# Application Form for Country Proposals

*Measles Supplementary Immunisation Activities (SIAs)*

Submitted by
The government of the [**Democratic Republic of the Congo**]

Date of Submission [**8 September 2015**]

**Submission deadline: 8 September 2015**

*Please send your application using the form provided for this purpose.*

*Enquiries to: proposals@gavialliance.org or to representatives of a Gavi partner agency. The documents can be shared with Gavi partners, collaborators and general public. Proposals and attachments must be submitted in French.*

*Note: Please make certain that the application has been received by the Gavi secretariat by the submission deadline.*

*The Gavi Secretariat will be unable to return documents and attachments to applicant countries. Unless otherwise specified, these documents may be shared with the Gavi partners and the general public.*

***TERMS AND CONDITIONS FOR GAVI SUPPORT***

***FUNDING USED SOLELY FOR APPROVED PROGRAMMES***

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

***AMENDMENT TO THIS PROPOSAL***

*The Country will notify Gavi by means of its Annual Progress Report if it wishes to propose any changes to the description of the programme(s) in this support application. Gavi will document any change that it will have approved and the proposal from the Country will be amended.*

***RETURN OF FUNDS***

*The Country agrees to reimburse to Gavi all funding amounts that are not used for the programme(s) described in this application. The 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. The funds reimbursed will be deposited into the account or accounts designated 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 a purpose other than for the programmes described in the this application, or any Gavi-approved amendment to the application. Gavi, the Vaccine 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 Gavi shall not be offered by the Country to any third party, 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 will send them to Gavi, as required. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessments to ensure accountability for the 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 funds. If there are any claims of misuse of funds, the Country will maintain these records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.*

***CONFIRMATION OF LEGAL VALIDITY***

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

***CONFIRMATION OF COMPLIANCE WITH Gavi TRANSPARANCY AND ACCOUNTABILITY POLICY***

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

***USE OF COMMERCIAL BANK ACCOUNTS***

*The eligible country government is responsible for verifying, with full due diligence, the adequacy of the commercial banks used for managing cash support from Gavi. The Country confirms that it will take all responsibility for replacing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.*

***ARBITRATION***

*Any dispute between the Country and Gavi arising out of or relating to this application that is not settled amicably within a reasonable 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 arbitration language will be English or French.*

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

*Gavi will not be liable to the country for any claim or loss relating to the programmes described in 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.*

## 1. Gavi Application specification

*Vaccine: Measles, 10 doses/vial, lyophilised*[1]

***Q1.*** *Please indicate the date (week/month and year) of starting the SIA:*

- **September 2016**: Bas Uélé, Equateur, Haut Uélé, Ituri, Mongala, Nord Ubangi, Sud Ubangi, Tshopo and Tshwapa ,
- **December 2016:** Maniema, Nord Kivu and Sud Kivu
- **March 2017:** Kongo-Central, Kwango, Kwilu, Mai-Ndombe and Kinshasa
- **May 2017:** Haut Katanga, Haut Lomami, Kasaï, Kasaï Centre, Kasaï Oriental, Lomami, Lualaba, Sankuru and Tanganika.

## 2. Summary

***Q2.*** *Please provide a summary indicating the affected age cohort, the geographic extent or progression and the schedule of the planned SIA. It would furthermore be appropriate to document these plans on the basis of precise estimates of the current progress status of the immunisation programme (e.g. systematic coverage, previous SIA, plans for the introduction of the second measles vaccine dose in connection with systematic immunisation) and the epidemiological monitoring for measles in the country. The summary must also demonstrate the measures taken in connection with the preparation for the SIA and intended to enhance the systematic immunisation programme, as indicated in the guidelines for the support requests.*

Although measles cases continue to be reported, a decline of the measles incidence is noted in all the provinces compared to the last three years and an increase of rubella cases. The eastern part of the country is where we are reporting the majority of the cases.

In 2015 from week one to week 31, the country recorded 23,511 suspect measles cases and 332 deaths; in 1504 cases a blood sample was drawn among which 360 were IgM+ (22.8%).

At least one suspect measles case was collected in 235 HZ out of 517, 45.5%. 37 Health Zones had a measles epidemic including 21 in the province of Katanga, 7 in Nord Kivu, 3 in Sud Kivu, 2 in Equateur, 2 in Bas Congo, 1 in Bandundu and 1 in Maniema.

These epidemics affect 70% of children under five years old and 30% of children over five years old.
As illustrated below:

**Classification of IgM+ measles cases by immunisation status and by age group week 1-31, 2015**

In total 360 confirmed cases of measles in DRC according to data from case by case monitoring from week 1 to week 31 of 2015. On the basis of these data, 70% of the confirmed measles cases are in children 0-59 months old (35% unknown immunisation status, 32% unvaccinated and 33% vaccinated) and 30% five years and older including 18% in the 5 to 9-year-old age cohort. This last cohort is significant for maintaining the spread of the disease because of the accumulation of susceptible children. This explains the need to extend the target beyond five years old (six months to nine years and older). It must however be emphasized that the presence of measles in children under six months old represents up to 11% of the IgM+ measles cases. More in-depth studies must be conducted in order to better understand this phenomenon.

