Gavi NVS Application Form

Submitted by

The Government of

Central African Republic

Date of submission: **09 September 2017**

Deadline for submission:

i. 08 September 2017

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

Start Year	2015	End year	2017

Form revised in 2016

Use with instructions dated December 2016

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

Gavi GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

The Country will notify Gavi in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. Gavi will provide the necessary documents for the approved change, and the country's request will be duly amended.

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purposes other than for the programmes described in this application, or any Gavi-approved amendment to this application. Gavi reserves the right to terminate its support to the Country for the programme(s) described in this proposal if Gavi receives confirmation of misuse of the funds granted by Gavi.

ANTI-CORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH Gavi's TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with Gavi Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and Gavi 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 Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland.

The languages of the arbitration will be English or French.

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

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

1. Type of support requested

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

Type of Support	Vaccine	Start Year	End year	Preferred second presentation[1]
NVS follow-up campaign	Measles, 10 dose(s) per vial, LYOPHILISED	2017	2017	NA

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

If the application is for any type of support for measles and/or measles and rubella, in the text box below summarise the main indicative activities for the measles and rubella vaccine planned for the next five ...

- Every two to three years, organise follow-up campaigns for measles in all of the country’s districts
- Organise a response to all measles epidemics
- Introduce the second dose of MCV in routine
- Introduce MR in routine
- Strengthen the measles/rubella surveillance system
- Strengthen communication

2. Table of Contents

3. Executive Summary

Please provide a summary of your country's proposal, including the following the information:

- For each specific request, NVS routine support or NVS campaign:
  - Duration of support
  - The total amount of funds requested
  - Characteristics of vaccine(s), if necessary, and the reason for presentation choice
  - Month and year planned for vaccine introduction (including campaigns and routine immunisations)

- Relevant baseline data, including:
  - DTP3 and measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form)
  - Target population determined based on the evaluation of yellow fever and meningitis A risk
  - Birth cohort, targets and immunisation coverage by vaccines

- Country preparedness
  - Summary of planned activities to prepare vaccine launch, including EVM assessments, progress with regard to EVM improvement plans, communication plans, etc.
  - Summary of the EVM assessment report and progress report on the implementation of improvement plan

- How stakeholders participated in developing this proposal

- Follow-up campaign

  Globally, measles mortality has decreased remarkably, but efforts for measles and rubella control have also presented challenges. If coverage for measles has shown a systematic increase in administration of the pr...

Measles continues to remain a public health problem in the Central African Republic. As part of measles control efforts, the Central African Republic organised two mass immunisation campaigns in 2005 and in 2008 with respectively 92% and 89% of immunisation coverage.

In 2013, faced with a fresh recurrence of measles outbreaks throughout the country, and in response to the humanitarian emergency produced by the war, a measles immunisation campaign was organised with 81% immunisation coverage. In May and June 2016, another follow-up measles immunisation campaign was organised with 91.06% immunisation coverage.

In spite of these different immunisation campaigns, in December 2016, the country experienced a measles epidemic in the Bouca sub-prefecture.

In addition, analysis of routine measles immunisation coverage at the national level has shown low immunisation coverages, holding steady at 49% from 2014 to 2016 according to WHO/UNICEF official estimates.

This situation, together with the effectiveness of the measles vaccine at 6 months of age and compliance with WHO guidelines, requires that a follow-up immunisation campaign be organised to strengthen target population immunity.

Based on the information above, and considering the orientations of the strategic plan for eliminating measles 2018-2022 currently being drafted, the Central African Republic planned the organisation of a follow-up immunisation campaign with the measles vaccine. This campaign, which will take place in October 2018, will target 2,050,004 children aged 6 months to 10 years throughout the entire country.

The general objective of this campaign is to contribute to the pre-elimination of measles through the administration of one dose of the measles vaccine to 95% of the target, while ensuring injection safety and

management of AEFIs. It will be combined with the administration of albendazole and vitamin A.

- For this follow-up measles immunisation campaign:
  - Duration of support: 2018
  - The total amount of funds requested from Gavi: US$ 1,332,503
  - Characteristics of the vaccine, and reason for presentation choice: MCV 20 doses per vial, lyophilised
- Campaign month and year: October 2018
- Relevant baseline data: Penta 3 IC in 2016 was 47%; MCV IC in 2016 was 49%.
- Target population determined based on measles risk assessment: **2,050,004 children 6 months to 10 years of age; immunisation coverage objective 95%**
- Country preparedness
  - The EVM was conducted in 2016 (report is attached)
  - An EVM improvement plan is in the process of being implemented (report is attached)
  - An inventory of cold chain equipment was carried out in 2016 (report is attached).
  - Summary of the EVM assessment report and progress report on the implementation of the improvement plan (details attached)
- Type of stakeholders who participated in developing this proposal: Support from technical and financial partners, in particular Gavi, UNICEF, WHO, CSOs and community participation.

The operational cost for this amounts to CFAF 1,219,786,591, or US$ 2,217,794, divided into CFAF 486,910,128, or US$ 885,291 for the Central African Republic with its partners and CFAF 732,876,592, or US$ 1,332,503 for Gavi's contribution.

