

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by
The Government of Somalia
for
Measles follow-up campaign



Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

GAVI GRANT APPLICATION 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 Gavi and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been 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 purpose other than for the programme(s) described in the Country's application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

NO LIABILITY

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.

Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE

Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

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.

ANTI-TERRORISM AND MONEY LAUNDERING

The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

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, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES

The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant

to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

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 its 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 programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application.

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will

introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: <http://www.gavi.org/support/process/apply/>

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

No Response

Country tier in Gavi's Partnership Engagement Framework

2

Date of Programme Capacity Assessment

June 2017

2.1.2 Country health and immunisation data

Please ensure your Country health and immunisation data is up to date. If not, please go to the Overall expenditures and financing for immunisation section of the portal to submit this information.

	2020	2021
Total government expenditure	459,500,000	

Total government health expenditure	6,235,712	
Immunisation budget	24,879,129	25,213,660

2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

No Response

The current National Health Sector Plan (NHSP) is

From 2017

To 2021

Your current Comprehensive Multi-Year Plan (cMYP) period is

2016-2020

Is the cMYP we have in our record still current?

Yes No

If you selected “No”, please specify the new cMYP period, and upload the new cMYP in country documents section.

Note 1

From 2021

To 2025

If any of the above information is not correct, please provide additional/corrected information or other comments here:

No Response

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

UNICEF supports MoH in clearance and handling of vaccines and all EPI supplies. All supplies procured under UNICEF are tax exempted and the following documents are required for clearance (bill of lading, invoices, packing lists and COOs for customs clearance. Measles vaccine is already in use and no additional requirements are required by customs

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

Recently Somalia established National regulatory Authority and it is not yet WHO certified, WHO prequalified vaccines are allowed to be used with in the Country.

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2021	2022
Country Co-financing (US\$)		
Gavi support (US\$)	977,580	1,011,316

Pentavalent Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	226,397	235,535	244,863	254,375
Gavi support (US\$)	624,892	650,114	675,860	702,115

Summary of active Vaccine Programmes

	2021	2022	2023	2024
Total country co-financing (US\$)	226,397	235,535	244,863	254,375

Total Gavi support (US\$)	1,602,472	1,661,430	675,860	702,115
Total value (US\$) (Gavi + Country co-financing)	1,828,869	1,896,965	920,723	956,490

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

According to DHIS2, in 2020 approximately 29% of children under one year (i.e 140,000 children) were under-immunized in Somalia (missed with Penta3), with most of them living in the central-southern regions of the country

23% of unimmunized children were in Somaliland, 21% in Banadir and 17% in each of Galmudug and Hir Shabele. Work that is currently on-going to improve routine immunization in these regions will be used to assure that these children will not be missed during the campaign including updated target population data from geo-mapping and using enumeration data from urban immunization project in Marodejex. Additional supervisors will also be deployed to these regions for support during microplanning, preparation and implementation of the campaign.

Using results from the 2011 MICS, vaccination coverage was low for all categories of population in Somalia. However, differences were seen between urban and rural populations as well as wealth quintile. The SDHS conducted in 2020 showed continuing low coverage, at 12% for DTP3 and 23% for measles. While no differences are seen for gender, urban coverage is higher than rural and both are higher than among nomadic populations where coverage was found to be 1% for DTP3 and 5% for measles. Disparities by mother's education and wealth quintile grew from 2011 to 2020. Only 32% of women interviewed in the SDHS 2020 were literate. The SDHS 2020 also explored other factors which affect access to health services (not specific to immunization). Among currently married women aged 15-49, only 20% of women made decisions about her own care, while 34% make the decision jointly with their husband and 45% of these decisions are made mainly by the husband.

Seventy-three% of women reported that they face at least one problem accessing health care – 65% a lack of money, 62% distance to a health facility and 42% obtaining permission to access services.

Only 31% of women accessed antenatal care among those who had a live birth in the 5 prior years.