Out of the cases negative for measles, 375 cases were confirmed IgM+ for rubella, or 31.5%. Province

[1] For additional information on the vaccines, please consult the page: http://www.who.int/immunization standards/ vaccine quality/PQ vaccine list en/en/index.html

**Remark: the IRC cannot be brought to re-examine proposals already submitted to Gavi.**

Orientale is the most affected (136 cases).

The incidence (per 1 million inhabitants) went from 35 in 2013 to 20 in 2014, however with the epidemics in Katanga, Nord Kivu, Sud Kivu and Maniema in 2015, this incidents increased to 38 by week 35.
In 2015 Katanga province had an incidence of 200 per million and the country as a whole 11 per million inhabitants.

These epidemics which are currently striking the DRC are essentially localized in the eastern part of the country in Katanga province especially in health zones having good coverage both for routine and SIA done in 2013-2014 and for which the available investigation reports report that most children who have measles are unvaccinated.

The response activities are organized by the Government of the Republic with the support of partners (e.g. WHO, UNICEF, MSF and OCHA) in epidemic health zones.
The mobilization of resources continues in order to cover all the epidemic health zones and care for the cases is provided in all HZ which report cases.

A team of central level experts was deployed to Katanga to support the province in the organization of the anti-measles campaign.

Considering the current epidemiological context, satisfying the spacing between conducting measles follow-up campaigns (every two years), the build-up of the susceptible population and the extent of our country, the response by block approach was selected in order to favour the population's rapid acquisition of collective immunity. Four blocks were therefore formed:

- **September 2016**: Bas Uélé, Equateur, Haut Uélé, Ituri, Mongala, Nord Ubangi, Sud Ubangi, Tshopo and Tshuapa ,
- **December 2016**: Maniema, Nord Kivu and Sud Kivu
- **March 2017**: Kongo-Central, Kwango, Kwilu, Mai-Ndombe and Kinshasa
- **May 2017**: Haut Katanga, Haut Lomami, Kasaï, Kasaï Centre, Kasaï Oriental, Lomami, Lualaba, Sankuru and Tanganika.

**Progression of immunisation coverage**

From 1995 to 2000, measles immunisation activities were conducted in DRC without the expected impact on the reduction of measles morbidity and mortality.

Despite the fact that administrative coverage data of children targeted by routine measles immunisation has experienced some improvement since 2009 (measles >80%), WHO-UNICEF estimates and those from the Immunisation Coverage Survey done in 2012 have remained low.

The progressive increase of immunisation coverage according to administrative data is explained among other things by taking different strategic approaches for strengthening routine EPI, in this case the REZ Approach, immunisation acceleration, integration of systematic EPI during mass immunisation campaigns and the organization of intensified immunisation activities (IIA) in the health zones that have a large number of unreached children. This while the coverage from surveys and WHO-UNICEF estimates still remain low following poor data quality and stock outages of management tools (e.g. immunisation card).

In keeping with the specific objectives of our 2012-2020 strategic measles elimination plan as listed below:

- Reach a routine immunisation coverage of at least 95% in children from 9 to 11 months old by 2020;
- Introduce the second measles vaccine dose by 2016 with the following criteria: an 80% measles1 immunisation coverage for three consecutive years according to WHO-UNICEF estimates (at the national level) while achieving one of the two key measles monitoring performance indicators,
- Reaching a 95% coverage of children from 6 to 59 months old during follow-up campaigns in

the targeted provinces each year until 2020;

- Reaching a 95% coverage of children from 6 months to 15 years old during responses in the targeted provinces each year until 2020;
- Strengthen the quality of measles monitoring by 2020.

And with the goal of reducing measles related morbidity and mortality, the DRC is taking all avenues to seize the opportunity for Gavi support especially the support for measles SIA, in order to organize quality measles immunisation campaigns and also to strengthen the routine immunisation system.

The strategies chosen are strengthening of systematic immunisation, organization of regular follow-up and quality campaigns, strengthening of monitoring and continuous availability of vaccine.

In order to cover the entire country, the DRC conducted a series of follow-up campaigns spread over 11 months from September 2013 to August 2014. The overall coverage for the country was 100.9% with 451 HZ out of 516 or 87.4% that had reached the coverage of at least 95% according to administrative data. The post-campaign coverage survey was only done in four provinces out of 11 giving immunisation coverage around 95% with some disparities between the EPI branches within some provinces. It should be noted that the implementation of these campaigns were marred by some difficulties which were resolved in so far as possible.

In order to preserve the achievements and in the face of the measles epidemics which the country is currently experiencing, the country is planning in 2016-2017 to lead quality follow-up campaigns against measles lasting 11 months with a focus on unreached children. These campaigns will need to have the following properties:

- Timely start-up of campaign preparations (at least eight months in advance);
- Quality training for people involved in the intermediate and operational levels (e.g. updating of modules, accompaniment from the central level down to the operational level for training)
- Timely availability of vaccines and inoculation supplies
- Bottom-up microplanning starting from health areas of the country with emphasis on unreached children (e.g. village by village microplanning approach)
- Good waste management
- Pre-positioning at each Zone Central Office of kits for caring for AEFI
- Timely deployment (at least five days before the campaign) in the health zones of supervisors with adequate profile
- Conducting quick suitable surveys during the campaign by supervisors from both central and provisional levels and by independent monitors
- Perform post-campaign surveys within the month following the end of the campaign with emphasis on the reasons for not vaccinating children
- Good coordination at the national, provincial and health zones level well before the campaign, during it and after it
- Involvement of the local political-administrative authorities and community leaders in the social mobilization activities before the start-up of the activities
- Active recovery of unvaccinated children by community workers will be an integral part of the immunisation teams

