |
| District leaders | [Insert text] | [Insert text] | [Insert text] |
| Other: | [Insert text] | [Insert text] | [Insert text] |
| Other: | [Insert text] | [Insert text] | [Insert text] |
| Other: | [Insert text] | [Insert text] | [Insert text] |

**Q37.** (***optional***) If available, countries may provide additional detail in the table below on the types of information and/or materials that may be used/disseminated, to which audience, by which mechanism, and the frequency of each.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Types of information and materials**  *(e.g., leaflet, poster, banner, handbook, radio announcement, etc.)* | **Audience receiving material**  *(girls, parents, teachers, health workers, district officials, community groups, etc.)* | **Method of delivery**  *(e.g., parent meetings, radio, info session at school, house visit, etc.)* | **Who delivers**  *(e.g., teachers, health workers, district official, etc.)* | **Frequency & Timing**  *(e.g., daily, weekly, twice before program starts, etc.; day of vaccination, two weeks before program begins, etc.; )* |
| [Insert text] | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| [Insert text] | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| [Insert text] | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| [Insert text] | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| [Insert text] | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| [Insert text] | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| [Insert text] | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| [Insert text] | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| [Insert text] | [Insert text] | [Insert text] | [Insert text] | [Insert text] |

**Q38.** (***optional***) Technical partners (e.g. local WHO staff) are required to participate in planning and conducting the evaluation of HPV vaccine delivery. Please specify if such (an) expert(s) already exist on the country team (name, title, organization). Alternatively, or in addition, an international participant can be requested through technical partners if additional expertise is thought necessary.

[Insert text]

**Q39.** (***optional***) In the table below, countries can provide a brief summary of the current adolescent health services or interventions and health education activities and implementing agencies in the district selected to implement the HPV Demonstration Program.

Please add additional tables if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **intervention** | **intervention** | **intervention** | **intervention** |
| Description of intervention | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| Agency and provider delivering the intervention | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| Target population by age, grade, and sex | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| Number and types of facilities implementing | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| Geographic location(s) of the intervention (where in the country) | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| Timing of the intervention (when) | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| Frequency of the intervention (how often) | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| Coverage of the target population (recent year) | [Insert text]  year [Type text]  source of data [Type text] | [Insert text]  year [Type text]  source of data [Type text] | [Insert text]  year [Type text]  source of data [Type text] | [Insert text]  year [Type text]  source of data [Type text] |
| Coordinating agency | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| Collaborating partners | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| Implementation costs of the intervention, if known | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| Funding source, if known | [Insert text] | [Insert text] | [Insert text] | [Insert text] |
| Data source(s) for the information on each intervention | [Insert text] | [Insert text] | [Insert text] | [Insert text] |

**Q40.** (***optional***) Provide a brief summary of the current cervical cancer prevention and treatment services and implementing agencies in the district selected to implement the HPV Demonstration Program. If available, countries can include information on target populations, delivery structure, and funding sources.

[Insert text]

**Q41.** (***optional***) Describe the plan for securing Ministry of Health approval of the draft national cervical cancer prevention and control strategy and any activities for dissemination to national, sub-national, and/or local partners and stakeholders.

[Insert text]

**Q42.** (***optional***) If known, please indicate the representatives of the TAG that will be involved in the assessment of the feasibility of integrating selected adolescent health interventions with delivery of HPV vaccine.

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/Title** | **Agency/Organization** | **Area of Representation** |
| ADH interventions TAG member involved in assessment of ADH interventions | [Insert text] | [Insert text] | [Insert text] |
| ADH interventions TAG member involved in assessment of ADH interventions | [Insert text] | [Insert text] | [Insert text] |
| ADH interventions TAG member involved in assessment of ADH interventions | [Insert text] | [Insert text] | [Insert text] |
| ADH interventions TAG member involved in assessment of ADH interventions | [Insert text] | [Insert text] | [Insert text] |
| ADH interventions TAG member involved in assessment of ADH interventions | [Insert text] | [Insert text] | [Insert text] |

**Q43.** (***optional***) If known, please indicate the representatives of the TAG that will be involved in the development or revision of a draft national cervical cancer prevention and control strategy.

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/Title** | **Agency/Organization** | **Area of Representation** |
| TAG member involved in cervical cancer strategy | [Insert text] | [Insert text] | [Insert text] |
| TAG member involved in cervical cancer strategy | [Insert text] | [Insert text] | [Insert text] |
| TAG member involved in cervical cancer strategy | [Insert text] | [Insert text] | [Insert text] |
| TAG member involved in cervical cancer strategy | [Insert text] | [Insert text] | [Insert text] |

**Q44.** (***optional***) If present, please describe the distribution of deworming medication (anti-helminths) in the district(s).

|  |  |  |
| --- | --- | --- |
| **Component** | **District 1** [Insert text] name | **District 2 (as applicable)** [Insert text] name |
| Organization of the deworming program | [Insert text] | [Insert text] |
| Lead agency | [Insert text] | [Insert text] |
| Implementing agency and partners | [Insert text] | [Insert text] |
| Funding source(s) | [Insert text] | [Insert text] |
| Frequency and timing of implementation, e.g. twice yearly in March and October | [Insert text] | [Insert text] |
| Number in target population by age group and sex | [Insert text], data source [Insert text] | [Insert text], data source [Insert text] |
| De-worming coverage by age group and sex | [Insert text], data source [Insert text] | [Insert text], data source [Insert text] |

**Q45.** (***optional***) If present and relevant, please describe any organized semi-annual health days (e.g., Child Health Days) that are currently implemented in the district(s).

|  |  |  |
| --- | --- | --- |
| **Component** | **District 1** [Insert text] name | **District 2 (as applicable)** [Insert text] name |
| Organization of the semi- annual health days | [Insert text] | [Insert text] |
| Lead agency | [Insert text] | [Insert text] |
| Implementing agency and partners | [Insert text] | [Insert text] |
| Funding source(s) | [Insert text] | [Insert text] |
| Frequency and timing of implementation, e.g. twice yearly in March and October | [Insert text] | [Insert text] |
| Services delivered | [Insert text] | [Insert text] |
| Number in target population by age group and sex | [Insert text], data source [Insert text] | [Insert text], data source [Insert text] |
| Coverage of the different services delivered by age group and sex | [Insert text], data source [Insert text] | [Insert text], data source [Insert text] |

**Q46.** (**optional**) If present, please describe any organized health education programs implemented at schools and/or in the community that are currently implemented in the district(s).

|  |  |  |
| --- | --- | --- |
| **Component** | **District 1** [Insert text] name | **District 2 (as applicable)** [Insert text] name |
| Organization of the health education program | [Insert text] | [Insert text] |
| Lead agency | [Insert text] | [Insert text] |
| Implementing agency and partners | [Insert text] | [Insert text] |
| Funding source(s) | [Insert text] | [Insert text] |
| Frequency of services, e.g. once a month, weekly, etc. | [Insert text] | [Insert text] |
| Services delivered | [Insert text] | [Insert text] |
| Location(s) of service delivery | [Insert text] | [Insert text] |
| Number in target population by age group and sex | [Insert text], data source [Insert text] | [Insert text], data source [Insert text] |
| Coverage of the different services delivered by age group and sex | [Insert text], data source [Insert text] | [Insert text], data source [Insert text] |

**Q47.** (**Optional**) Please describe if the country intends to conduct other research activities at the same time as the demo program, using other funding sources.