APPLICATION FORM FOR COUNTRY PROPOSALS

For Support to:

Conjugated meningococcal A vaccine

Submitted by the Government of Chad

Revised in February 2011

For the 2011 round of applications

Please submit this electronic Proposal and attachments (including the signature page) to: proposals@gavialliance.org

Enquiries at: proposals@gavialliance.org or through representatives of a GAVI partner agency. The Proposal and attachments must be submitted in English or French.

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

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

Acronyms

ADIP	Accelerated Development and Introduction Programmes
NRA	National Regulatory Authority
BCG	Bacille Calmette-Guérin
ICC	Inter-Agency Coordination Committee for Immunisation
HSCC	Health Sector Coordination Committee
IRC	Independent Review Committee
DQC	Data Quality Control system regarding immunisation
DTP3	Diphtheria-tetanus-pertussus, 3rd dose
JRF	WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases
ICG	International Coordinating Group
Hep B	Hepatitis B
Hib	*Haemophilus influenzae* type b
MoF	Ministry of Finance
MoH	Ministry of Health
MDG	Millennium Development Goals
WHO	World Health Organization
UN	United Nations
CSO	Civil Society Organisation
EPI	Expanded Programme on Immunisation
Phase 1	GAVI Alliance Phase 1 Support (2000-2005)
Phase 2	GAVI Alliance Phase 2 Support (2006-2010)
GDP	Gross Domestic Product
LDC	UN Least Developed Countries
cMYP	Comprehensive Multi-Year Plan for immunisation
GNI	Gross National Income
APR	Annual Progress Report
ADS	Auto-Disable Syringes
SAGE	WHO Strategic Advisory Group of Experts
NVS	New and Underused Vaccine Support
INS	Injection Safety Support
ISS	Immunization Services Support
SWAp	Sector Wide Approach
TT	Tetanus Toxoid
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

Table of Contents

1. Executive Summary

The government of the Republic of Chad is seeking to conduct a preventive immunisation campaign against meningococcal meningitis A in November and December 2011 in all of the country's health regions that fall within the "meningitis belt." To this end, it is submitting this proposal to the GAVI Secretariat. The proposal was written by the Technical Committee, comprised of the Red Cross of Chad, MSF (Doctors without Borders), Expanded Programme on Immunisation Division, General Directorate of Health Activities, WHO and UNICEF, and was validated by the Inter-Agency Coordination Committee.

The purpose of this campaign is the accelerated control of meningitis epidemics in Chad. As such, it constitutes the inaugural phase implementing the special strategies recommended by WHO for the African sub-region, i.e., case-based surveillance, introducing the vaccine into routine EPI, catch-up and follow-up immunisation campaigns, and responding to cases especially those caused by other bacteria.

Chad has received support from GAVI Fund for strengthening immunisation services since 2003, for injection safety from 2003 to 2007 and for introducing new vaccines into routine EPI (yellow fever in 2003, viral hepatitis B and Hib infections in 2008 in pentavalent form (DTP Hep B Hib).

There is sufficient storage capacity currently available to store vaccines at the central and regional levels for the 2011 campaign. However efforts will be made to strengthen the refrigerator and vaccine carrier capacity at the peripheral level.

In consideration of prior campaign experience and lessons learned during the introduction of new vaccines in Chad, the primary implementation strategies for the success of this inaugural campaign introducing the conjugated meningitis A vaccine are:

- **Strengthening coordination at all levels (ICC, National Organisation Committee and its Technical Sub-Committees, regional and district committees and direct involvement of management committees in the responsibility zones (health areas);**
- **Strengthening the micro planning process at the peripheral level, targeting better definition of roles and responsibilities, better estimates of resources, and in particular accounting for specific problems in certain areas. Emphasis will be on the proper organisation of immunisation sites and strategies and the allocation of required personnel;**
- **Strengthening communication/social mobilisation, especially local communications, communication for behavioural change, the involvement of local leaders and the visibility given to this highly important public health event;**
- **Strengthening personnel abilities;**
- **Efficient provisioning (without stock shortages) of vaccines and high quality supplies throughout the entire campaign;**
- **Reliable management of vaccine stocks and monitoring of their use;**
- **Strict application of injection safety and waste management;**
- **Strengthening AEFI surveillance and proper management thereof, as well as strengthening pharmacovigilance regarding this new vaccine;**

- **Strengthening Supervision, Monitoring and Evaluation. Emphasis here will be on proper the evaluation of vaccine coverage, the organisation of a status workshop, and especially the documentation of the process.**
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The target population is 8,470,318 people between the ages of 1 and 29 years. The overall amount for the plan is US$12,195,400, or US$1.44 per child vaccinated and an operational cost (including investment) of US$0.76 per child vaccinated.