4. Signatures

4.1. Signatures of the Government and national coordinating bodies

4.1.1 The Government and the Interagency Coordination Committee (ICC) for immunisation

The Government of Central African Republic wishes to consolidate the existing partnership with Gavi to strengthen its national routine infant immunisation program and is specifically requesting Gavi funding for:

Measles, 10 dose(s) per vial, LYOPHILISED follow-up campaign

The Government of Central African Republic has committed to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan presented with this document. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunising children as outlined in this application.

Table(s) **8.2.2** from the routine NVS follow-up campaign section in this proposal give the support amount (in kind or in cash) requested from Gavi. Table(s) **8.2.3** of this proposal indicate the Government's financial commitment for procuring this new vaccine (NVS support only).

Following internal budgeting and financing regulations, the Government will release its portion of the funds in the month of **May**.

Payment for the first year of co-financed support will be due around **December 2017** for Measles, 10 dose(s) per vial, LYOPHILISED.

It should be noted that any request not signed by the Ministers of Health and Finance, or by their authorised representatives, will not be reviewed or recommended for approval by the Independent Review Committee (IRC). These signatures appear in Documents Nos.: 1 and 2 in Section 10. Attachments

Minister of Health (or authorised representative)		**Minister of Finance (or authorised representative)**	
Name	Dr Fernande DJENGBOT	**Name**	DONDRA Andre marie
Date		**Date**	
Signature		**Signature**	

By signing this application form, we confirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

This report has been compiled by (these persons may be contacted by the Gavi Secretariat if additional information related to this proposal is required):

Full name	Position	Telephone	E-mail
Dr Alain jean Michel ASSANA	UNICEF consultant	+236 70 50 57 52	aassana@unicef.org
Dr BOUA Bernard	Director General of Public Health	+236 72 50 46 37	bernard.boua@gmail.com
Dr Carene BONDHA	EPI executive	+236 72 44 41 56	bondha79@gmail.com
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Dr Ptakilnam BOSSOKPI PASSI	Immunisation Specialist, UNICEF	+236 70 55 60 79	pbossokpipassi@unicef.org
Dr Raphael MBAILAO	EPI Director	+236 72 22 20 45	mbailaoraphael@yahoo.fr

4.1.2. National Coordinating Body/Interagency Coordination Committee for immunisation

Agencies and partners (including development partners and civil society organisations) supporting immunisation services are coordinated and organised through an interagency coordinating mechanism (ICC, Health Sector Coordinating Committee (HSCC), or equivalent committee). The ICC, HSCC, or equivalent committee is responsible for coordinating and guiding the proper use of the Gavi ISS and NVS routine support and/or campaign support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below.

Profile of the ICC, HSCC, or equivalent committee

Name of the committee	ICC
Organisational structure (e.g., sub-committee, stand-alone)	TAC/EPI

The Terms of Reference or Standard Operating Principles for the ICC, including details on the ICC membership, quorum, dispute resolution process and meeting schedules are presented in the attached document (Document No. 4).

Major functions and responsibilities of the ICC/HSCC:

Main entity overseeing coordination and management of Expanded Programme on Immunisation activities (ministerial decree No. 0044MSPP/CAB/SG/DGSPP/SPEV of 7 February 2002). It is composed of: the leadership of the Health Department, departments of associated ministries (the Ministries of Finance and Budget, Economy, Planning and International Cooperation; of Interior and Territorial Administration; of National Defence and Communications), United Nations System agencies, bilateral partners, and national and international non-governmental organisations (NGOs). These main functions and responsibilities include:

1. Coordinate partner activities;
2. Help review and endorse plans for routine EPI, National/Local Immunisation Days, and the integrated epidemiological surveillance of diseases;
3. Mobilise the internal and external resources necessary to conduct activities;
4. Ensure that resources are managed in a transparent and responsible manner, conducting regular checks of the use of programme resources with the EPI team;
5. Encourage and support the exchange of information, between the operational and national levels and with the rest of the world;
6. Ensure proper execution of the programme; and
7. Seek paths and methods of resolving constraints that could interfere with proper programme execution.

4.1.3. Signature Table for the Coordination Committee on Immunisation

We, the undersigned members of the ICC, HSCC or equivalent committee [1] met on **07/09/2017** to review

this proposal. At that meeting, we approved this proposal on the basis of the attached supporting documentation. The minutes of this meeting are attached as document number 5. The signatures confirming the request appear in document 7 (please use the list of signatures in the section below).

Position	Title/Organisation	Name	Please sign below to indicate your attendance at the meeting during which the proposal was discussed.	Please sign below to indicate your endorsement of the minutes of the meeting during which the proposal was discussed.
Chair	Cabinet director	Gislain KONGBO-NGOMBE		
Secretary	EPI Director	Dr Raphael MBAILAO		
Members	UNICEF Representative	Christine MUHIGANA		
	Director General of Public Health	Dr Bernard BOUA		
	MSF	Justin NTAMWENGE		
	CONASAN Coordinator	LEGUE DEWENBONA		
	WHO Representative	LEonard TAPSOBA		
	Finance representative	Patrice NGOUPENDE		
	Director General of Central Services and Hospital Facilities	Pr Eugène SERDOUMA		

By submitting this proposal, we confirm that a quorum was present. **Yes**

The minutes from the three most recent ICC meetings are attached as DOCUMENT No. 6).