The proposal is centred on:

- Just the same, only a request for financing for the 6 to 59 month old age cohort will be submitted to Gavi; the country will have to contribute and mobilize funds from other donors for financing of the 5 to 9-year-old cohort in addition to additional funds for the operational costs for the 6 to 59 month old cohort.
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Concretely, the SIA preparation and routine EPI strengthening will be done as follows:

- **Before the campaigns:**
  - Organize quality microplanning of the measles SIA by identifying unreached children and review the routine EPI microplanning
  - Take advantage of the training of service providers for strengthening the skills for injection safety, AEFI management and communication;
  - Assure the distribution of vaccines and other supplies at the operational level one week before the effective start of the campaign;

- Organize the training of data managers from the HZ central offices and also other people involved;
- Organize forward-looking supervision in the provinces and health zones one month before the campaign
- Start the communication activities two weeks before starting the campaign.

- **During the campaigns:**
  - Strengthening communications activities.
  - During the campaign recover children lost from view in routine immunisation and assure their immunisation
  - Conduct local quality supervision
  - Conduct quick suitable surveys;
  - Organize catch-up activities in poorly covered zones;
  - Hold daily evaluation meetings;
  - Perform good waste management.
- **After the campaigns:**
  - Conduct post contain evaluations at all levels and within one month after passing through each block at the central level
  - Conduct post-campaign coverage surveys in all provinces for the purpose of estimating the true coverage from the SIA and the reasons for not vaccinating children, one month after the campaign
  - This information will be used for improving the routine immunisation plan and its implementation.
  - Prepare and release the final report for the campaign within three months after the end of each campaign.
  - Perform the inventory of vaccines and injection supplies and bring back the balance of all these supplies to the branch level.

As it relates to the second routine measles dose in the country, as stipulated in the specific objectives of the Strategic Plan for Measles Elimination by 2020, the country has not yet satisfied the eligibility criteria in particular reaching 80% immunisation coverage in each health zone and sustaining it for three years; the introduction of the second measles dose was not planned in the 2015-2019 CMYP.

The cost of this project comes to **US$27,239,452** for the 6 to 59 month age cohort. For this support the DRC requests from Gavi an amount of: **US$ 16,710,168** including:

a) Operational costs: Measles vaccine and injection equipment **US$6,150,933**
b) Operational costs: **US$10,559,235**

If Gavi approves the proposal, this series of campaigns would need to start in March 2016 and would end in May 2017

*Technical Assistance*

As with the follow-up campaigns organized in 2013 in 2014, the country again needs both national and international consultants in order to support the organization and implementation of the 2016-2017 measles follow-up campaign. In total 12 national consultants and four international consultants will be recruited and deployed in the branches and health zones with problems. The assignment location for these consultants will vary from one block of provinces to another.

# 3. Signatures of Government and National Coordinating Bodies Members

## *Government*

The government of the Democratic Republic of the Congo wishes to strengthen the existing partnership with Gavi in order to reduce the mortality attributable to measles and improve the systematic national immunisation programme for infants. It thus calls on Gavi support for measles vaccine (10 doses per vial, freeze-dried) in order to conduct supplemental immunisation activities.

The government of the Democratic Republic of the Congo agrees to sustainably strengthen national immunisation services in keeping with the comprehensive multiyear plan and the action plan attached to the present document. The Government requests that Gavi and its partners contribute financial and technical assistance to support the immunisation programme as set forth in this application.

The government of the Democratic Republic of the Congo recognizes and accepts the terms and conditions for Gavi support included in this measles supplemental immunisation activity application form.

Please be aware that this proposal will not be examined or approved by the Gavi Independent Review Commission (IRC) unless it bears the signatures of the Ministers of Health and of Finance, or their duly authorized representatives.

| **Minister of Health (or authorized representative)** | | **Minister of Finance (or authorized representative)** | |
|---|---|---|---|
| **Name** | **His Excellency Félix KABANGE NUMBI, Minister of Public Health** | **Name** | **His Excellency Henry YAV Deputy Minister of Finance** |
| **Date** | | **Date** | |
| **Signature** | | **Signature** | |

*This proposal was prepared by (these people may be contacted should the Gavi Secretariat have questions concerning this proposal):*

| Full name | Title | Telephone | E-mail addresses |
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### 9.2 National Coordinating Body - Inter-Agency Coordinating Committee (ICC) for Immunisation

We the members of the Inter-Agency Coordinating Committee for Immunisation (ICC), Health Sector Coordinating Committee (HSCC) or an equivalent committee[2], confirm that that we met this day (5 September 2015) in Kinshasa to review this proposal. At that meeting, we approved this proposal on the basis of the supporting documentation attached to the application.
The minutes of the meeting at which the proposal was endorsed is attached as document.