An Immunization Equity Assessment conducted by UNICEF in 2017 showed that inequities existed due to socio-economic status, education level of mothers and geographical location of the children. The assessment revealed that DPT-3 coverage for children with mother's education level of secondary (or higher) was 13 percentage points higher than from those children with mother's education level of none and it was while it was 21 percentage points higher in the case of measles. The performance was lower in rural areas compared to urban areas with a difference of 19% for DPT-3 and 16% for measles. The greatest disparity was noted for children born to women in the wealthiest quintile compared with those born to women in the poorest quintile – with an absolute difference of 22 and 23 percentage points for DPT-3 and Measles coverage respectively. Additionally, geographic accessibility especially in the rural areas has been a key factor preventing access to immunization services. The geographic accessibility barrier is most predominant in southern states, in part due to security challenges. There are 2.6 million Internally Displaced Persons (IDPs) in the country, with 56.5% of them living in the central-south regions of Somalia, 22.4% in Somaliland, and 21% in Puntland. Most of the IDPs living in the central-south regions of Somalia are found in Banadir, Bay, Lower Shabelle, Hiran and Mudug Regions. This population constitutes a high-risk group that is extremely vulnerable to communicable disease outbreaks. Additionally, other high-risk groups include nomadic populations that are constantly mobile and account for approximately 25.9% of the population in Somalia, as well as populations living in hard-to-reach areas and in urban

slums.

Urban immunization strategy being implemented in 3 major cities, Mogadishu, Bossaso and Hargeisa to improve routine immunization coverage in the urban sitting of these 3 cities. Mogadishu is the capital of the country while Hargeisa is the capital of Somaliland, hosting population from most of the aresa of the country. Mogadishu, Hargeisa and Bossaso are densely populated cities.

Microplans are updated for almost all the districts with special focus to reach zero dose children. Refresher trainings are provided to vaccinators and health facility staff to improve their performance. Data quality improvement plan is being implemented to improve quality of data and it is used for decision making. Data is regularly analyzed and shared with all stakeholders for follow ups.

Monitoring and supervision is also improved by regional and state authorities. More outreach and mobile sessions are planed and implemented. New cold chain equipment is provided to MoH for replacement of old equipment and for establishment of new immunization centers. Private hospitals are also engaged in provision of immunization services. Regular monthly meetings are held with NGOs for their contribution in immunization services. All the above strategies and activities are contributing in improvement of RI coverage.



2.4 Country documents

2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section “Upload new application documents”) you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents

-  **Country strategic multi-year plan** [Somalia cMYP202125_05-05-21_10.37.22.pdf](#)
Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan
-  **Country strategic multi-year plan / cMYP costing tool** [cMYP Costing Tool 202125Somalia15 March 2021_05-05-21_10.58.49.xlsx](#)
[10. cMYP Costing Tool Somalia 15-01-19_04.06.03.xlsx](#)

- ✓ **Effective Vaccine Management (EVM) assessment** [SomaliaEVMAFinal_Report20170406_06-10-20_07.56.16.pdf](#)

- ✓ **Effective Vaccine Management (EVM): most recent improvement plan progress report** [Somalia EVMimprovement planProgress March 2021_10-06-21_16.26.39.xls](#)
[7 Somalia EVMimprovement plan Aug2020_06-10-20_07.57.14.xls](#)

- ✓ **Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators** [MICS4 Puntland Final report Draft4_for review October2013_11-09-18_11.27.35.docx](#)

- ✓ **Data quality and survey documents: Immunisation data quality improvement plan** [Data Improvement PlanSomalia_11-09-18_11.28.20.docx](#)

- ✓ **Data quality and survey documents: Report from most recent desk review of immunisation data quality** [Somalia DQS final report 2016_11-09-18_11.29.43.pdf](#)

- ✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation** [Comprehensive EPI reviewSomalia2017_11-09-18_11.30.40.pdf](#)



Human Resources pay scale

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

[003 Somalia Health Staff Remuneration Study REVISED_11-10-18_20.03.06.pdf](#)

Coordination and advisory groups documents



National Coordination Forum Terms of Reference

ICC, HSCC or equivalent

[ICCs Terms of Reference Somalia_12-09-18_10.47.12.pdf](#)



National Coordination Forum meeting minutes of the past 12 months

[ICC Meeting Minutes on Measles SIA Proposal 2022 on 9th May 2021_11-06-21_09.58.48.pdf](#)

Other documents



Other documents (optional)

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

[Measles Outbreak Investigation Report_11-06-21_09.57.35.pdf](#)

[SIAs as opportunities to strengthen routine immunization_11-06-21_09.56.54.pdf](#)

[Somalia EPI policy July 2020_06-10-20_08.00.02.pdf](#)

3 Measles follow-up campaign

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

Note 3

Measles follow-up campaign

Preferred presentation	M, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	M, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	6 January 2022
Planned launch date	6 March 2022
Support requested until	2022

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

It is licensed and registered in the country

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes

No

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for campaign vaccination

Please describe the target age cohort for the measles follow-up campaign:

Note 4

From	6	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>
To	59	weeks <input type="checkbox"/>	months <input checked="" type="checkbox"/>	years <input type="checkbox"/>

	2022
Population in target age cohort (#)	2,832,151
Target population to be vaccinated (first dose) (#)	2,832,151
Estimated wastage rates for preferred presentation (%)	10

3.2.2 Targets for measles routine first dose (M1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

2022

Population in the target age cohort (#)	644,372
Target population to be vaccinated (first dose) (#)	612,153
Number of doses procured	765,200

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles follow-up campaign

	2022
10 doses/vial,lyo	0.35

Commodities Price (US\$) - Measles follow-up campaign (applies only to preferred presentation)

	2022
AD syringes	0.036
Reconstitution syringes	0.004
Safety boxes	0.005
Freight cost as a % of device value	3.43

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support.

Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 7

	2022
Country co-financing share per dose (%)	2
Minimum Country co-financing per dose (US\$)	0.007
Country co-financing per dose (enter an amount)	0.007

equal or above
minimum)(US\$)

3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

Measles follow-up campaign

	2022
Vaccine doses financed by Gavi (#)	3,085,400
Vaccine doses co-financed by Country (#)	58,300
AD syringes financed by Gavi (#)	3,115,400
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	34,275
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	98,136
Freight charges co-financed by Country (\$)	1,854
	2022
Total value to be co-financed (US\$) Country	22,500

Total value to be financed (US\$) Gavi	1,307,000
Total value to be financed (US\$)	1,329,500

3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

Note 8

	2022
Minimum number of doses financed from domestic resources	765,200
Country domestic funding (minimum)	267,820

3.3.5 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

Most of the time, UNICEF is using the internal resource to ensure the co-financing of Penta vaccine, in fact, UNICEF is procuring traditional vaccines (BCG, measles, Td, OPV). Due to low national revenue generation and the budget priority is given to other core sectors i.e. security, justice, and reconciliation, the country requested a waiver from co-financing of GAVI supported vaccines for Somalia for a period of 3 years. In 2020, Gavi, UNICEF, and other partners have conducted the advocacy to WB for the co-financing so as the country will avoid the stock out of Penta, fortunately this request was approved and 198, 000 was released for the co-financing. UNICEF is commits to supply MCV1 vaccine in 2021 and 2022 to support Somalia EPI Programme.

If your country is in the accelerated transition phase for Gavi support, please answer the following question:

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

No Response

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

October

The payment for the first year of co-financed support will be made in the month of:

Month

December

Year

2022

3.4 Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Measles follow-up campaign

Population in the target age cohort (#)

Note 9

2,832,151

Gavi contribution per person in the target age cohort (US\$)

0.65

Total in (US\$)

1,840,898.15

Funding needed in country by

5 January 2022

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign. Please ensure to upload the

completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

Total amount - Gov. Funding / Country Co-financing (US\$)

6369790

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

6369790

Amount per target person - Gov. Funding / Country Co-financing (US\$)

2.40

Amount per target person - Other donors (US\$)

0

Amount per target person - Gavi support (US\$)

2.40

3.4.3 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

Training of state, regional and district health management teams, vaccinators and non technical team members
DSA of vaccination team members
DSA of supervisors and monitirs
Transportation cost of vaccination teams, supervisors and monitirs
Advocacy, social mobilization and communication'

Intra campaign monitoring
Post campaign survey

3.4.4 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

WHO and UNICEF will receive funds and will implement activities according to the MoU. Currently GAVI HSS 2 funds are also managed by WHO and UNICEF according to their rules and regulations and MoU. Most of the activities will be through direct implementation, IP and some will be through DFC

3.4.5 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes

No

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

Most of the budget is used for advocacy, communication and social mobilization, training, microplanning, DSA of team members and supervisors during campaign implementation, supervision and monitoring.

3.4.6 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

- o UNICEF Tripartite Agreement: 5%
- o UNICEF Bilateral Agreement: 8%
- o WHO Bilateral Agreement: 7%.

Funds will be transferred to UNICEF and WHO

3.4.7 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Note 11

UNICEF and WHO has staff who will be supporting measles SIA and in addition to available staff there is need of additional TA for measles SIA.

3.5 Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.

Under 2.3

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

It is aligned with 5 years measles and Rubella control

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.

If any of Gavi’s requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the

reasons and the approach to address this. Requirements can be found in the general application guidelines.

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

Currently NITAG is not functional in Somalia and ICC is established and function. Member of ICC were involved in discussion and agreement on Measles SIA in 2022.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

Most of the time, UNICEF is using the internal resource to ensure the co-financing of Penta vaccine, in fact, UNICEF is procuring traditional vaccines (BCG, measles, Td, OPV). Due to low national revenue generation and the budget priority is given to other core sectors i.e. security, justice, and reconciliation, the country requested a waiver from co-financing of GAVI supported vaccines for Somalia for a period of 3 years. In 2020, Gavi, UNICEF, and other partners have conducted the advocacy to WB for the co-financing so as the country will avoid the stock out of Penta, fortunately this request was approved and 198, 000 was released for the co-financing. UNICEF will continue to support the Country in procurement of traditional vaccines and conduct advocacy to other donors.

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

Political and security situation: There is improvement in political and security situation in the country, in case of unrest vaccination will be given priority and access will be negotiated through engagement of community elders, political and religious leaders. Special plans will be developed for low performing areas by deployment of additional HR in the areas, strengthen supervision and monitoring and special communication and advocacy strategy will be developed. Coordination mechanisms will be put in place between different states, regions, districts and area supervisors to avoid any missed areas.

3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing how the proposed activities and budget will contribute to overcoming key barriers.

Special plans will be developed for low performing and inaccessible areas (information in Planning and Implementation section)

Partnership and inter-sectorial coordination will be key to success in this campaign as in previous campaigns. Local NGOs, international NGOs, representatives of various ministries and associations will be involved in planning, implementation, monitoring and evaluation of the campaign. In many cases, partner organization will be full partners including providing in-kind contributions in support of their activities. The lesson learned from previous and this campaign will be used for improving RI

3.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 12

Campaign will be implemented by Ministry of health with the support of partners, WHO, UNICEF and NGOs. Other ministries will also be engaged in planning and implementation phase. Every opportunity is used for synergy with other programmes, like recently conducted integrated measles, polio, vitamin A and deworming campaign. Opportunity of MCV2 introduction will also used for synergy with other programmes including GF and GFF especially at the district and regional level.

3.5.8 Indicative major measles and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major measles and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. measles second dose introduction, measles or measles-rubella follow up campaign, etc.).

Introduction of MCV2
MR introduction in 2023

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for

number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to countryportal@gavi.org.

3.7 Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

Application documents

- ✓ **New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline** [Measles FU campaign May 302021_11-06-21_10.44.22.docx](#)

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.

- ✓ **Gavi budgeting and planning template** [Budgeting and Planning Template measles FU campaign 2022_11062021_11-06-21_10.46.36.xlsm](#)

[Budgeting and Planning Template measles FU campaign 2022_09-05-21_12.33.46.xlsm](#)

Most recent assessment of burden of relevant disease

No file uploaded

If not already included in detail in the Introduction Plan or Plan of Action.

- ✓ **Sources and justification of campaign target population estimates (if applicable)** [Somalia measles immunity profile_08-05-21_08.55.47.xls](#)

Endorsement by coordination and advisory groups

- ✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures** [ICC Meeting Minutes on Measles SIA Proposal 2022 on 9th May 2021_10-05-21_12.41.22.pdf](#)

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1

- ✓ **NITAG meeting minutes** [ICC Meeting Minutes on Measles SIA Proposal 2022 on 9th May 2021 10-05-21 12.41.52.pdf](#)
with specific recommendations on the NVS introduction or campaign

Vaccine specific

- ✓ **cMYP addendum** [Somalia cMYP202125 06-05-21 09.03.56.pdf](#)
Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP
- ✓ **Annual EPI plan** [Annual EPI WP2021 06-05-21 09.04.40.xlsx](#)
Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget
- ✓ **MCV1 self-financing commitment letter** [RE UNICEF Commitment to support MCV1 vaccine supply 2021 and 2022 11-06-21 10.49.34.msg](#)
If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.
- ✓ **Measles (and rubella) strategic plan for elimination** [Measles Strategy 5 yr plan for Somalia Final Oct 2018 05-05-21 09.59.16.pdf](#)
If available
- ✓ **Other documents (optional)** [Measles Outbreak Investigation Report 11-06-21 10.45.33.pdf](#)
[SIAs as opportunities to strengthen routine immunization 11-06-21 10.45.01.pdf](#)

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

Active Vaccine Programmes

Note 13

IPV Routine

	2021	2022
Country Co-financing (US\$)		
Gavi support (US\$)	977,580	1,011,316

Pentavalent Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	226,397	235,535	244,863	254,375
Gavi support (US\$)	624,892	650,114	675,860	702,115

Total Active Vaccine Programmes

	2021	2022	2023	2024
Total country co-financing (US\$)	226,397	235,535	244,863	254,375
Total Gavi support (US\$)	1,602,472	1,661,430	675,860	702,115
Total value (US\$) (Gavi + Country co-financing)	1,828,869	1,896,965	920,723	956,490

New Vaccine Programme Support Requested

Measles follow-up campaign

	2022
Country Co-financing (US\$)	22,500
Gavi support (US\$)	1,307,000
<hr/>	
Total country co-financing (US\$)	
Total Gavi support (US\$)	
Total value (US\$) (Gavi + Country co-financing)	

Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US\$)

	2021	2022	2023	2024
Total country co-financing (US\$)	226,397	258,035	244,863	254,375
Total Gavi support (US\$)	1,602,472	2,968,430	675,860	702,115
Total value (US\$) (Gavi + Country co-financing)	1,828,869	3,226,465	920,723	956,490

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Mukhtar Abdi	EPI Manager	+252615541871	epi@moh.gov.so	Ministry of Health
Shube	FMOH			

Comments

Please let us know if you have any comments about this application

No Response

Government signature form

The Government of Somalia would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

Measles follow-up campaign

The Government of Somalia commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm 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).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.¹

Minister of Health (or delegated authority)

Name

Date

Signature

Minister of Finance (or delegated authority)

Name

Date

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature

¹ In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

Appendix

NOTE 1

The new cMYP must be uploaded in the country document section.

NOTE 2

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3

* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

NOTE 4

* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

* The wastage rate applies to first and last dose.

NOTE 5

If introduction month is other than January, please provide Year 1 targets that are pro-rated according to the introduction month. [Click here](#) to update figures; click on the balloon symbol to provide a note and/ or to indicate that this data is not available.

NOTE 6

*

NOTE 7

Co-financing requirements are specified in the guidelines.

NOTE 8

*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine. ** This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

NOTE 9

Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 10

<https://www.gavi.org/support/process/apply/additional-guidance/#leadership>

NOTE 11

A list of potential technical assistance activities in each programmatic area is available here: <http://www.gavi.org/support/pef/targeted-country-assistance/>

NOTE 12

E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 13

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.