4.2. National Immunisation Technical Advisory Group (NITAG)

Has a NITAG been established in your country? **No**

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG. This document is attached as …

5. Data on the immunisation programme

5.1 Reference material

Please complete the table below using the most recent data from available sources. Please indicate the source of data and the date, and attach the document source where possible. The following documents must ...

- Comprehensive Multi-Year Plan for Immunisation (cMYP, or equivalent plan) Please attach as DOCUMENT NUMBER 9.
- If the request involves support for measles or measles and rubella, verify that the current cMYP includes all information described in Annex 2 of the guidelines regarding 2017 support requests for measles and rubella. If these …
- New vaccines introduction plan(s)/action plan. Please attach as DOCUMENT NUMBER 12.
- Checklist, list of activities and new vaccines introduction schedule, please attach as DOCUMENT NUMBER 12.
- Effective Vaccine Management (EVM) Assessment, please attach as DOCUMENT NUMBER 20.
- The two most recent WHO/UNICEF Joint Reporting Forms on Vaccine Preventable Diseases.
- Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.
- In case of preventive mass campaigns for yellow fever and meningitis A, assessments of risk involved. Please attach as DOCUMENT NUMBER 24 and DOCUMENT NUMBER 25.

Please use the most recent data available and specify the source and date.

	Figure	Year	Source
Total population	5,154,080	2017	GPHC 2003 Projection
Birth cohort	169,728	2017	GPHC 2003 Projection
Infant Mortality Rate	116	2011	MICS4
Surviving infants *[1]*	147,421	2017	GPHC 2003 Projection
GNI per capita (US$)	333	2013	HDI
Total Health Expenditure (THE)	25,114,169,655	2014	Health Sector Transition Plan 2015-2017
General government expenditure on health (GGHE) as % of general government expenditure	11	2014	Health Sector Transition Plan 2015-2017

[3] Surviving infants = infants surviving the first 12 months of life

5.1.1 Lessons learned

Monitoring support

If measles immunisation campaigns have already been held in your country, please provide details on lessons learned, in particular for: storage capacity, additional protection against freezing, training of ...

Lessons learned	Actions
-Regarding security, given that there are areas of insecurity not reached by immunisation or that are geographically difficult to access, specific actions must be defined for immunising target children with support from partners and local NGOs and developing collaboration strategies with armed groups by relying, if possible, on decentralised NGO structures (CDH);	- Support from partners and local NGOs and developing strategies to collaborate with armed groups by relying, if possible, on decentralised NGO structures (CDH);
- Regarding coordination, the limited involvement of the Ministry of Education (not enough appeals through hierarchical channels) made it difficult or even ineffective to plan and implement immunisation in many schools. The Ministry of Education should be involved at the highest level in planning and implementation of immunisation in educational institutions (public, private and denominational);	Strengthen coordination at all levels, Partnership with other Ministries, namely Education
-At the district/prefect/regional level, poor coordination of campaign implementation, noted in some districts, according to the situation led to implementing or reactivating campaign coordination committees (prefectorial);	Strengthen coordination Make SIA coordination committees operational at all levels
-Regarding collection and transmission of immunisation reports, the difficulty of districts transmitting immunisation data daily (poor completeness of immunisation reports) recommended (to the districts) to strengthen collaboration with local NGO partners that have communication means, or appeal to partners to make appropriate equipment (satellite telephone) available for the campaign period;	Improve the data collection and transmission system
- For supervision and monitoring, supervision of the campaign by supervisors from different levels (district, partner and central region) made it possible to correct inadequacies on the ground and improve immunisation team performance;	Strengthen supervision/monitoring of activities
- Mobilise and transport funds, outside of the electoral context which considerably influenced the choice of the date for micro-planning and for the campaign. The delayed availability of requests and funds was also at the root of postponements and delayed implementation of SIAs, at both the national level and peripheral level (regions, districts, health centres).	Timely availability of requests and funds

5.1.2 Planning and budgeting of health services

Please provide information on the planning and budgeting context in your country

The planning and budgeting cycle for CAR is 10 years. This planning is specified in the "Poverty Reduction Strategy Documents (PRSD 1 and 2)".

Please indicate the name and date of the relevant planning document for health

Health Sector Transition Plan for Central African Republic, revised 2015-2017.

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content, etc)?

No, because the current cMYP 2015-2017 expires in December 2017. However, for the application, an addendum was prepared and is attached

Please indicate the national planning and budgeting cycle for health

The national planning and budgeting cycle for health is 10 years.

Please indicate the national planning cycle for immunisation

The national planning cycle for immunisation is five years, but because of the military/political crisis that weakened the current system, it was reviewed at three years to align with the Health Sector Transition Plan (HSTP).

The operational planning period is one year.

5.1.3 Gender and equity

Please describe any barriers to access, utilisation and delivery of immunisation services at district level (or equivalent) that are related to geographic location, socio-economic status and/or gender equity. Please describe actions taken to mitigate these barriers and highlight where these issues are addressed in the vaccine introduction plan(s).