| Name/Title | Agency/Organization | Signature |
|---|---|---|
| Dr Félix KABANGE NUMBI MUKWAMPA Minister of Public Health | DRC Government | |
| Dr MUKENGESHAYI KUPA, General Secretary a.i. for health | DRC Ministry of Health | |
| Dr Deo NSHIMIRIMANA, DRC WHO Representative | WHO DRC | |
| Dr Pascal VILLENEUVE, UNICEF DRC Representative | UNICEF DRC | |
| Dr Helene MAMBU, Sabin Institute Focal Point | Sabin Institute: | |
| Dr Audry MULUMBA, DRC EPI Director | DRC Ministry of Health | |
| Dr Tiekoura Coulibaly, WHO PF IVD | WHO DRC | |
| Dr MUKINAY DIZAL Gavi Focal Point, Research and Planning Division | Ministry of Health | |

# 4. Information about the Immunisation Program

## 4.1 Gender and equity

**Q4.1** Please describe possible obstacles to access, use and delivery of immunisation services at the district (or equivalent) level; obstacles related to geographic location, socioeconomic factors and or gender equity. Please describe the actions taken in order to reduce these obstacles and indicate where these questions are covered in the action plan.
Explain how the questions related to equity (e.g. geographic, socioeconomic and/or gender) are considered in the process of preparing social mobilization strategies, among others, in order to improve immunisation coverage.
Please describe what recurring national surveys are done in the country in order to measure the obstacles linked to gender and equity.
Please indicate whether data disaggregated by gender had been collected and used in the report systems concerning systematic immunisation and/or campaigns.
If it is available, please provide additional information and documents about the sub-national coverage data, for example: comparison of urban and rural districts, or districts with a low/high coverage rate, etc. Please indicate where these questions are covered in the action plan.
Is the country currently in a situation of fragility (e.g. insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought)? In the affirmative, please indicate to what extent these problems could have an impact on your immunisation programme, immunisation campaigns and financing of activities for that purpose, and how the country intends to overcome this situation in order to achieve a high coverage rate.

The various surveys conducted in the country (e.g. DHS, MICS, FIC) show that the problem of immunisation equity does not arise in terms of gender but instead in terms of geographic accessibility and socio-economic level. In fact the 2013-2014 DHS showed that there is no gender-based difference between vaccinated children but an important difference was seen between:

- vaccinated children based on whether they live in an urban or rural environment, the first being more vaccinated than the others
- children according to life quintiles: More children are vaccinated in the highest quintile
- children according to their mother's education: Children of mothers with more education are more vaccinated

[2]Interagency Coordinating Committee, Health Sector Coordinating Committee or equivalent committee with authority to endorse the present proposal in the country in question.

than other children

The situation of conflict and insecurity negatively influences the immunisation of children, however in some areas collaboration with the local NGO and negotiation with the warlords has made it possible to vaccinate some number of children.

These differences can be explained by the following factors:

- very low coverage of rural HZ with cold chain equipment
- difficulty supplying the difficult to access HZ which are all rural leading to frequent outages of vaccine stocks
- inequality in the distribution of human, material and financial resources with concentration of resources in the urban environment
- persistent refusal of immunisation in some towns
- inaccessibility of some towns because of security
- the education level of the mother has an impact on immunisation of the child

In light of the proceeding, the country proposes the following corrective actions:

1. full implementation of the "reach every community (REZ)" approach based on the antenna approach which gives the same level of consideration to all the HZ of a branch
2. Acceleration of the solar power conversion of the cold chain with priority donation of solar refrigerators in each rural HC
3. Deconcentration of the central vaccine warehouse by the creation of three decentralized warehouses in Kisangani, Lubumbashi and Ilebo in order to bring the storage sites closer to the site of use
4. Negotiation with rebel groups in collaboration with local NGO in the conflict HZ
5. Organization of communication campaigns by adapting strategies to match various groups

### *4.2 Immunisation coverage*

In the following table please provide the annual national coverage data for the first dose of measles vaccine (measles1) which were sent in the last three WHO/UNICEF joint declaration forms.

**Table 4.1** National coverage by Measles1

| **Trends in reported measles1 national coverage** | | | |
|---|---|---|---|
| | **WHO/UNICEF Joint Reporting Form** | | |
| Year | 2012 | 2013 | 2014 |
| Total population of the target cohort | 2,727,687 | 3,017,220 | 3,017,737 |
| Number of children vaccinated | 2,446,985 | 2,656,276 | 2,772,711 |
| Measles 1 Coverage (%) | 89.7% | 88.0% | 77% |
| Wastage rate (%) for measles 1 | to be provided% | to be provided% | to be provided% |

***Q4.2*** *If a national measles vaccine coverage survey was done during the last three years, please answer the following questions (please repeat the following questions for each survey). If no survey has been done, please check this box:* ☐

*Survey date:* **DSHII in 2013-2014**

*Methodology (DHS/MICS, EPI 30-cluster, LQAS, other)*: _____

*Sample size:* **18,360 households**

*Number of clusters:* **540**

*Number of children:* **3,366**

*Measles 1 coverage:* **71.6%**

*In the following table please provide the national coverage estimates (or subnational, as applicable) for the three most recent measles SIA. Please also provide estimates produced from post-campaign coverage surveys, if available.*