2. Signatures of the Government and National Coordinating Bodies

Government and the Inter-Agency Coordinating Committee for Immunisation

The Government of ……would like to expand the existing partnership with the GAVI Alliance for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests for GAVI support for ……

The Government of……commits itself to developing national immunisation services on a sustainable basis in accordance with the cMYP and the MenA introduction plan presented with this document. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation programme as outlined in this application.

Table N°……of page ……of this application shows the amount of support in either supply or cash that is required from the GAVI Alliance. Table N° ……of page ……of this application shows the Government financial commitment for the operational costs of the campaigns.

Please note that this application will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health and Finance or their delegated authority.

Minister of Health:	**Minister of Finance:**
Signature: ……	Signature: ……
Name: ……	Name: ……
Date: ……	Date: ……

QuickTime™ and a
decompressor
are needed to see this picture.

2. Signatures du Gouvernement et des organes nationaux de coordination

Gouvernement et Comité de coordination interagences pour la vaccination

Le Gouvernement du TCHAD souhaite resserrer le partenariat existant avec GAVI Alliance pour améliorer le programme national de vaccination systématique des nourrissons, et demande donc précisément le soutien de GAVI pour l'introduction du vaccin contre le méningocoque A dans le PEV de routine et l'organisation d'une campagne de vaccination de rattrapage.

Le Gouvernement du TCHAD s'engage à développer les services nationaux de vaccination sur une base durable, conformément au PPAC présenté avec le plan d'introduction du vaccin contre la Méningite A. Le Gouvernement demande à GAVI Alliance et à ses partenaires d'apporter une assistance financière et technique pour soutenir le programme de vaccination telle qu'elle est présentée dans cette proposition.

Le tableau n°.....de la page .....de la présente proposition donne le montant du soutien (en nature ou en espèces) qui est demandé à GAVI Alliance. Le tableau n° .....de la page .....de la présente proposition donne l'engagement financier du Gouvernement pour les couts operationnels des campagnes de vaccination.

Veuillez noter que cette proposition ne sera pas examinée ni approuvée par le Comité d'Examen Indépendant sans les signatures du ministre de la Santé ET du ministre des Finances ou leurs délégués.

Ministre de la Santé :

Signature : Secrétaire d'Etat à la Santé Publique

Nom : Mr MAHAMAT MAMADOU ADDY

Date : 01.03.2011

Ministre des Finances :

Signature : Ministre des finances et du Budget...

Nom : Mr GATA NGOULOU

Date : 1 MARS 2011

National coordinating body: Inter-Agency Coordinating Committee for Immunisation

We the members of the ICC/HSCC[1], met on the ..... (insert date) to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

- The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: ……

Name/Title	Agency/Organisation	Signature
Dr. TOUPTA BOGUENA	**MoPH**	
Mr. Mahamat Mamadou Addy	**MoPH**	
	MoFB	
Dr. Saïdou Pathé BARRY	**WHO**	
	UNICEF	
	Chad Red Cross	
	French Cooperation	
	Rotary Club	

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

Name: Dr. HAMID DJABAR Title: Head of Immunisation Division

Tel. (+235) 66 25 40 40/99 81 40 40 / 22 52 26 32 Address: Ministry of Public Health

Fax: : …… ……

E-mail: jabarhamid2003@yahoo.fr ……

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[1] **Inter-agency coordinating committee or Health sector coordinating committee, whichever is applicable..**

The Inter-Agency Coordinating Committee for Immunisation

Agencies and partners (including development partners and CSOs) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC/HSCC). The ICC/HSCC are responsible for coordinating and guiding the use of the GAVI ISS and NVS support. Please provide information about the ICC/HSCC in your country in the spaces below.

