

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by
The Government of Uganda
for
Measles-rubella 1st and 2nd dose routine



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

28 June 2013

Country tier in Gavi's Partnership Engagement Framework

1

Date of Programme Capacity Assessment

March 2016

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	100,000,000	

Total government health expenditure	40,000,000
Immunisation budget	18,729,901

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

The government planning cycle starts on the

1 July

The current National Health Sector Plan (NHSP) is

From 2021

To 2025

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:

The new cMYP is being finalised and will be submitted to the IRC prior to the review. In the meantime, the draft is being uploaded.

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.

Procurement of the measles-rubella vaccine and supplies for the introduction of the second dose of measles-rubella will be done with the support of UNICEF in line with the procedures followed when procuring other routine vaccines from WHO qualified manufacturers,. This will follow usual agreed-upon procedures between the MoH, UNICEF and Gavi. Bundling guidelines will be adhered to during the procurement of vaccines, Injection devices and safety boxes.

1. Also, within two weeks before arrival of consignment, share copies of AWB, Commercial Invoice, Certificates of Analysis and Packing list
2. Vaccine should be WHO prequalified
3. At time of arrival of consignment, vaccine formulation and manufacturer should be licensed with NDA in Uganda

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.

The measles-rubella vaccine has been in use in Uganda and is registered by the National Drug Authority (NDA). Brands prequalified by the WHO and Registered by the NDA will be considered. Currently, Uganda is using a 10 dose vial. For any additional information please NDA at; www.nda.or.ug

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

HPV Routine

Note 2

	2021	2022	2023	2024
Country Co-financing (US\$)	506,305	525,701	290,200	303,855
Gavi support (US\$)	11,060,837	10,862,437	5,721,387	5,990,605

IPV Routine

	2021	2022
Country Co-financing (US\$)		

Gavi support (US\$)	3,962,139	4,045,119
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MR Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	962,703	997,562	1,033,020	1,069,006
Gavi support (US\$)	1,236,326	1,281,093	1,326,628	1,372,843

PCV Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	1,940,070	1,990,355	798,236	824,381
Gavi support (US\$)	26,862,271	27,550,742	10,420,077	10,761,369

Pentavalent Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	747,030	772,434	798,236	824,381
Gavi support (US\$)	2,061,921	2,132,042	2,203,259	2,275,423

Rota Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	485,163	501,477	518,041	534,821
Gavi support (US\$)	5,137,698	5,310,458	5,485,871	5,663,565

Summary of active Vaccine Programmes

	2021	2022	2023	2024
Total country co-financing (US\$)	4,641,271	4,787,529	3,437,733	3,556,444
Total Gavi support (US\$)	50,321,192	51,181,891	25,157,222	26,063,805
Total value (US\$) (Gavi +	54,962,463	55,969,420	28,594,955	29,620,249

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).

In 2018 UNEPI with partners conducted another program coverage and equity analysis to assess progress and identify districts for prioritization. A total of 22 districts were identified with inequities, Apac, Bududa, Bukomansimbi, Bulambuli, Bushenyi, Dokolo, Kaliro, Kampala, Kitgum, Kyotera, Mayuge, Mbarara, Mitooma, Ntungamo, Nwoya, Pallisa, Rubirizi, Sheema, Tororo, Wakiso, Iganga and Amudat districts (Figure below). The 22 districts contributed 85,516/ 267,237 (32%) unimmunized children with measles; and 66,632/154,958 (43%) unimmunized DPT3 children. Among these were 5 districts (Kampala, Wakiso, Iganga, Amudat and Sheema) from the previous 36 still had persisting inequities.

To ensure improvement in immunization coverage, four RED/REC consultants were hired to provide technical assistance. Using the lessons learnt and good practices from the previous experience, the 22 districts were supported in RED/REC microplanning; cold chain and vaccines and logistics management; capacity building of mid-level managers and operational level health workers in practices that increase reach and overall delivery of quality EPI services as well as following up on surveillance activities.