**Table 4.2** Measles SIA coverage

| | **Reported** |
|---|---|

| Year | 2013 | 2014 |
|---|---|---|
| Target cohort: The Psalm of the two targets is 29,304,573 | 10,882,271 | 18,422,302 |
| Total population of the target cohort | 28,525,589 | 29,385,477 |
| Geographic scope (national and subnational scale) | 4 provinces (Equateur, Province Orientale, Nord Kivu and Sud Kivu) or 215 Health Zones | 7 provinces (Katanga, Maniema, Kasaï-Occidental, Kasaï-Oriental, Kinshasa, Bas Congo and Bandundu) or 299 Health Zones |
| Number of children vaccinated | 11,037,076 | 18,539,883 |
| Measles SIA coverage (%) | 101.4% | 100.6% |
| Measles SIA wastage rate (%) | 3.5% | 9% |

**Q4.3** *If a national measles coverage survey was done after each of the last three measles SIA, please answer the following questions (please repeat the following questions for each survey). If no survey was done for the last three measles SIA, please check this box:* ☐

*Location:* **Nord Kivu and Sud Kivu (2 provinces)**
*Campaign date:* **December 2013**
*Survey date:* **April 2014**
*Methodology (ESS/MICS, PEC a 30-grappes, LQAS, other):* **Random poll in two degree cluster**
*Sample size:* **948 people per branch in four EPI branches**
*Number of clusters:* **20 per branch**
*Number of children:* **70 children per cluster with four cluster effect**
*Coverage:* **93.6%**

# 5. Objectives and planning for the measles SIA, and increasing the systematic measles immunisation coverage

**Table 5.1** Quantitative targets concerning the measles SIA (confirm that the targets satisfy the projections provided in Section 7 and the action plan set out in Section 9).
COMPLETE THE SECOND AND THIRD COLUMNS ONLY FOR STAGGERED SIA.

| | **Target** | **Target (if needed for staggered SIA)** |
|---|---|---|
| | **2016** | **2017** |
| Target cohort: | 6 to 59 months | 6 to 59 months |
| Total population of the target cohort (nationally) | **15,996,642** | **16,445,641** |
| % of population targeted for the SIA | 42% | 58% |
| Number of people to be vaccinated in conjunction with the measles SIA | **6,668,805** | **9,556,172** |

*Staggered: in the case where only one part of the country will be covered (for example, one third of the country each year over three years)

**Table 5.2** Systematic measles immunisation coverage targets during the action plan (confirm that the targets meet the action plan)

| | **Target** | **Target** |
|---|---|---|
| | **2016** | **2017** |
| Systematic measles 1 coverage | 95% | 95% |
| Systematic measles 2 coverage (if applicable) | N/A | N/A |

# 6. Funding support

The purpose of the Gavi support for measles SIA is to strengthen the impact of the support measures proposed by the Gavi partners for sustainably reducing the disease mortality. The comprehensive support is designed to:

- Strengthen the health systems for administering systematic immunisations, including the first measles vaccine dose (for example resources allocated by Gavi under health system strengthening);
- Guarantee the sustainability of national financing for measles immunisation and other vaccines (e.g. financial commitments from the country; vaccine co-financing);
- Support the systematic administration of the second dose of the measles vaccine (measles 2); and
- Reduce the morbidity and mortality attributable to rubella by introducing the combined measles-rubella vaccine.

The information contained in this section, including the commitments proposed in sections 6.3 and 6.4 will be used to clarify the discussions between the country and Gavi concerning the amounts of the funding contributions and the various types of support proposed.

## *6.1. Government financial support for past measles SIA*

The government must provide information on the total amount and the amount per targeted person of the financing allocated by the government in order to cover the vaccine costs and the operational costs of at least the most recent measles SIA. This information should indicate the actual expenditures; otherwise, it is appropriate to indicate the final budget. Please also provide information on funding provided by partners.

**Table 6.1** Shares for the funding of the last measles SIA

| Item | Category | Government funding (US$) | Partner funding (US$) |
|---|---|---|---|
| Vaccines and injection supplies | Total amount | 0 | 14,768,767 |
| | Amount (US$) per targeted person | 0 | 0.5 |
| Operational costs | Total amount (US$) | 17,782 | 17,842,088 |
| | Amount (US$) per targeted person | | |

Year of SIA: **2013-2014**

Estimated target population: **29,304,573**

Are these amounts based on the final budget or actual expenditures?

These amounts are based on actual expenditures.

### *6.2. Financial support for the latest systematic measles immunisation activities*

The country must provide information on the total financing, and the amount per child vaccinated, allocated by the government to systematic measles immunisation activities done over the last five years. Please also provide information on funding allocated by partners.

**Table 6.2** Shares for systematic measles vaccine funding

| Year | Category | Government funding (US$) | Partner funding (US$) |
|---|---|---|---|
| 2010 | Total amount | 0 | 482,871 |
| | Amount per child immunised | 0 | |
| 2011 | Total amount | 0 | 1,195,342 |
| | Amount per child immunised | 0 | - |
| 2012 | Total amount | 0 | 1,654,309 |
| | Amount per child immunised | 0 | - |
| 2013 | Total amount | 273,600 | 316,800 |
| | Amount per child immunised | - | - |
| 2014 | Total amount | 1,510,329 | 0 |
| | Amount per child immunised | | - |

NB: The amounts in the table cover the purchase of all the traditional vaccines.