Equity analysis based on data from the MICS 4 (2010) considering the DTP3/Penta3 coverage indicator, showed huge vaccine coverage discrepancies compared to the national average, as follows:

- Discrepancy between regions/prefectures (4.64 coverage ratio);
- Discrepancy between rich and poor (3.33 coverage ratio);
- Discrepancy based on mother's educational level: 2.61 coverage ratio);
- Discrepancy between urban and rural environments (2.32 coverage ratio);

Note: The analysis did not show gender discrepancy.

Measures taken to overcome barriers:

- Implementing RED strategy with equity approach

- Conducting an equity analysis

Please examine whether questions of equity (socio-economic, geographic and gender-specific) have been taken into consideration in the process of preparing social mobilisation strategies, among other things, to improve immunisation coverage. Specify whether these issues are addressed in the vaccine introduction plan(s).

Immunisation equity has been designated a priority for the programme. For this purpose:

- the equity component was included in the cMYP and in Gavi HSS2 proposals
- Conducting RED micro-planning at the base level (health centre);

- Analysis according to the equity approach was conducted.

Please describe what national surveys are routinely conducted in the country to assess gender and equity related barriers. Highlight whether this application includes any activities to assess gender and equity related barriers.

- Equity analysis based on MICS4 (2010) data

- Surveys on determiners for low coverages in Ouaka and Nana Gribizi

Please indicate if sex-disaggregated data is collected and used in routine immunisation reporting systems.

Data broken down by sex were collected during the surveys. Routine immunisation reports included the breakdown of data by sex during the review of data collection tools for introduction of the IPV conducted in August 2015.

Is the country currently in a situation of fragility (eg insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake, drought or others)? If Yes, please describe how these issues may impact your immunisation programme, planning for introduction of routine immunisation or campaigns and funding of these activities.

The country is currently in a fragile situation, resulting in:

- Destruction/looting of healthcare facilities: 45% of health care facilities are operational, 28% of health care facilities have been destroyed, 75% of health care facilities in health region 3 have halted immunisation;
- Loss of personnel (80% of health agents unaccounted for);
- Significant movement of the population (IDP, in towns and in the bush, refugees);
- Drastic drop in DTP3/Penta 3 immunisation coverage: 27% (2013);
- Emergence of high-risk communities (displaced persons due to war, enclaves, difficult to access areas, etc).

  The following strategies were adopted in response to the crisis

- Restoration of basic health services and mobile clinics along axes, IDP sites, enclaves, free care and incentives for personnel;
- Restoration of routine immunisation services, including catch-up activities, organisation of measles and polio immunisation campaigns, integrated with Vitamin A supplementation and deworming with priority for IDP sites;

Strengthening epidemiological surveillance and response to epidemics.

5.1.4 Data quality

Please attach a data quality assessment (DQA) report that was completed during the preceding 48 months using the most recent national survey including immunity coverage indicators (DOCUMENT NUMBER: 11) and an immunisation data quality improvement plan (DOCUMENT NUMBER 33). Subject to availability, a report on progress of implementing the improvement plan must also be presented (DOCUMENT NUMBER: 32, DOCUMENT NUMBER: 33).

5.2. Baseline data and annual objectives (NVS routine immunisation)

No routine NVS support is being requested

5.3. Target for the preventive campaign(s)

No NVS Prevention Campaign Support this year

5.4. Targets for the one-time mini catch-up campaign(s)

No one-time mini catch-up campaign this year

5.5 Follow-up campaign targets

Table 5.5 Objectives for the measles/measles and rubella campaign (please ensure that the targets are consistent with section 7 and the action plan in section 9) ONLY COMPLETE THE SECOND AND THIRD COLUMNS ...

	Target	Target (if applicable, for phased campaigns*)	Target (if applicable, for phased campaigns*)
Insert year	2017		
Target age bracket	Beginning 9 months	Beginning 9 months	Beginning 9 months
	End 10 years	End 9 months	End 9 months
Total population of the target cohort (nationally)	5,282,932		
% of the population targeted by the campaign	36.30		
Number of persons to be immunised for measles/measles and rubella during the campaign	1,917,704.32		

*Phased: If one part of the country is scheduled (ie a third of the country each year for three years)

Please download this worksheet to calculate the co-financing amounts for this campaign. This tool is for temporary assistance until an online tool becomes available. Short instructions with eight steps will be provided in this worksheet.

6. New and underused vaccines (routine NVS)

No routine NVS support is being requested

7. NVS Preventive campaigns

No NVS Prevention Campaign Support this year

8. New and underused vaccine follow-up campaigns

8.1 Immunisation coverage

In the table below, please provide annual national coverage data for the first and second doses of measles vaccine (MCV1 and MCV2) from the joint WHO/UNICEF reporting form for the three most ... years

Table 8.1: Reported MCV coverage

WHO/UNICEF Joint Reporting Form (JRF)				
	Trends in reported MCV1 national coverage			Trends in reported MCV2 national coverage (if applicable)
Year	2014	2015	2016	
Total population of the target cohort	147,589	150,574	153,587	
Number of persons immunised	87,077	75,494	99,787	
MCV coverage (%)	59	50	65	

Q8.1 If a survey evaluating MCV1 coverage was carried out over the past three years, please answer the following questions. If no survey has been done, please check this box: ☐

Survey date 2016

Methodology (DHS/MICS, EPI 30 clusters, living area grants, other): EPI 30 cluster