Results of support to the 22 districts with inequities

- i. All district updated district micro plans with clearly mapped areas of inequity and were implemented
- ii. Cold chain and vaccine management were strengthened with all District Vaccine Stores and health facilities with fridges assessed followed by on job training.
- iii. All 22 district RED/REC micro plans financially and implemented
- iv. The support has registered improved immunisation coverage in the 22 districts with 16 (73%) districts achieving DPT3 coverage above 80 percent and a reduction in numbers of unimmunised by 16% in the districts.

Lessons learned

- i) Districts who included the RED/REC micro plans budgets in the district annual health budget work plan easily access funding, optimally utilize available funds including external funding from partners for immunisation
 - ii) Inequities exist in the communities but are easily missed if districts are not mentored and supervised to institutionalize it in REC micro planning and implementation
 - iii) In mountainous district mobilization of the community is best done using megaphones due to poor radio network
 - iv) Established good relationship and coordination with non-health stakeholder improves immunisation service delivery
 - v) Revolving monthly EPI in-charges meetings help in problem sharing and solution finding
 - vi) Annual review meetings of district performance with the immunisation focal persons and DHOs greatly improves immunisation coverage and implementation of micro plans
- Interventions that may be required to sustain coverages
- i) Annual coverage and Equity analysis are required to guide program implementation focus.
 - ii) Onsite mentorships with focus on health facilities with high numbers of un immunised and under immunised children
 - iii) Regular Technical support supervision, monitoring and ensuring micro plan are updated and implemented
 - iv) Supplementary funding to bridge PHC funding sustain immunisation coverage
 - v) Financial support for community mobilisation and creation of demand for immunisation services
 - vi) Engagement of private and NGO health facilities through training and supportive supervision and reporting

Gender-related barriers: any specific issues related to access by women to the health system; Data from the Uganda Demographic and Health Survey (UDHS) of 2006 shows that level of

education may affect access to health services by women with subsequent low vaccination to children. Analysis shows that children whose mothers had at least primary education increased





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**
Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan
[cMYP Costing tool UG To Update Feb 2018 16-01-18 17.52.48.xlsx](#)
-  **Country strategic multi-year plan / cMYP costing tool**
[cMYP Costing tool UG To Update Feb 2018 16-01-18 17.01.51.xlsx](#)
-  **Effective Vaccine Management (EVM) assessment**
[Uganda EVMA 2018 Report 15-05-20 18.26.45.doc](#)
-  **Effective Vaccine Management (EVM): most recent improvement plan progress report**
[Uganda EVMA Improvement plan NVS,LD and SP Progress Update 15-01-18 20.49.52.xls](#)

- ✓ **Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators** [UDHS 2016 18-01-18 18.56.58.pdf](#)
- ✓ **Data quality and survey documents: Immunisation data quality improvement plan** [EPI Multiyear Data Quality Plan 20192023 submission final20 June 2019 15-05-20 18.33.59.pdf](#)
- ✓ **Data quality and survey documents: Report from most recent desk review of immunisation data quality** [Data Quality Improvement Teams 14AUG2017 16-01-18 16.38.15.docx](#)
- ✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation** [UDHS 2016 16-01-18 17.13.41.pdf](#)
- ✓ **Human Resources pay scale** [Salary structure 2017 20180001-4 16-01-18 16.14.14.pdf](#)

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

Coordination and advisory groups documents

- ✓ **National Coordination Forum Terms of Reference** [Meeting minutes October 29 2020 19-01-21 18.08.34.docx](#)

ICC, HSCC or equivalent [UNICC ToR FINAL November 2017 16-01-18 18.15.54.docx](#)



National Coordination Forum meeting minutes of the past 12 months

[Minutes TCC 15th October 2020_19-01-21_18.09.03.docx](#)

[HPAC MINUTES_16-01-18_17.52.59.zip](#)

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.

[HEALTH SECTOR INTEGRATED REFUGEE RESPONSE PLAN FOR UGANDA_09-10-20_12.19.53.pdf](#)

3 Measles-rubella 1st and 2nd dose routine

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-rubella 1st and 2nd dose routine

Preferred presentation MR, 10 doses/vial, Lyophilised

Is the presentation licensed or registered? Yes No

2nd preferred presentation MR, 5 doses/vial, Lyophilised

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive 1 February 2022

Planned launch date 1 April 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.

None

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 routine vaccination

Please describe the target age cohort for the MR 1st dose routine immunisation:

Note 4

9

weeks

months

years

Please describe the target age cohort for the MR 2nd dose routine immunisation:

Note 5

18 weeks months years

	2022
Population in the target age cohort (#)	2,212,980
Target population to be vaccinated (first dose) (#)	1,969,102
Population in the target age cohort for last dose(#)	2,212,980
Target population to be vaccinated for last dose (#)	1,969,102
Estimated wastage rates for preferred presentation (%)	40

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles-rubella routine, 1st and 2nd dose

	2022
10 doses/vial,lyo	0.59

Commodities Price (US\$) - Measles-rubella routine, 1st and 2nd dose (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	2.54

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 (%)	50.81
Minimum Country co-financing per dose (US\$)	0.3
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.3

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

Measles-rubella routine, 1st and 2nd dose

	2022
Vaccine doses financed by Gavi (#)	4,114,500
Vaccine doses co-financed by Country (#)	4,106,600
AD syringes financed by Gavi (#)	6,140,700
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-	

financed by Country (#)	
Safety boxes financed by Gavi (#)	67,550
Safety boxes co- financed by Country (#)	
Freight charges financed by Gavi (\$)	54,546
Freight charges co-financed by Country (\$)	54,443
	2022
Total value to be co-financed (US\$) Country	2,466,500
Total value to be financed (US\$) Gavi	2,749,500
Total value to be financed (US\$)	5,216,000

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

3.3.5 Co-financing payment

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

The government of Uganda is fully committed to its co-financing obligations and has never defaulted for the last 3 years. The financial implication is that GOU will have to increase its domestic resource allocation to meet the co-financing obligation for the new vaccine. GOU has demonstrated progressive commitment to co-financing obligations in the past and there is confidence that the GOU will meet the co-financing obligations for the MR2

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.

The government of Uganda is fully committed to its co-financing obligations and has never defaulted for the last 3 years. The financial implication is that GOU will have to increase its domestic resource allocation to meet the co-financing obligation for the new vaccine. GOU has demonstrated progressive commitment to co-financing obligations in the past and there is confidence that the GOU will meet the co-financing obligations for the MR2

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:

December

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 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st and 2nd dose routine

Live births (year of introduction)

2,212,980

Gavi contribution per live birth (US\$)

0.8

Total in (US\$)

1,770,384

Funding needed in country by

9 January 2022

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the introduction of the new vaccine. 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\$)

820500

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

1574354

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

0.2

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

0

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

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.

The following activities will be undertaken to implementing the requested support i) micro-planning at national, regional, district, and sub-county level ii) coordination meetings at national, regional, and district level with sub-committees for core areas such as logistics management, training etc that will feed into the higher level coordination/steering committees iii) communication and social mobilization activities at national and district level including a national launch iv) training of health workers right from the national level in a cascade manner to the sub county level where health workers and mobilizers will receive knowledge and skills on the 2YL. vi) preventive maintenance of the cold chain and post vaccination supervision

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.

In Uganda, the Ministry of Health adheres to the financial reporting and audit requirements that are stated in the Gavi Aide Memoire/Financial management requirements. MoH manages all the grant funds according to approved budgets in a transparent and accountable manner with financial records and accounts meeting the requirements of GAAP and IFRS. MoH has instituted external audits for the smooth management of grants in addition to internal audits.

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.

The second dose of the measles-rubella vaccine introduction will use the available human resource for health available in the health facilities. We shall use the available RI strategies of static and outreach methods

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.

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

Government of Uganda

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 10

None

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 Vaccine Introduction Plan or Campaign Plan of Action, please cite the sections only.

Section 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.

The MR2 new vaccine introduction plan has been planned for in the cMYP 2021-2025, which is under development. This NVI will also be aligned to the Health Sector Development Plan (HSDP) which focuses on Health promotion and Disease Prevention.

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.

The Ministry of Health has a well established and functioning National Immunisation Technical Advisory Committee (UNITAG) that is responsible for technical guidance to UNEPI through independent policy analyses, determine optimal national immunization policies, guiding the ministry and the national immunization program on the formulation of strategies for the control of vaccine-preventable diseases through immunization and prioritized decision making for new vaccine introductions. MR2 introduction was prioritized by UNITAG in 2017 as a priority for the introduction. There is already an established national Coordination Committee (NCC) working with the EPI TWG. The committee is active and has been operating during the preparation and introduction of HPV, IPV, Rota, and others. All EPI partners such as UNICEF, WHO, Clinton Health Access Initiative (CHAI), CDC, USAID, and other EPI partners are included in the TWGs. The Committee, under the leadership of the Ministry of Health, is responsible to coordinate all activities of the new vaccine introduction process and SIAs and provides regular updates to the ICC. The sub-working groups under the NCC include Monitoring and Planning, vaccines, Logistics, and cold chain, Communication and advocacy, data management and surveillance with representation of technical experts. The NCC and the technical working groups, based on their TORs, are responsible for the detailed planning, implementation and monitoring of the specific components of the MR2 new vaccine introduction. The ICC are responsible for coordinating and guiding the use of the Gavi NVI support and implementation of activities.

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?

The country always secures the budget required for co-financing of vaccines at costs of (0.2 USD/dose) and rarely defaults payments to Gavi. At times, there is a delay in effecting the budget transfer for the procurement of vaccines in a timely manner. A factor for the delay may arise due to the difference in the Fiscal year of the Country from the G.C. We shall leverage on the available grants like HSS, C&E, and others since Gavi support only caters for 0.80/birth cohort which may not be adequate for all activities. As usual the government and partners will cover costs for operational costs exceeding the GAVI new vaccine introduction grant limits for NVI.

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.

- Disparity in immunization coverage and dropouts in some regions due to; remote hard to reach locations, and underserved areas: Institutionalization of Coverage and Equity in microplanning and implementation has helped to overcome the disparity.
- Human resource challenges and lack of adequate operational health facility community micro plans: The health sector staffing has improved slightly in 2018/19 to 76%, the health worker population ratio improved from 1.85/1000 (2018) to 1.87/1000 population (2019) though still below the WHO ratio of 2.5% per 1000 population. The Government is still committed to recruiting of the much needed health cadres. Recurrent training, supervision, and mentorship remain crucial in building capacity and implementation of immunisation services. - Denominator issues worsened by refugee and migrant populations: Delivery of Immunisation services are focused on equitable immunisation service delivery through target population registration

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.

UNEPI and health partners are using immunisation equity analysis to inform planning of targeted interventions to reach the underserved and missed out target populations. In 2018, such analysis indicated 22 districts that had inequities and these have been supported in

2019/2020. Similar interventions are continuing and will be used in the implementation of the YF new vaccine introduction. Among the plans include:

- Mobile units will visit hard to reach areas (mobile communities/nomads)
- Special mobilization, including door to door social mobilization and outreach activities will be conducted in urban slums
- Special border posts will be established
- Door to door strategy will be used for identified hard to reach communities.
- Funds will be allocated for districts with inequities (hard to reach) to ensure every child is reached
- Lessons learned from MR national campaign and MR new vaccine introduction will be used to plan and implement appropriately

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 11

Currently, the country has several Gavi support including HSS grant phase 2, coverage and equity, and PBF. Since the funds available for the MR2 introduction is limited, the country will also utilise these grants to support areas where funding is limited like support supervision following introduction. The planned introductions and campaigns will strengthen health worker capacity and also improve demand for immunisation services

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.).

measles-rubella second dose introduction, measles-rubella follow up campaign, strengthening measles-rubella surveillance, prompt measles outbreak investigation and response, conduct PIRI activities in areas with <80 coverage for either MR1/MR2

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

[MR2 Introduction application 20th12021 edited 19-01-21 23.38.26.doc](#)

checklist & activity list and timeline

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

[Copy of Budgeting and Planning TemplateMR213 Nov 2020 19-01-21 22.03.02.xlsm](#)



Most recent assessment of burden of relevant disease

[Measles and Rubella situation analysis uganda2020 19-01-21 22.52.24.doc](#)

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

Endorsement by coordination and advisory groups



National coordination forum meeting minutes, with endorsement of application, and including signatures

[Meeting minutes October 29 2020 19-01-21 22.59.07.docx](#)

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



NITAG meeting minutes

[UNITAG RECOMMENDATIONS1 19-01-21 23.03.06.pdf](#)

with specific recommendations on the NVS introduction or campaign

Vaccine specific

- ✓

cMYP addendum

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

[UGcMYP 20162020 FinalUpdate 1 20-01-21 14.42.34.pdf](#)
- ✓

Annual EPI plan

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

[UNEPI Work Plan and budget FY 20202021 Ugx 36.7 bn 19-01-21 23.14.28.xlsx](#)
- ✓

MCV1 self-financing commitment letter

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.

[MCV1 selffinancing commitment letter 20-01-21 00.05.34.docx](#)
- ✓

Measles (and rubella) strategic plan for elimination

If available

[cMYP Addendum on MeaslesRubella1612018Finalv1 19-01-21 23.17.23.doc](#)
- ✓

Other documents (optional)

[optional documents 20-01-21 00.09.44.docx](#)

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 12

HPV Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	506,305	525,701	290,200	303,855
Gavi support (US\$)	11,060,837	10,862,437	5,721,387	5,990,605

IPV Routine

	2021	2022
Country Co-financing (US\$)		
Gavi support (US\$)	3,962,139	4,045,119

MR Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	962,703	997,562	1,033,020	1,069,006
Gavi support (US\$)	1,236,326	1,281,093	1,326,628	1,372,843

PCV Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	1,940,070	1,990,355	798,236	824,381
Gavi support (US\$)	26,862,271	27,550,742	10,420,077	10,761,369

Pentavalent Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	747,030	772,434	798,236	824,381
Gavi support (US\$)	2,061,921	2,132,042	2,203,259	2,275,423

Rota Routine

	2021	2022	2023	2024
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Country Co-financing (US\$)	485,163	501,477	518,041	534,821
Gavi support (US\$)	5,137,698	5,310,458	5,485,871	5,663,565

Total Active Vaccine Programmes

	2021	2022	2023	2024
Total country co-financing (US\$)	4,641,271	4,787,529	3,437,733	3,556,444
Total Gavi support (US\$)	50,321,192	51,181,891	25,157,222	26,063,805
Total value (US\$) (Gavi + Country co-financing)	54,962,463	55,969,420	28,594,955	29,620,249

New Vaccine Programme Support Requested

Measles-rubella 1st and 2nd dose routine

	2022
Country Co-financing (US\$)	2,466,500
Gavi support (US\$)	2,749,500

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	2025
Total country co-financing (US\$)	5,848,271	7,254,029	3,437,733	3,556,444	

Total Gavi support (US\$)	60,517,692	96,584,391	62,471,222	64,632,805
Total value (US\$) (Gavi + Country co-financing)	66,365,963	103,838,420	65,908,955	68,189,249

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
Dr. Driwale Alfred	Assistant Commissioner	+256772515222	driwalealfred2019@gmail.com	

Comments

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

No Response

Government signature form

The Government of Uganda 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-rubella 1st and 2nd dose routine

The Government of Uganda 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)

Minister of Finance (or delegated authority)

Name

Name

Date

Date

Signature

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

* 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/library/gavi-documents/supply-procurement/detailed-product-profiles/>

*The wastage rate applies to first and last dose.

NOTE 6

Note: the basis for the calculation of the VIG or Ops amount will be 100% of the population in the target age cohort.

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

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

NOTE 10

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

NOTE 11

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

NOTE 12

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.