Profile of the ICC/HSCC

Name of the ICC/HSCC: .
Inter-Agency Coordination Committee

Date of constitution of the current ICC/HSCC:
Ministerial decree creating the ICC was signed on June 17, 2008

Structure (e.g., sub-committee, stand-alone)

Frequency of meetings: (4) four status meetings per year and extraordinary meetings

Composition:

Function	**Title / Organization**	**Name**
Chair	Ministry of Public Health	
Secretary	Coordinator of the Immunisation Division	
Members	• WHO Representative • UNICEF Representative • Chair of the N'djamena Rotary Club • Coopération française representative • Minister of Finance and Budget • Chair of the Chad Red Cross • MSF Representative	• Dr Saidou Pathé Barry • Dr Marzio Babille • Mme Bintou MALLOUM • • Mr Tidjani Abderrahmane, Conseiller au Ministère des Finances • Mr

REUNION EXTRA ORDINAIRE DU COMITE DE COORDINATION INTERAGENCE (CCIA)

N'Djamena, le 03 mars 2011

Nom/Titre	Institution/ Organisation	Signature
Dr WADAK M. A.	DGHS/MSP	
Dr Brahim Hamit	DGASR/MSP	
Mme Binlon Mallaum	Rotary Club	
Dr BARRY Seidou Pathé	Représentant OMS	
Dr Gbedonon Placide	Chargé AFS/OMS	
Dr Thomas Karengera	EHA/OMS	
Dr Djalal Ahamed	IVD/OMS	
Tidjani Abdoussalam D.	Conseiller SG/MEB	
Dr. Djimasde MBAÏREBÉ	UNICEF	
Dr Ahmat Outman	Santé/UNICEF	
Dr Barkoradine Cheif	Coordonnateur A/PEV	

Three major strategies to enhance the ICC/HSCC's role and functions in the next 12 months:

1. **Strengthening Advocacy and resource mobilization**
2. **Expanding the ICC to other Ministry of Health programmes and partners**
3. **Strengthening coordination at the regional and district levels as part of health system strengthening.**

3. Data regarding the immunization program

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data, and attach the source document.

- Please refer to the cMYP and the MenA introduction plan, and attach a complete copy (with an executive summary) as DOCUMENT NUMBER **01.**

- Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

Table 3.1: Basic facts for the year 2011 (the most recent; specify dates of data provided)

	Figure	Date	Source
Total population	**12.100.455.**	**2011**	**Projections from the General Population and Habitat Census 2009 (GPHC), with an annual growth rate of 3.6%**
Infant mortality rate (per 1000)	**102/1000**	**2004**	**DHS-Chad II 2004**
Surviving Infants*	**435.616**	**2010**	**GPHC 2009 projections**
GNI per capita (US$)	**753.3**	**2007**	**INSEED 2007-2008**
Percentage of GDP allocated to Health	**5.28%** **4.51%**	**2007** **2008**	**DAFM Ministry of Public Health**
Percentage of Government expenditure allocated to Health	**5%**	**2008**	

* Surviving infants = Infants surviving the first 12 months of life

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

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

Integrated Health Development Plan validated in 2009 and the cMYP 2008-2012

Is the cMYP aligned with this document (timing, content, etc). If not, please attach an introduction plan of the MenAfrivac for the upcoming mass campaigns.

Inaugural prevention campaign plan attached.

Please indicate the national planning budgeting cycle for health

The National Health Development Plan (NHDP) was drawn up for 2009-2012. It is a 4-year cycle. An annual helth budget is adopted by the National Assembly.

Please indicate the national planning cycle for immunisation
Chad has a five-year planning cycle for immunisation (cMYP): 2008-2012 and an Operational Plan is drawn up and adopted by the ICC at the beginning of every year.

Please indicate if sex disaggregated data (SDD) is used in immunisation routine reporting systems

No

Please indicate if gender aspects relating to introduction of this vaccine have been addressed in the introduction plan

All targets, regardless of gender, will have equal access to the vaccine. In addition, immunisation teams will include both men and women.