Sample size: 2,500

Number of clusters: 500

Number of children:

Coverage: 68

Please provide in the table below coverage estimates reported on a national scale (or sub-national if applicable) for the last three measles or measles and rubella campaigns. Please also provide

Table 8.2: Measles/measles and rubella coverage

	Reported		
Year	2008	2013	2016
Target age bracket	Beginning 9 months	Beginning 9 months	Beginning 9 months
	End 5 years	End 5 years	End 10 years
Total population in the target age bracket		647,687	1,816,534
Geographic area (national, sub-national)	National	National	National
Number of persons immunised		595,734	1,529,441
Campaign Coverage (%)	102	92	85
Wastage rate (in %) for the measles/measles and rubella immunisation campaign			

Q8.2 If a survey to evaluate coverage was carried out after each of the last three campaigns for measles/measles and rubella, please answer the following questions (please repeat the following questions for each ... ☐

Survey date 2016

Methodology (DHS/MCIS, EPI 30 clusters, living area grants, other):

Sample size: 2,500

Number of clusters: 500

Number of children:

Coverage: 91

Date of the survey

Methodology (DHS/MCIS, EPI 30 clusters, living area grants, other):

Sample size:

Number of clusters:

Number of children:

Coverage:

Date of the survey

Methodology (DHS/MCIS, EPI 30 clusters, living area grants, other):

Sample size:

Number of clusters:

Number of children:

Coverage:

8.2 Financial support

8.2.1 Government financial support for the last measles/measles and rubella campaigns

Countries should provide information on the total funding and amount per target person provided by the government for vaccines and for operational costs for at least the last measles/measles and rubella campaign. This must include

Share of funding for the last measles/measles and rubella campaign

Item	Category	Government funding (in US$)	Partner support (in US$)
Vaccines and injection supplies	Total Amount	0.00	387,630.00
	Amount (in US$) per target person		
Operational costs	Total Amount	0.00	1,789,000.00
	Amount (in US$) per target person		

Campaign year 2016

Total target population: 1,529,441

Are the amounts provided based on the final budget or actual expenditures? Final budget

8.2.2 Government financial support for the last routine immunisations for measles/measles and rubella

To be eligible for measles and rubella vaccine support, countries must be fully financing with domestic resources the measles monovalent component of routine MCV1 that is already in their national immunisation schedule or have firm written commitments to do so from 2018 onwards. If your country is not currently fully financing with domestic resources the measles monovalent vaccine component of MCV1, please provide evidence that the country can meet this requirement from 2018 onwards through a decision recorded in the ICC minutes (or equivalent coordination forum) AND a signed letter from the Minister of Health and the Minister of Finance. Please attach these documents as Document Number 30 and 38 in Section 10 – Attachments.

Please provide information on the budget submitted by the government for routine measles or measles and rubella vaccines and injection materials for the last three years, the total amount and the amount per child.

Share of funding for routine measles vaccine

Year	Category	Government funding (in US$)	Partner support (in US$)
2014	Total Amount		
	Amount per child immunised		
2015	Total Amount		
	Amount per child immunised		
2016	Total Amount		
	Amount per child immunised		

8.2.3 Proposed support for upcoming measles/MR immunisation

Countries should provide information on the total proposed funding commitment and amount per targeted person provided by the government for vaccines and supplies, and for operational costs of the campaign for measles/...

Table 8.2.3a Funding proposed for the upcoming measles/MR follow-up campaign for which Gavi support has been requested

Item	Category	Country co-financing (in US$)	Support from other donors (in US$)	Support requested from Gavi (in US$)

Vaccines and injection supplies	Total Amount			
	Amount (in US$) per target person			

If you would like to co-finance a larger share than the required minimum, please provide information in your co-financing line*

Country group	Initial self-financing phase

	2017
Minimum co-financing	0.00
Your co-financing (please change if higher)	

* To strengthen national ownership, a requirement for cost-sharing will be introduced for periodic follow-up campaigns for measles and measles and rubella, whose implementation is planned in 2018 and the following years, in compliance ...

Please download this worksheet to calculate the co-financing amounts for this campaign. This tool is for temporary assistance until an online tool becomes available. Short instructions with eight steps will be provided in this worksheet.

Table 8.2.2: calculation of grant for campaign operating costs support **

Year of measles support	Total target population (Table 5.5)	Gavi contribution per target person in US$	Total in US$
2017	1,917,704	0.65	1,246,507.81

Total target population: 2,050,004

** The grant is adjusted according to the country's transition phase Countries in the preparatory transition phase will receive up to $0.55 per target person and countries in the accelerated transition phase will receive up to $0.45 per target person.

Please describe how the grant will be used to facilitate the preparation and timely and effective delivery of the campaigns to the target population (refer to the cMYP and the Vaccine Introduction Plan).

Not applicable

If the Gavi support does not cover all of the requirements, please describe the other sources of funding and the amounts projected, if available, to cover all of your requirements

The operational cost for this amounts to CFAF 1,179,542,770, or US$ 2,144,623, divided into CFAF 446,666,178, or US$ 812,120 for the Central African Republic with its partners, and CFAF 732,876,592 or US$ 1,332,503 for the Gavi contribution.