### *6.3. Support proposed in connection with upcoming measles SIA*

The country must provide information on the amount (total and per targeted person) of the financing allocated by the government in order to cover the cost of the vaccines and injection supplies, and also the operational costs of the measles SIA for which Gavi support is requested. If you are considering implementing the SIA in stages financed by various contributions, the following table should be reproduced for each phase. If the Gavi support is not sufficient to cover the needs in full, please indicate in the following table the missing amount and the other financing sources intended to supplement the public funds (refer to your action plan and/or cMYP). Gavi support is not a substitute for funding with public funds. Each country will need to cover a portion of the inherent costs of measles immunisation, the government's previous contributions to measles SIA serve as a reference.

**Table 6.3a.** Financing proposal for upcoming measles SIA for which Gavi support is requested.

| | | Government | Support from | Support |
|---|---|---|---|---|

| Item | Category | funding (US$) | other donors (US$) | requested from Gavi (US$) |
|---|---|---|---|---|
| Vaccines and injection supplies | Total amount | - | - | **6,150,933** |
| | Amount (US$) per targeted person | - | - | 0.41 |
| Operational costs | Total amount | **771,139** | **3,328,553** | **10,559,235** |
| | Amount (US$) per targeted person | 0.047 | 0.204 | 0.65 |

Estimated target population: **16,244,977 children from 6 to 59 months old**
Please provide a precise estimate of the operational costs in the following table.
**NB:** : since the measles campaign was integrated with OPV immunisation, Gavi is responsible for the purchase of measles vaccine and also injection supplies for the full 6 to 59-month-old target whereas the OPV vaccines will be purchased by UNICEF for the 0 to 59-month-old target.

**Table 6.3b.** Amount (and funding) for the operational costs inherent in the coming measles SIA: **SIA for the 6 to 59 month old target**

| Population cible | 16 244 977 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Poste budgétaire | Coût total prévu (US$) | Financement du gouvernement (US$) | Financement des partenaires | | | | Total | Gap (à mobiliser) |
| | | | GAVI | OMS | UNICEF | Autres | | |
| VAR et matériels d'inoculation | $6 150 933 | | $6 150 933 | | | | $6 150 933 | $0 |
| VPO | $2 903 130 | | | | $0 | | $0 | $2 903 130 |
| Total vaccins et matériels d'inoculation | $9 054 062 | $0 | $6 150 933 | $0 | $0 | $0 | $6 150 933 | $2 903 130 |
| Formation | $729 064 | | $729 064 | | | | $729 064 | $0 |
| Mobilisation sociale, IEC et Plaidoyer | $1 339 013 | | | | $1 339 013 | | $1 339 013 | $0 |
| Equipements et maintenance de la CF | $762 284 | $762 284 | | | | | $762 284 | $0 |
| Véhicule et transport | $3 907 265 | | $2 688 785 | | $0 | | $2 688 785 | $1 218 480 |
| Distribution | $1 750 296 | | | | | | $0 | $1 750 296 |
| Gestion du Programme | $373 650 | | $373 650 | | | | $373 650 | $0 |
| Surveillance MAPI | $51 700 | | $51 700 | | | | $51 700 | $0 |
| Supervision, suivi et évaluation | $2 131 700 | | $1 533 400 | | $77 925 | | $1 611 325 | $520 375 |
| Ressources humaines | $3 529 430 | | $3 529 430 | | | | $3 529 430 | $0 |
| Gestion des déchets | $0 | | | | | | $0 | $0 |
| Assistance technique | $572 400 | | | $572 400 | | | $572 400 | $0 |
| Planification | $1 530 320 | | $1 515 797 | | | | $1 515 797 | $14 523 |
| Prime et gratification pour les benevoles | $0 | | | | | | $0 | $0 |
| Fournitures et matériels | $517 000 | | | | $517 000 | | $517 000 | $0 |
| Enquete de couvertures vaccinales Post AVS | $780 000 | | | $780 000 | | | $780 000 | $0 |
| Renforcement des services de vaccination systéma | $0 | | | | | | $0 | $0 |
| Autres (frais bancaires: 1,18%) | $211 269 | $8 856 | $137 409 | $20 653 | $21 562 | | $188 480 | $22 788 |
| Cout opérationnel | $18 185 390 | $771 139 | $10 559 235 | $1 373 053 | $1 955 500 | $0 | $14 658 928 | $3 526 462 |
| Total Général | $27 239 452 | $771 139 | $16 710 168 | $1 373 053 | $1 955 500 | $0 | $20 809 860 | $6 429 592 |
| Cout opérationnel par EV | $1,119 | $0,047 | $0,650 | $0,085 | $0,120 | $0,000 | $0,902 | $0,217 |
| Cout total par EV | $1,677 | $0,047 | $1,029 | $0,085 | $0,120 | $0,000 | $1,281 | $0,396 |
| Proportion | | 4,2% | 58,1% | 7,6% | 10,8% | 0,0% | 80,6% | 19,4% |

****** Currently UNICEF has only secured 1,955,500 dollars. However UNICEF has started to mobilize funds to fill the difference.***

**In order to obtain this grant, as part of the application, countries are required to define the activities they plan to conduct, together with a preliminary budget detailing the full non-vaccine costs (in line with the new vaccine introduction plan and/or plan of action using relevant templates) and activities for which the grant will be used.**

A budget template to support this requirement is available in the online application material. For activities not covered by the grant, countries should indicate a budget and an alternate funding source.