Table 3.2: Current Vaccination Schedule: Traditional, New Vaccines and Vitamin A Supplement *(refer to cMYP pages….)*

Vaccine *(do not use trade name)*	**Ages of administration** *(by routine immunisation services)*	**Indicate by an "x" if given in:**		**Comments**
		Entire country	**Only part of the country**	
BCG / Polio 0	**At birth**	**X**		
DTP-HepB1+Hib 1/ Polio 1	**6 weeks**	**X**		
DTP-HepB2+Hib 2/ Polio 2	**10 weeks**	**X**		
DTP-HepB3+Hib 3/ Polio 3	**14 weeks**	**X**		
Measles	**9 months**	**X**		
Yellow Fever	**9 months**	**X**		

Table 3.3: Trends of immunisation coverage and disease burden
(as per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

Trends of immunisation coverage (in percentage)						**Vaccine-preventable disease burden**		
Vaccine		**Reported**		**Survey**		**Disease**	**Number of reported cases**	
		2009	**2010**	**2009**	**2010**		**2009**	**2010**
BCG		**82**	**84**	**ND**	**ND**	Tuberculosis	**ND**	**ND**
DTP	DTP1	**95**	**100**	**ND**	**ND**	Diphtheria	**ND**	**ND**
	DTP3	**75**	**83**	**ND**	**ND**	Pertusssis	**ND**	**ND**
Polio 3		**68**	**75**	**ND**	**ND**	Polio	**64**	**27**
Measles (first dose)		**87**	**84**	**ND**	**ND**	Measles	**2 415**	**10 283**
TT2+ (Pregnant women)		**72**	**77**	**ND**	**ND**	Neonatal tetanus (NT)	**146**	**ND**
Hib3		**75**	**83**	**ND**	**ND**	Hib **	**ND**	**ND**
Yellow fever		**79**	**82**	**ND**	**ND**	Yellow fever	**3**	**2**
HepB3		**75**	**83**	**ND**	**ND**	hepB sero-prevalence*	**ND**	**ND**
Vit A supplement	Mothers (<6 weeks post-delivery)							

	Infants (>6 months)							

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Table 3.4: Trends of coverage during the last mass campaigns *(refer to cMYP pages…)*
Meningitis immunisation campaigns were conducted in 2009 and 2010. The results show coverage rates of ….

Number	Baseline and targets					
	Baseline year	Year 1 2011	Year 2 2012	Year 3 2013	Year 4 2014	Year 5 2015
Polio		89,5%	85,5%	74,9%	87%	92,5
Measles		NA	NA	92%	ND	
Meningitis (responses in epidemic districts)		NA	NA	86%	88%	
TT2+ (women 14-49 in 12 HD/61)		NA	NA	NA	86%	
Yellow fever		NA	NA	NA	NA	

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

The data were obtained from monitoring and evaluation conducted after these campaigns and focus on health districts.

Table 3.5: Baseline and annual targets *(refer to cMYP pages ……..)*

Please refer to the cMYP and the MenA introduction plan pages containing baseline and annual targets to complete the mandatory excel sheet (Annex 1).

Table 3.6: Summary of current and future immunisation budget

Cost Category	Baseline year	Year 1 2011	Year 2 2012	Year 3 2013	Year 4 2014	Year 5 2015
Routine Recurrent Cost						
Vaccines (routine vaccines only)						
a) Traditional vaccines	2010	434,971	447,150	NR	NR	NR
b) New and Under-used Vaccines	2010	4,074,707	3,941,231	NR	NR	NR
Injection supplies	2010	311,680	320,407	NR	NR	NR
Personnel	2010	453,634	472,530	NR	NR	NR
a) Salaries of full-time NIP health workers (immunisation specific)	2010	109,507	111,697	NR	NR	NR
b) Per-diems for outreach vaccinators / mobile teams	2010	129,223	141,632	NR	NR	NR
Transportation	2010	32,541	33,217	NR	NR	NR
Maintenance and overheads	2010	1,198,239	1,240,002	NR	NR	NR
Training	2010	75,599	77,111	NR	NR	NR
Social mobilisation and IEC	2010	70,690	72,104	NR	NR	NR
Epidemiological surveillance	2010	238,647	243,420	NR	NR	NR
Program management	2010	15,900	141,294	NR	NR	NR