Also please complete the “Detailed budget for VIG / operational costs” template provided by Gavi and attach as a mandatory document in the attachment section.

Detailed budget attached as Document No. 22.

8.3 Epidemiological and disease burden data

8.3.1. Epidemiological analysis

In order to plan and carry out an effective follow-up campaign, it is vital to be flexible about modifying key parameters and use appropriate strategies for reaching unimmunised persons, epidemiological data and modelling (if avail...

9. Procurement and management

9.1 Procurement and management of routine immunisation with new or underused vaccines

No routine NVS support is being requested.

9.2 Procurement and management for NVS preventive campaigns

No NVS Prevention Campaign Support this year

9.3. Product licensure

For each of the vaccine(s) requested, please state whether manufacturer registration and/or national vaccine licensure will be needed in addition to WHO pre-qualification and, if so, describe the procedure and its duration. In addition, state whether the country accepts the expedited procedure for national registration of WHO-pre-qualified vaccines.

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

This role is currently fulfilled by the Division of Pharmaceutical Services, Laboratories and Traditional Medicine, as well as by the Pharmaceutical and Laboratory Inspection services.

After validation of the application by Gavi, procedures will be undertaken with the Division of Pharmaceutical Services, Laboratories and Traditional Medicine and with the Pharmaceutical and Laboratory Inspection services, which acts as an NRA for registering this new vaccine pre-qualified by WHO before it enters the country. This may take one (1) month. National licensure is necessary, in addition to WHO pre-qualification.

However, given that MCV is not a new vaccine and it is already used in the country for routine and during immunisation campaigns, these procedures will not be necessary.

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

The measles vaccine is already licensed by the CAR NRA.

The vaccine requested is MCV 20 doses per vial, lyophilised

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

The vaccines enjoy exemption by the CAR government, through the Ministry of Finances. The forwarding agent takes care of customs procedures as soon as the vaccines arrive at the airport. Transportation expenses are paid by the national portion through partner funding (UNICEF).

The support of the same partners will always be requested until the government has sufficient resources to cover this category.

Please provide information on NRA in the country, including status (e.g. whether it is WHO-certified). Please include points of contact with phone numbers and e-mail addresses. UNICEF will support the process by communicating licensing requirements to the vaccine manufacturers where relevant.

The CAR does not have a formal National Regulatory Authority (NRA). This role is currently fulfilled by the Division of Pharmaceutical Services, Laboratories and Traditional Medicine, as well as by the Pharmaceutical and Laboratory Inspection services.

9.4 Waste management

Countries must have a detailed waste management and monitoring plan as appropriate for their immunisation activities. This should include details on sufficient availability of waste management supplies (including safety

boxes), of equipment enabling the safe handling of immunisation materials, storage capacity, transportation and disposal of immunisation waste. Please describe the country's waste management plan for immunisation activities (including campaigns).

In the area of injection safety, the Central African Republic immunisation programme introduced auto-disable syringes and safety boxes for immunisation activities starting from 2002. Safety boxes and garbage bags will be used to recover used syringes and non-sharps waste from immunisation activities.

As part of routine activities, the wastes collected at the immunisation centres are destroyed, either in incinerators built by the NGOs (where these exist) or by burning and burial.

For mass campaigns, the waste is collected in the Health Districts/Prefectures that do not have incinerators, and they are sent by convoy to Bangui for destruction in the "HUSACA" soap factory, at the Bangui Paediatrics Complex, or the Bangui Pasteur Institute. Some Health Facilities of the Health Regions (Health Regions nos. 1, 2, 3, 4, 5 and 6) have seen the construction of incinerators thanks to support from NGOs.

9.5 Procurement and management for the follow-up campaign(s)

9.5.1 Procurement for measles,10 dose(s) per vial, LYOPHILISED

Vaccines for measles/measles and rubella and supplies supported by Gavi will need to be provided through UNICEF, unless the country requests otherwise. Using the estimated total for the target population, please describe ...

Table 9.5. Procurement information by funding source

		Proportion of government funds	Proportion of funds coming from partners	Proportion of Gavi funds
Required date for arrival of vaccines and supplies	22/08/2018			
Estimated campaign date	18/10/2018			
Number of target population	2,050,004			
Wastage rate*	15			
Total number of vaccine doses	2,419,005	11,467		561,838
Number of syringes	2,419,005	2,419		118,531
Number of reconstitution syringes	241,901	242		11,853
Number of safety boxes	29,537	408		19,950

9.5.2 Fiduciary management arrangements data

Q8. Please indicate whether funds for operational costs as requested in Section 8 should be transferred to the government or WHO and/or UNICEF and the date when funding is expected to be needed in country. If funding ...

Funds will be transferred through UNICEF.