Any revisions made to the budget after the approval must be indicated to Gavi Secretariat (to the responsible country). For campaigns, the revised budget after microplanning should be submitted. Revised budgets will be the basis on which financial reporting will have to be made and should be accompanied by a document describing and justifying any significant (>20%) changes between any category of expense.

The budgets can be prepared using standard parameters and the target population, supplemented with budget decisions based on experience with earlier campaigns.

Countries must also document the use of grants in their annual status report sent to Gavi. All cash grants will be subject to fiduciary oversight measures as set forth in Gavi's transparency and accountability policy.

Note that the grant or operational cost support cannot be used to fund co-financing obligations or purchase vaccines. If there is a subsequent change in the size of a target population in a country, the grant amount will not be recalculated. Any remaining funds must be returned to Gavi.

## *6.4. Financial support for activities in the action plan intended to improve systematic measles coverage*

**Q6.** Please indicate the amount, use and payment schedule of the funding allocated by the government in order to improve systematic measles coverage in light of the objectives set by Gavi and the costs indicated in the proposed action plan.

Effective government participation in the purchase of traditional vaccines started in 2013. A major political will and a determination by the Government (e.g. creating a budgetary line item supporting immunisation in the Government's budget and signing a commitment supporting immunisation by the governors of the provinces) are noted which are elements supporting a reinvigoration of immunisation activities in the country At this time, the country has cleared all its 2014 debt concerning financing for traditional vaccine purchases also covering the cofinancing for new vaccines in keeping with the country tailored approach.

Despite these steps forward, the current advocacy is supporting consideration of the budgetary line item

related to immunisation among the government's mandatory expenditures.

## 7. Procurement

The measles vaccines and the associated supplies supported by Gavi will be supplied through UNICEF.
Based on the estimated size of the target population, please indicate in the following table your needs for vaccines and injection supplies for the measles SIA. In the case of staggered SIA, please reproduce the following table and indicate your needs for each of the planned phases. Please confirm that all these estimates are consistent with the estimates presented in Tables 5.1 and 6.3a.

**Table 7.** Information about supplies by funding source

| | | **Proportion of funds coming from the government** | **Proportion of funds coming from partners** | **Proportion of funds coming from Gavi** |
|---|---|---|---|---|
| **Required delivery date (vaccines and injection supplies)** | December 2015 | | | |
| **SIA Date** | September 2016 to May 2017 | | | |
| **Target population size** | **16,244,977** | | | |
| **Wastage Rate** | 10% | | | |
| **Total number of vaccine doses** | **17,869,474** | 0 | 0 | 100% |
| **Number of syringes** | **17,869,474** | 0 | 0 | 100% |
| **Number of reconstitution syringes** | **1,786,947** | 0 | 0 | 100% |
| **Number of safety boxes** | **196,564** | 0 | 0 | 100% |

*Please note that the maximum allowed vaccine wastage rate for Gavi support will be 10%. This rate is calculated based on the size of the target population. Please also note that campaigns do not require building up buffer stocks.

## 8. Specific fiduciary management arrangements

**Q8.** Please indicate whether the funds intended for operational support, as specified in Section 6, can be transferred to the government or to the WHO and/or UNICEF. Also indicate the date on which the country will need these funds. Please attach a bank transfer request form if the funds are to be transferred to the government. Please note that WHO and/or UNICEF will require administrative fees of approximately 7% which would need to be collected from the funds allocated for operational support.

The country wishes that the funds be transferred directly to the government through the Ministry of Public Health Management Support Cell (CAG).

Date of receiving funds: December 2015

Please provide all of the information required in the following table. If you wish, this information can be sent in a separate file.

| **Information to be provided by the recipient organization/country** | |
|---|---|
| **1. Name and contact information of the recipient organization(s)** | EPI management and 26 Provincial Health Divisions<br>directionpevrdc@gmail.com<br>+243 99 83 63 739<br>+243 81 61 79 384 |
| **2. Experience of the organization receiving the financing with Gavi, World Bank, WHO, UNICEF or World Fund and in connection with operations financed by other donors (for example, grants of financial support)** | **YES**<br><br>If YES, please state the name of the grant, years and grant amount:<br>*Gavi several years of experience*<br>*OMS: several years of experience*<br>*UNICEF: several years of experience*<br>*And other execution partners including Rotary, PROSANI, etc.*<br>*and supply the following information:*<br><br>for completed funding:<br>What are the main conclusions with regard to use of funds?<br>*The funds were used correctly.*<br>for current funding:<br>Most recent financial management (FM) and procurement performance rating?<br>*The most recent evaluation was in 2012 by the STRONG fiduciary who audited 2008 to 2011 Gavi funds and whose conclusions were provided to Gavi.*<br><br>Problems and difficulties encountered concerning implementing financial management mechanisms and awarding procurement contracts for programmes managed or in progress?<br>*Up to this time we have not had difficulties concerning implementing financial management mechanisms and awarding procurement contracts.* |
| **3. Proposed funding amount (US$)** | See detail from the budget in the above tables |
| ***4. Information on the measles SIA financial management mechanism:*** | |

| | |
|---|---|
| • Will the resources be managed through the usual public expenditure management procedure? | *The resources can be managed by referring to the Gavi funds management mechanisms* |
| • Does the recipient organisation have a Financial Management or Operating Manual that describes the internal control system and Financial Management operational procedures? | *Yes, the Ministry of Public Health procedures for administrative and financial management of resources is available and describes the internal control system and EPI harness an internal audit service which is also operational* |
| • What procedure is followed for budget preparation and execution? | *The plan for using funds (Budget) is submitted for the approval of the strategic ICC and after validation, the budget is executed. But the monthly evaluation of expenditures is done through the Technical ICC.* |
| • What accounting system is used and is at a computerized or manual system? | *The accounting system used is done with accounting software called 'SOMMA COMPTA'', but which is being overtaken by the proposed software called 'TROMPO'' which will soon be operational* |
| • Within the organization, how are the human resources organized for managing accounting, audit and financial reporting? (e.g. size of staff, qualifications, experience) | *Head of Administrative and Financial Division, Masters in Financial Management*<br>*Head of Finance Services, Bachelors in Financial Management*<br>*Accountant, Bachelors in Financial Management*<br>*three auditors all with bachelors* |
| • What are the banking arrangements? : Please provide the information identifying the bank account opened with the central bank or the commercial bank and also the list of the authorized signers with their positions | *All financial operations go through the following banks:*<br>*Raw-Bank: account number 01009961101-45, 01009961102-42, 01009961103-39;*<br>*TMB (Trust Merchant Bank): 1201-5241957-01-62, 1201-5241957-02-63*<br>*There are two authorized signers:*<br>*Dr Audry MULUMBA, EPI Directing Physician;*<br>*Ms KAWENDE FATUMA, Head of the Administrative and Financial Division* |
| • What is the outline of the flow of funds in place or which will be used in order to assure disbursement of funds without delay to the entities being paid? | *The two banks that we use have a special reputation and the disbursements of funds have never caused a problem for the Program.* |
| • Does the implementing entity keep adequate records (accounting books/journals) of financial transactions, including funds received and paid, and cash and bank balances and also the detailed register of the | *The implementing entity has and keeps up-to-date adequate registers including cash and bank books, cash and bank deposit and withdrawal slips and also detailed files of goods acquired from partners.* |

| | |
|---|---|
| goods purchased? | |
| • How often does the implementing entity produce interim financial reports? | *The interim financial reports are prepared monthly because they must be reviewed during the subcommission meetings which are held monthly.* |
| • Are the annual financial reports audited by an external audit firm or by an external public audit organization (for example Court of Auditors/State Inspectorate, etc.)? | *The annual financial reports are audited by the external firm in the case of Gavi and other partner funds including for example UNICEF funds, by the Court of Auditors and State Inspectors for Government funds and for the Program by an internal audit.* |
| ***5. Information on the arrangements for managing awarding procurement contracts for vaccines and supplies, and other associated equipment and services, related to the proposed measles SIA:*** | |
| • What is the system used or to be used for awarding procurement contracts for the measles SIA? (national procedures for awarding procurement contracts or specific procedures) | *It involves national procedures for awarding procurement contracts defined in the Ministry of Public Health manual of financial management procedures and also defined in the Gavi funds management mechanism* |
| • Does the receiving organization have a plan for awarding procurement contracts for the programme or will one be established for the measles SIA? | *For the investment aspects a plan for awarding procurement contracts exists but will be established for the measles SIA.* |
| • Does the organization have a compliant management mechanism? | *The complaint management mechanism was not established but that will be done in connection with the measles SIA.* |
| • How are the human resources organized for managing awarding procurement contracts? Does the implementing entity have an experienced procurement specialist on its staff (qualifications, experience)? | *The implementing entity has a specialist experienced in awarding procurement contracts, it is:*<br>*The head of General Services: Bachelors of law* |
| • Are there procedures for checking the quality and quantity of goods, works, or services delivered? | *During awarding procurement contracts the procedures for checking the quality and quantity of goods are respected. At the Program level, there is a Budget and Control Service which takes care of this work.* |

# 9. List of documents that are required to be attached to this proposal

9.1 Completed application form, signed by the ICC, or the equivalent body, and signed by the Minister of Health and the Minister of Finance, or their authorized representative. The submission of a signed support request represents a commitment by the country on its preparation and its financial aptitude for the activities aiming to strengthen the measles vaccine coverage and the SIA implementation.

9.2 Meeting minutes from the ICC, or equivalent body, endorsing the proposal

9.3 Current multiyear plan

9.4 Detailed action plan and budget for the measles SIA and the activities for strengthening systematic immunisation for the first measles dose (measles 1), based for example on the practical guide for planning and implementing measles SIA published by WHO including some number of specific activities:

- for implementing the SIA;
- which will be undertaken in connection with planning the implementation of the measles SIA in order to strengthen the capacities of the systematic immunisation system and improve service delivery;
- for evaluating, in the context of a reliable and independent survey, the coverage level achieved through the measles SIA;
- in order to give an update on the systematic immunisation strengthening activities implemented in connection with the SIA;
- if it is planned to cover only a part of the country each year (progressively), the action plan must encompass the period required for vaccinating the entire cohort nationally.

9.5 An evaluation report on effective vaccine management (EVM) and the Improvement Plan based on the EVM, and the Improvement Plan status report

9.6 A national measles elimination plan, as applicable

9.7 Document specifying the size of the target population, or validation by the ICC of the target population size

9.8 A bank transfer request form, if needed.