Other	2010	22,086	22,528	NR	NR	NR
Subtotal Recurrent Costs	2010	6,928,694	7,010,994	NR	NR	NR
Routine Capital Costs						
Vehicles	2010	640,000	65,040	NR	NR	NR
Cold chain equipment	2010	861,025	1,131,136	NR	NR	NR
Other capital equipment	2010	100,328	151,569	NR	NR	NR
Subtotal Capital Costs	2010	961,354	1,347,745	NR	NR	NR
Campaigns*						
Polio	2010	-	-	NR	NR	NR
Measles	2010	4,131,894	-,	NR	NR	NR
Yellow Fever	2010	-	-	NR	NR	NR
MNT campaigns	2010	10,637,908	-	NR	NR	NR
Other campaigns	2010	-	-	NR	NR	NR
Subtotal Campaign Costs	2010	14,769,802	-			
GRAND TOTAL		22,659,850	**8** 358,739			

NB: Meningococcal meningitis immunisation was not provided for in the 2008-2012 cMYP. A revision of this plan is planned during 2011 following an external review of the EPI along with an evaluation of vaccine coverage.

Please list in the tables below the funding sources for each type of cost category (if known). Please try and indicate which immunisation program costs are covered from the Government budget, and which costs are covered by development partners (or the GAVI Alliance), and name the partners.

Table 3.6: Summary of current and future financing and sources of funds *(refer to cMYP pages ……)*

		Estimated financing per annum in US$ (in thousands)					
Cost Category	**Funding source**	**Base year**	**Year 1 2011**	**Year 2 2012**	**Year 3 2013**	**Year 4 2014**	**Year 5 2015**
Routine Recurring Costs							
1. Program Management	**1. Gvt., GAVI, WHO, UNICEF**	**294,600**	**215,500**				
2. Service provision	**2. 1. Gvt., GAVI, WHO, UNICEF**	**2,142,000**	**678,400**				
3. Logistics equipment	**3. 1. Gvt., GAVI, WHO, UNICEF**	**127000,**	**27,000**				
4. Vaccine supplies	**4. Gvt., GAVI**	**2479,200**	**1,342,000**				
5.	5.						
6.	6.						
7.	7.						
8.	8.						
9.	9.						
10.	10.						
11.	11.						
12.	12.						

13.	13.						
14.	14.						
Routine Capital Costs							
1.Purchase 300 motorcycles	**1. Government**	**800,000**	**900,000**				
2. Purchase refrigerators, freezers; cold chambers	**2. Government**		**834,000**				
3.	3.						
4.	4.						
5.	5.						
Campaigns							
Polio SIA	**2. 1. Gvt., WHO, UNICEF**	**3,334,000**	**1961,500**				
Neonatal tetanus campaigns	**2. Gvt., UNICEF**	**52,000**	**52,083**				
3. Polio response	**3. Gvt., WHO, UNICEF**	**62 500**	**PM**				
4. Purchase of vaccines / supplies	**4. UNICEF, WHO**	**PM**	**PM**				
5.	5.						
GRAND TOTAL							

4. Request for Meningococcal A conjugate Vaccine Support

Please give a summary of the cMYP and/or the MenA introduction plan. Outline the key points that informed the decision-making process (data considered etc):

The nation of Chad is located squarely within the African "meningitis belt." Numerous epidemics are reported every year, and in addition to these health facilities regularly report many suspected or confirmed cases. This is why the country was selected as a priority country in WHO's global effort for the accelerated control of meningitis in Africa, notably with the introduction of the MenAfriVac conjugated vaccine through the Meningitis Vaccine Project or MVP.

A high-level mission led by the Coordinator of the Central Africa IST was in N'Djamena from January 27-29, 2011 for the required advocacy to health leaders to engage authorities at the highest level in this initiative. The mission also reiterated the urgency of setting up a dynamic national organizing committee that is open to technical and financial partners, drawing up operational plans to implement suitable strategies, and setting up the resulting resource mobilisation process.

The government's accord was reported during this mission, followed by a memo from the Ministry of Health to WHO confirming the commitment by the Chad government; this firm commitment was made for preparations and the effective mobilisation of resources. There are possibilities at the international level, notably GAVI, that the country may benefit from through a submission process.