Transfer date: March 2018

1. Name and contact information of the recipient organisation(s)	
2. Experiences of the recipient organisation with Gavi, World Bank, WHO, UNICEF, GFATM or other donors-financed operations (eg receipt of previous grants)	**Yes or No?** **If YES**. please state the name of the grant, years and grant amount: **For completed grants:**

	• What are the main conclusions with regard to use of funds? <
3. Amount of the proposed grant (US dollars)	
4. Information regarding financial management (FM) arrangements for the measles/MR campaign:	
Will resources be managed using the government's standard expenditures procedures channel?	
Does the recipient organisation have an FM or Operating Manual that describes the internal control system and FM operational procedures?	
What is the budgeting process?	
Which accounting system is used or should be used, and is it a computerised accounting system or a manual accounting system?	
What are the organisation's staff mobilisation mechanisms in the areas of accounting, verification and reporting?	
What is the banking mechanism? Provide the bank account information for the account opened at the Central Bank or at a commercial bank, and the list of authorised signatories and their titles	
What are the basic mechanisms set up or to be used in terms of the flow of funds to ensure timely disbursement of funds to the implementing entities and to the recipients?	
Does the implementing entity keep adequate records of financial transactions, including funds received and paid, and of the balances of funds held?	
With what frequency does the implementing entity produce interim financial reports?	
Are annual financial statements audited by an independent auditing firm, or by a governmental audit department (eg, controller general)?	
5. Information concerning the financial management framework for vaccines and devices, other materials and services for the proposed measles/MR campaign:	
What procurement system(s) are or will be utilised for the campaign?	
Does the recipient organisation have a procurement plan, or will a procurement plan be prepared for the campaign?	
Is there a functioning complaint mechanism?	
What are the organisation's arrangements for mobilising personnel in the area of procurement? Does the implementing entity have an experienced procurement specialist on its staff?	
Are there procedures in place for physical inspection and quality control of goods, works, or services delivered?	

Are there procedures in place for physical inspection and quality control of goods, works, or services delivered?	

Please provide all of the data in the table below. They may also be submitted in a separate file

10. List of documents attached to this proposal

Table 1: Checklist of mandatory attachments

Document Number	Document	Section	File
42	Offline cofinancing calculator for this campaign	5.5, 8.2.3	MMR-F co-financing calcs.xlsx **File desc:** **Date/time :** 09/09/2017 11:21:34 **Size:** 58 KB
Endorsements			
1	MoH Signature (or delegated authority) of Proposal	4.1.1	Liste de présence.pdf **File desc:** **Date/time :** 08/09/2017 06:42:06 **Size:** 1 MB
2	MoF Signature (or delegated authority) of Proposal	4.1.1	Liste de présence.pdf **File desc:** **Date/time :** 08/09/2017 06:42:37 **Size:** 1 MB
4	Terms of Reference for the Coordination Forum (ICC/HSCC or equivalent) including all sections outlined in Section 5.2 of the General Application Guidelines (Note: countries applying before May 2017 can submit their existing Terms of Reference)	4.1.2	Rapport cccia.pdf **File desc:** **Date/time :** 08/09/2017 06:43:15 **Size:** 954 KB
5	Minutes of Coordination Forum meeting endorsing Proposal	4.1.3	Rapport cccia.pdf **File desc:** **Date/time :** 08/09/2017 06:30:27 **Size:** 954 KB
6	Signatures of Coordination Forum members in Proposal	4.1.3	Liste de présence.pdf **File desc:** **Date/time :** 08/09/2017 06:43:38 **Size:** 1 MB
7	Minutes of the Coordination Forum meetings from the past 12 months before the proposal	4.1.3	CCIA du 16_10_2016.pdf **File desc:** **Date/time :** 08/09/2017 11:09:17 **Size:** 271 KB
8	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1	Doc2.docx **File desc:** **Date/time :** 08/09/2017 06:45:16 **Size:** 11 KB
30	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, ICC minutes committing to finance from 2018 onwards.		Doc2.docx **File desc:** **Date/time :** 08/09/2017 06:45:47 **Size:** 11 KB
31	Minutes of NITAG meeting with specific recommendations on the NVS introduction or campaign	4.2	Rapport cccia.pdf **File desc:** **Date/time :** 08/09/2017 06:46:10 **Size:** 954 KB
38	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, a signed letter from the Minister of Health		Doc2.docx **File desc:** **Date/time :** 08/09/2017 06:46:59 **Size:** 11 KB

	and the Minister of Finance committing to finance from 2018 onwards.		
Planning, financing and vaccine management			
9	Comprehensive Multi Year Plan - cMYP	5.1	PPAc 2015-2017 _ RCA_Revisé_30-8-17.pdf **File desc:** **Date/time :** 08/09/2017 06:32:32 **Size:** 2 MB
10	cMYP Costing tool for financial analysis	5.1	cMYP_V3 6 8_RCA-20-06-15.xlsx **File desc:** **Date/time :** 08/09/2017 06:49:00 **Size:** 2 MB
11	M&E and surveillance plan within the country's existing monitoring plan	5.1.4	Doc2.docx **File desc:** **Date/time :** 08/09/2017 06:49:21 **Size:** 11 KB
12	New vaccine introduction plan (NVIP), New Vaccine Introduction Checklist and Activity List & Timeline for routine vaccines or Plan of Action (PoA) for campaign vaccines	5.1,7.2.3	Doc2.docx **File desc:** **Date/time :** 08/09/2017 06:49:33 **Size:** 11 KB
14	Annual EPI Plan with 4 year forward view for measles and rubella		Plan d'Action PEV-RCA_2017 _ vF1.pdf **File desc:** **Date/time :** 08/09/2017 06:33:12 **Size:** 2 MB
20	Improvement plan based on EVM	9.3	6. Plan d'amélioration GEV-RCA.xls **File desc:** **Date/time :** 08/09/2017 06:33:58 **Size:** 412 KB
21	EVM improvement plan progress report	9.3	7. Rapport de mise en oeuvre GEV RCA.pdf **File desc:** **Date/time :** 08/09/2017 06:34:35 **Size:** 827 KB
22	Detailed budget template for VIG / Operational Costs	6.x,7.x.2,6.x.2,8.2.3	Budget campagne suivi rougeole VF_Modèle Gavi_08 09 17.xlsm **File desc:** **Date/time :** 08/09/2017 06:35:14 **Size:** 2 MB
32	Data quality assessment (DQA) report	5.1.4	Rapport de supervision DQS RS2_05_2015.docx **File desc:** **Date/time :** 09/09/2017 11:23:42 **Size:** 557 KB
37	Evidence of self-financing MCV1	5.1.5	Doc2.docx **File desc:** **Date/time :** 08/09/2017 06:50:26 **Size:** 11 KB