Chad had not yet designed a strategic document for implementing this initiative, but it had accumulated experience in terms of (i) implementing integrated disease surveillance and response as well as specific aspects of case-based surveillance (AFP, measles, yellow fever); (ii) implementing supplemental immunisation campaigns against polio; (iii) implementing immunisation campaigns against measles (catch-up and follow-up) as part of the accelerated measles control initiative; and (iv) organising response campaigns to numerous meningitis epidemics with polysaccharide vaccines.

An initial catch-up campaign with MenAfriVac was drawn up as part of this submission. This plan addresses Chad's specific context, targets to be achieved, strategies and main activities including evaluation, and several critical implementation stages and the required budget. Thus it should answer the critical questions regarding the feasibility of starting the MenAfrVac introduction in 2011 as set forth in the regional plan, and provide the required responses to the submission dossier for GAVI and other possible partners regarding the relevance of Chad's strategic axes, the consistency of activities and, especially, costs, thus enabling contributions from various partners to be mobilized.

In any case, efforts will be made to develop it into a national strategic plan to reduce meningitis-related mortality and morbidity. Such a document will develop other strategic guidelines integrated into the response activities that the country is accustomed to conducting.

Please summarise (1) the vaccine waste management plan and (2) the cold chain capacity and readiness to accommodate new vaccines. Please indicate if the supplies for the campaign will have any impact in the shipment plans and storage capacity for your routine vaccines and how it will be handled:

The emphasis will be on the proper storage of vaccines at the various distribution levels, and on their rational use.
We estimate the number of doses required for the campaign to be approximately 10.17 million, which will take up approximately 38 m3 of storage space in the positive cold chain. Adequate measures will be taken to identify and ensure the required volume before the vaccines arrive by enlisting contributions from the private sector.

Vaccines stored at the central level in EPI cold chambers will be moved in coolers (required conditions) to the regions at least 2 weeks prior to the start of the campaign. Necessary measures will be taken at these levels to strengthen both the quality and monitoring of the cold chain to ensure proper storage. This campaign presents an opportunity to strengthen peripheral level capacities in refrigerators and vaccine carriers.

Storage of immunisation materials (syringes, safety boxes) will require approximately 780 m3 of space. To meet this requirement, the Transmissible Disease Division's large warehouse will be used as needed, since even if the immunisation campaign is conducted in several phases, the entire stock will be received all at once to minimize transportation costs.

The RHDs should supply the health districts at least one week prior to the campaign (timetable will be adapted depending on the quality of the cold chain available and transport conditions) in order to ensure vaccines are available in the responsibility zones 48 hours before the campaign, to ensure vaccines are available at the sites / immunisation teams (permanent/temporary, advanced, mobile).

Likewise, management tools and financial resources related to vaccine management (transportation, fuel, refrigerator rental) must be available to the RHDs and CDPs (chief district physicians) prior to the campaign to ensure that vaccines are stored under optimal conditions.

We will enlist the use of cold chain materials available in the health districts, especially for freezing ice packs.

There will be updates daily at each immunisation site on vaccine doses used, cold chain compliance (monitoring) and any losses (lost and wasted).

To minimize such losses and ensure the quality of the vaccines administered, immunisation personnel will be trained and supervised in these areas, among others. Emphasis will be placed on aintaining the cold chain from the central level to the immunisation site.

The necessary transportation means for this campaign and motorcycles for team supervisors will be enlisted. Pickup 4x4s will be rented to help transport teams, materials, waste and supervisors.

Table 4.1: Capacity and cost (for positive storage)

		Formula	Year 1 2011	Year 2 2012	Year 3 2013	Year 4 2014	Year 5 2015
A	Annual ***positive*** volume requirement, including new vaccine (s) (specify: _____) (litrres)[2]	*Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine*	27962	35817	37363	41230	43098

[2] Use results from Table 5.2. Make the sum-product of the total vaccine doses row (I) by the unit packed volume for each vaccine in the national immunisation schedule. All vaccines are stored at positive temperatures (+5°C) except OPV which is stored at negative temperatures (-20°C).

B	Annual ***positive*** capacity, including new vaccine (s) (specify:_____ _____) (litres or m3)	#	**11997**	**16046**	**16825**	**18041**	**18685**
C	Estimated minimum number of shipments per year required for actual cold chain capacity	*A / B*	**2**	**2**	**2**	**2**	**2**
D	Number of shipments per year	*Based on national vaccine shipment plan*	**2**	**2**	**2**	**2**	**2**
E	Gap (if any)	*((A / D) - B)*	**0**	**0**	**0**	**0**	**0**
O	Estimated cost for expansion	*US$*	**0**	**0**	**0**	**0**	**0**

Clinical studies of MenAfriVac in under ones are ongoing and an infant indication is expected by January 2014. Please briefly describe when your country plans to move towards introducing the Meningococcal A conjugate vaccine into the routine schedule, how the country will meet the future co-financing payments for routine introduction of Meningococcal A conjugate vaccine, and any other issues regarding the introduction into the routine schedule that you have considered (refer to the cMYP and/or the MenA introduction plan):

The country is waiting for WHO's technical and strategic guidelines to develop a strategic plan for controlling meningitis and effectively introducing it into routine EPI.

Table 4.2: Assessment of disease burden related to Meningococcus (*if available)*:

Disease	Title of the assessment	Date	Results
	So	so	so

If new or under-used vaccines have already been introduced in your country or you have conducted campaigns, please give details of the lessons learnt from storage capacity, social mobilisation, staff training, cold chain, logistics, dropout rate, wastage rate etc., and suggest solutions to address them:

Lessons Learned	Solutions / Action Points
Micro planning is essential to successful immunisation campaigns	Be sure to emphasize micro planning, involving communities and with the support of central and regional teams
Political commitment at the highest levels helps mobilise the necessary cofinancing resources	Strengthened advocacy and social mobilisation for the effective involvement of high-level authorities and other development sectors in the country
Select and train campaign actors while considering the quantitative and qualitative human resources insufficiencies	The campaign will be organised in 3 pools to better focus available skills in zones where it is being carried out. Special attention will be paid to training field actors.
New vaccine introduction (HepB and Hib) and campaigns (polio, measles, meningitis) revealed storage capacity limits and effective management of vaccines and supplies	Evaluation of cold chain and effective vaccine management conducted in November 2010 Continue and strengthen on-going rehabilitation of cold chain (see proposal in the MenAfriVac A inaugural immunisation plan).

5. Procurement and Management of New and Under-Used Vaccines

a) Please show how the support will operate and be managed including procurement of vaccines (GAVI expects that countries will procure vaccine and injection supplies through UNICEF):

Chad always procures its vaccines and supplies through UNICEF procurement channels.

b) Please indicate when you are planning to conduct the campaign (month and year) and how the campaign is going to be rolled out (e.g. in different phases or one time)
The campaign will be rolled out in three phases during the months of November and December 2011 (see attached schedule/plan).

c) Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP and/or the MenA introduction plan)

- Administrative monitoring (daily coverage estimate)
- Daily independent monitoring in advanced and mobile strategy areas
- Evaluation of vaccine coverage using WHO methodology, survey by region = 22 surveys

6. Grant Support for Operational Cost of the Campaigns

Table 6.5: Calculation of lump-sum

Year of New Vaccine introduction	Targets 1-29 years old (from Table 3.4)	Share per birth in US$	Total in US$
2011	**8,470,318**	**$,0.30**	**2,541,096,**

Please indicate in the tables below how this amount[3] will be used to support the costs of vaccine introduction and other critical activities. GAVI's support will not be enough to cover the full needs so please indicate in the table below how much and who will be complementing the remaining funds needed (refer to the cMYP and/or the MenA introduction plan).

Table 6.6: Cost (and finance) of the Campaign (US$)

[3] Grant will be calculated on the basis of US$0.30 per yearly birth, with a minimum of US$100,000.

Cost Category	Full needs for new vaccine introduction	Funded with new or under-used vaccine introduction grant	Funded with other sources
	US$	US$	US$
Training	276,865		
Social Mobilization, IEC and Advocacy	421,355		
Cold Chain Equipment & Maintenance	526,110		
Vehicles and Transportation			
Human Resources (per diem)	2,456,742		
Program Management	85,417		
Surveillance and Monitoring	12,604		
Human resources	PM		
Waste management	1,554,103		
Technical Support	200,000		
Volunteer incentives			
Other (follow-up, monitoring and evaluation)	370,627		
Other (immunisation cards)	423,958		
Other (miscellaneous)	108,333		
Other (2.5% contingency)	304,888		
TOTAL	6,436,113		

- Please complete the banking form (annex 1) if required.

Please briefly describe who will be funding the operational needs that GAVI will not fund. If the government is the source of funding please confirm if it is already budgeted in your health budget. If you are looking for other sources of funding please clarify them and provide confirmation of their commitment:**The government is committed to funding up to 50% of the operational costs shown in the above table, i.e., approximately US$3,220.000. A commitment letter is being signed.**

7. Additional comments and recommendations from the National Coordinating Body (ICC/HSCC)

ICC comments:

- **Importance of ensuring proper management of waste generated during this campaign;**
- **Emphasis on micro-planning and the efficient implementation of activities;**
- **Effective participation of coordination committees (regional and district-level) in implementing the campaign;**
- **Accounting for refugees (in the east and south of the country), estimated at approximately 300,000 according to the HCR;**
- **Inadequacy of the specific approach for difficult-to-access populations, especially nomads.**

ICC recommendations:

- **Highlight Chad's experience in mass immunisation campaigns;**
- **Take other on-going plans into consideration and refer to them (e.g., cold chain rehabilitation);**
- **Define a specific plan to effectively reach nomadic populations;**
- **Use schools as temporary immunisation sites;**
- **Coordinate the incinerator procurement project with the Ministry of the Environment.**

8. Documents required for each type of support

ocuments à fournir pour chaque type de soutienDocuments to be provided for each type of support	**DOCUMENT NUMBER**	**Duration ***
Comprehensive Multi-Year Plan (cMYP) Plan for introduction of the MenAfriVac (if not already included in the cMYP)	01 02	2008-2012 2011
Endorsed minutes of the National Coordinating Body meeting where the GAVI proposal was endorsed	03	March 2011
Endorsed minutes of the ICC/HSCC meeting where the GAVI proposal was discussed	03	March 2011
Minutes of the three most recent ICC/HSCC meetings	03, 04, 05	March 2011 Feb. 2011 2010
ICC/HSCC workplan for the forthcoming 12 months	ND	
Vaccine Request Excel Sheet	06	2011

** Please indicate the duration of the plan / assessment / document where appropriate*

Annex 1 - Banking Form

Banking Form

SECTION 1 *(To be completed by payee)*

It cannot be stressed enough that without a banking form that contains complete, accurate banking details (IBAN, SWIFT code, corresponding US bank and account details) it is impossible to transfer funds and this may cause many unnecessary delays.

Banking Form

SECTION 1 *(To be completed by payee)*

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.:	
At: ***Bank's name***	

NB: In consideration of GAVI's earlier comments regarding the Bank (Commercial Bank of Chad CBT), a new account will be opened in another banking establishment whose information will be sent at a later time.

Is the bank account exclusively to be used by this program? **YES ( ) NO ( )**

By whom is the account audited? .....

Signature of Government's authorising official :
By signing below, the authorizing official confirms that the bank account mentioned above is known to the Ministry of Finance and is under the oversight of the Auditor General.

Name: ..... **Title:** ..... **Signature:** ..... **Date:** ..... **Address and telehone no.:** ..... **Fax no.:** ..... **Email address:**	**Seal:**

SECTION 2 (to be filled in by the bank)

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.:	
Bank Contact Name and Phone Number:	

I certify that the account No. . . . . is held by *(institution name)* . . . . . at this bankind institution.

The account is to be signed jointly by at least ..... *(number of signatories)* of the following authorized signatories:	**Name of bank's authorizing official:**
1 Name:	**Signature:** .....
Title:	**Date:** .....

2 Name: **Title:**	**Seal:**
3 Name: **Title:**	
4 Name: **Title:**	

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this application will be amended.

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to perform the programmes described in this application.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and will comply with its requirements.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to this application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

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

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