Table 2: Checklist of optional attachments

Document	Document	Section	File

Number			
3	MoE signature (or delegated authority) of HPV Proposal	4.1.1	No file loaded
15	HPV Region/ Province profile	6.1.1	No file loaded
16	HPV Key Stakeholder Roles and Responsibilities	6.1.1,6.1.2	No file loaded
17	Evidence of commitment to fund purchase of RCV (in place of the first dose of MCV) / for use in the routine system	5.1.6, 6.1.7	No file loaded
18	Campaign target population documentation	8.x.1, 6.x.1	No file loaded
19	EVM report	9.3	Rapport_GEV_2016_VF_RCA_O1-07-2017.pdf **File desc:** **Date/time :** 08/09/2017 06:36:26 **Size:** 2 MB
24	Risk assessment and consensus meeting report for Yellow Fever, including information required Section 5.3.2 in the General Guidelines on YF Risk Assessment process	5.1	No file loaded
25	Post Introduction Evaluation report from any recent NVS introduction	5.1	No file loaded
26	List of areas/districts/regions and targets to be supported for meningitis A mini catch up campaigns		No file loaded
27	National Measles (& Rubella) elimination plan if available		No file loaded
28	A description of partner participation in preparing the application	4.1.3	No file loaded
33	DQA improvement plan	5.1.4	No file loaded

34	Plan of Action for campaigns	8.1, 8.x.4	Plan d'action campagne rougeole 2018_VF.pdf **File desc:** **Date/time :** 08/09/2017 06:37:57 **Size:** 1 MB
35	Other		Budget campagne suivi rougeole_VF_08 09 17.xlsm **File desc:** **Date/time :** 08/09/2017 06:40:44 **Size:** 2 MB
36	Strategy for establishing or strengthening a national comprehensive approach to cervical cancer prevention and control		No file loaded
39	Epidemiological analysis/evidence	8.3.1	Analyse risque ROUGEOLE_RCA --V2 25_08 17.xlsx **File desc:** **Date/time :** 08/09/2017 06:39:04 **Size:** 42 KB
40	Post Campaign Coverage Survey report for MR catch-up applications	5.1.x	VF RAPPORT FINAL d'enquete_ECV_2016 Version 27 Janvier 2017_(003).pdf **File desc:** **Date/time :** 09/09/2017 11:32:27 **Size:** 2 MB
41	cMYP addendum on measles and rubella		Addendum PPAc.pdf **File desc:** **Date/time :** 08/09/2017 06:39:40 **Size:** 1 MB

11. Annexes

Annex 1 - NVS Routine Support

No NVS Routine Support is requested

Annex 2 - NVS Routine – Preferred Second Presentation

11. Annexes

Annex 1 - NVS Routine Support

No NVS Routine Support is requested

Annex 2 - NVS Routine – Preferred Second Presentation

No NVS Routine – Preferred Second Presentation requested this year

Annex 3 - NVS Preventive campaign(s)

No NVS Prevention Campaign Support this year

Annex 4

No NVS Routine Support is requested

No NVS Prevention Campaign Support this year

12. Banking Form

In accordance with the decision on financial support made by the Gavi, the Government of Central African Republic hereby requests that a payment be made via electronic bank transfer as detailed below:

Name of Institution (Account Holder):			
Address:			
City Country:			
Telephone no.:		**Fax no.:**	
		Currency of the bank account:	
For credit to:			
Bank account's title:			
Bank account no.:			
Bank's name:			

Is the bank account exclusively to be used by this program?

By who is the account audited?

Signature of Government's authorizing official

		Seal
Name:		
Title:		
Signature:		
Date:		

FINANCIAL INSTITUTION		**CORRESPONDENT BANK (In the United States)**	
Bank Name:			
Branch Name:			
Address:			
City Country:			
Swift Code:			
Sort Code:			
ABA No.:			
Telephone No.:			
FAX No.:			

I certify that the account No is held by at this banking institution

The account is to be signed jointly by at least (number of signatories) of the following authorized signatories:

1		
	Name:	
	Title:	
2		
	Name:	
	Title:	
3		
	Name:	
	Title:	

Name of bank's authorizing official
Signature:
Date:
Seal: