2023

COVID-19 Delivery Support (CDS) - Third Funding Window Guidelines

Update: October 2023

Contents

List of acronyms

AEFI - Adverse Events Following Immunisation

AMC - Advance Market Commitment

CDS - COVID-19 Vaccines Delivery Support

CDS-TA: COVID-19 Vaccine Delivery Support Technical Assistance

CRD - Country Readiness and Delivery

CSO - Civil Society Organisation

eLMIS - electronic Logistics Management Information System

EOC - Emergency Operations Centres

EPI - Expanded Programme on Immunisation

GMRs - Grant Management Requirements

ICC - Interagency Coordinating Committee

IRC - Independent Review Committee

iNGOs - International Non-Governmental Organisations

NDVP - National Deployment and Vaccination Plan for COVID-19 vaccines

PFA - Partnership Framework Agreement

PHC – Primary Health Cares

PMU - Programme Management Unit

RI – Routine Immunisation

SAGE - Strategic Advisory Group of Experts on Immunisation

SCM - Senior Country Manager

UCC - Ultra-Cold Chain

WHO - World Health Organization

Update: October 2023

Summary of key updates to third CDS Funding Window:

- CDS support to focus on 3 core objectives
  i) Acceleration of vaccination of high & high-risk populations (as defined by SAGE[1])
  ii) Rapid delivery scale-up to reach country targets for adult vaccination[2]
  iii) Integration of C19 and routine immunisation to achieve sustainable benefits

- Eligible countries will be notified through a formal letter of the maximum funding amount they can apply for CDS

- 57 Gavi eligible countries, plus Timor Leste, Angola, Vietnam and Indonesia, are eligible to apply for CDS funding through Gavi. For AMC 31 countries, guidelines are under development and will be communicated prior to the opening of the third funding window for these participants

- Countries are able to programme CDS funding to end of 2023, noting emphasis to get vaccines scaled up in end 2022 in particular for high and highest-risk populations

- Countries are encouraged to programme their CDS funding towards activities that promote integration of COVID-19 with routine immunisation services, to achieve mutual, sustainable benefits for these vaccine programs, with a particular focus on equitable access for high and highest risk and hard to reach populations

- The Application Form and Budget template have been updated to:
  i) incorporate the 3 core objectives to focus the application
  ii) include a cash control tab in the budget template to provide an update on absorption of previously awarded CDS funding
  iii) allow for target setting to demonstrate expected coverage of high and highest risk and adult populations through the use of CDS funding
  iv) include the TA application as part of the budget template to facilitate budget reconciliation and integration as part of the application process

- Applications are to be submitted to covaxproposals@gavi.org, copying Gavi SCM

- Application submission deadline is 30 September 2022

[1] See WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines, 2022 & Annex 4.
[2] Includes adults and adolescents 12 years and over

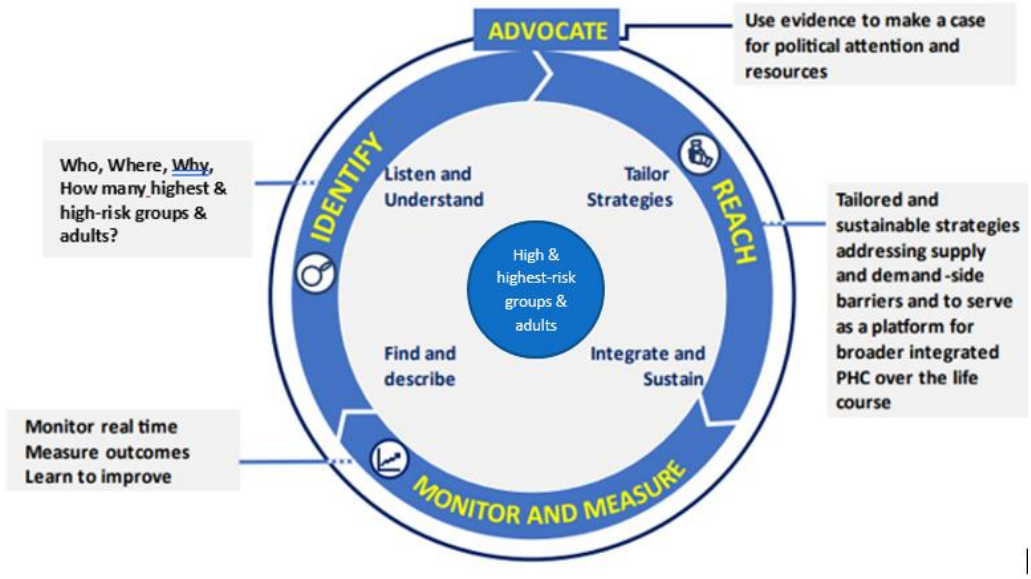
Background and changes since October 2021

Since 2021, Gavi has been supporting countries to introduce and scale-up COVID-19 vaccines with COVID-19 vaccines Delivery Support (CDS) funding. Gavi opened the Early Access funding window in response to urgent needs for country support in July 2021. In October 2021, the Needs-Based funding window was opened to provide countries with additional funding to fill gaps in scale up of COVID-19 vaccinations through the end of 2022.

Since publication of the CDS Needs Based Window Programme Funding Guidelines in October 2021, the COVID-19 vaccine delivery environment has evolved. Notably, there has been increased supply of COVID-19 vaccines to the 92 AMC countries, with subsequent increases in coverage in many countries. Many countries are also beginning to integrate their COVID-19 Vx programme into routine immunisation. In parallel, there has been substantial evolution of COVID-19 epidemiology, resulting in changes to WHO SAGE guidance (e.g., on prioritisation of groups for vaccination and recommendations for booster doses); and the funding landscape for COVID-19 vaccine delivery continues to be highly dynamic. Considering these changes, Gavi is making available a **new phase of CDS funding with 3 core objectives**:

1. Support acceleration of vaccination of **high & highest-risk populations** (as defined by SAGE[3])
2. Support rapid delivery scale-up to reach country targets for **adult vaccination**[4]
3. Support **integration of C19 vaccination and routine immunisation** to achieve sustainable benefits

The IRMMA framework[5], developed by GAVI for identifying and reaching zero dose children and missed communities, can be adapted by countries to develop a structured approach to meet the above objectives. With particular focus on identifying and reaching high & highest-risk populations, countries



[3] See WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines, 2022 & Annex 4.
[4] Includes adults and adolescents 12 years and over
[5] Guidance on use of Gavi support to reach zero dose children and missed communities, 2021

are encouraged to Identify – Reach – Monitor – Measure – Advocate for COVID-19 immunisation by using the NDVP categorised activities. More details in Scope of CDS Funding section below.

There are several changes to content and process in this window of funding. Notably, **additional Gavi CDS funding** will be made available to eligible countries to programme towards the above 3 core objectives (Note: while countries are able to flexibly programme funds to meet their unique needs across the 3 objectives, countries should keep in mind that the foremost and most critical public health priority is to achieve objective #1 of high coverage of high and highest-risk populations in line with SAGE guidelines). To simplify the application process, countries will **receive a maximum funding amount,** subject to demonstration of utilisation of previously awarded CDS funds under the EAW & NBW windows, up to which countries can request funding with a programmatic design intended to meet the objectives. The 57 Gavi eligible countries plus Timor Leste, Angola, Vietnam and Indonesia (AMC 61 countries) will be able to request this funding up until **30th September 2022.** Countries that have applied by 30th September and show strong scale-up in COVID-19 vaccine doses and utilisation of funds previously awarded, but continue to experience funding gaps may be **eligible for additional funding** after this date. For AMC 31 countries, guidelines are under development and will be communicated prior to the opening of the third funding window for these participants. Countries are able to programme CDS funding to end of 2023, noting emphasis to get vaccines scaled up in end 2022 in particular for high and highest-risk populations. In extremely urgent and time constrained circumstances where a country has not yet submitted their main CDS funding application, there is the option for countries to submit a request for **emergency funding** to the Covid Vaccine Delivery Partnership (CoVDP). Details below.

Target audience

The CDS Programme Funding Guideline is meant for Immunisation Programme Managers, Alliance partners, Gavi Secretariat country teams, and other stakeholders including Civil Society Organisations (CSOs) supporting the delivery of COVAX supported doses in all 92 AMC countries.

Eligibility for CDS third funding window support

All the 92 AMC economies that are **confirmed participants in COVAX** are eligible to receive support via the CDS third funding window. **The 57 Gavi eligible countries** (see Annex 3) **plus Timor Leste, Angola, Vietnam, and Indonesia (AMC 61 countries) must apply for this support directly from Gavi. For AMC 31 participants,** guidelines are under development and will be communicated prior to the opening of the third funding window for these participants. See process for applying for funding below.

Key dates

Gavi will share each eligible country's funding envelope based on identified needs and demonstrated absorption of previously awarded funds, to key country stakeholders in July 2022. AMC **61** Countries have until **30th September 2022** to apply for the CDS third funding window. **For AMC 31** participants, guidelines are under development and will be communicated prior to the opening of the third funding window for

these participants. **After 30th September 2022,** countries that have applied by this date may be eligible for additional funding beyond the initial envelope communicated based on implementation progress and funding available.

Countries are able to programme CDS funding to **end of 2023**, noting emphasis to get vaccines scaled up in **end 2022** in particular for high and highest-risk populations.

Guiding Principles of the CDS third funding window

- **Needs-based approach with equal opportunity:** for AMC countries to access funds based on their needs up to a maximum figure informed by Gavi's methodology for identifying country needs and demonstrated ability to absorb funds.
- **Mitigate delivery risks:** Accelerate effective and equitable delivery of COVAX funded doses to the populations that need it most and avoid idle or wasted doses.
- **Complementarity of funding support:** The CDS funding will focus on areas of comparative advantage. This funding should not displace support from domestic resources or other donors or partners.
- **Agility, with a rapid and responsible approach:** CDS funding will be awarded in a rapid & responsible way, recognizing that country needs vary across CDS objectives.
- **Expanding partnerships:** The full range of in-country partners should be engaged in the design and implementation of CDS funding, including international non-governmental organisations (iNGOs), CSOs, and other local partners based on their comparative advantages.

Objectives of CDS third funding window

Countries can use the CDS third funding window for the below three objectives. The programming should be aligned to the WHO Guidance on Developing a National Deployment and Vaccination Plan for COVID-19 Vaccines[6], including for booster doses, but **excluding procurement of vaccine doses and related devices and supplies**. Strategies should be informed by evidence, tailored to unique country realities and aligned with SAGE recommendations for prioritisation.

Objective 1: Support acceleration of vaccination of high & highest-risk populations (as defined by SAGE[7])

Identifying high and highest-risk populations for COVID-19: To identify high and highest-risk populations countries need a clear understanding of who they are, where they are found, and how many people in these groups exist and why they have been missed. These groups include older adults, healthcare workers, immunocompromised persons, adults with co-morbidities, pregnant persons, teachers and other essential workers, and other disadvantaged sociodemographic subpopulations at higher risk of severe COVID-19 (Annex 4). Identification of these groups may involve triangulation of, and building on, existing subnational data within existing services for the groups. This may include services such as workplace wellness programmes, care homes for the elderly, HIV, noncommunicable diseases (NCD) and antenatal

[6] Annex 1 of this guidance document provides illustrative examples of priority areas for investment across the NDVP costing categories.
[7] See WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines, 2022 & Annex 4.

clinics and other health programmes. Data from these services should be analysed for concentration or dispersion of high and highest-risk communities and understanding behavioural and social drivers of under-vaccination.

Reaching high and highest-risk populations: Countries are encouraged to prioritise people-centred delivery strategies to reach high and highest-risk populations, building on new entry points (e.g., vaccination in HIV and NCD clinics) and /or existing structures used to implement routine immunisations. Strategies could include delivering vaccines in care homes for the elderly, HIV, NCD, oncology, and antenatal care clinics. Outreach activities should be targeted at places familiar and convenient to these groups. Countries are encouraged to partner with community-based organisations and networks that have access to these groups. Healthcare workers are often important influencers in communities. Countries should make concerted efforts to listen to their concerns to understand the barriers and drivers for vaccine uptake and engage them as partners to shape the vaccination efforts.

Objective 2: Support rapid delivery scale-up to reach country targets for adult vaccination[8]

To prioritise delivery strategies for reaching adults, countries should consider their context, coverage, and demand. In addition to providing vaccinations in routine health services, countries can implement time-limited, intermittent activities/campaigns. Annex 1 provides a list of eligible and ineligible vaccination delivery activities and Annex 2 provides a list of eligible and ineligible human resources related expenses. CDS support is prioritised for delivery of vaccines in persons aged 12 years and over **only;** delivery of doses to children aged 11 years and under will not be supported.

Objective 3: Support integration of COVID 19 vaccine delivery with routine immunisation to achieve sustainable benefits

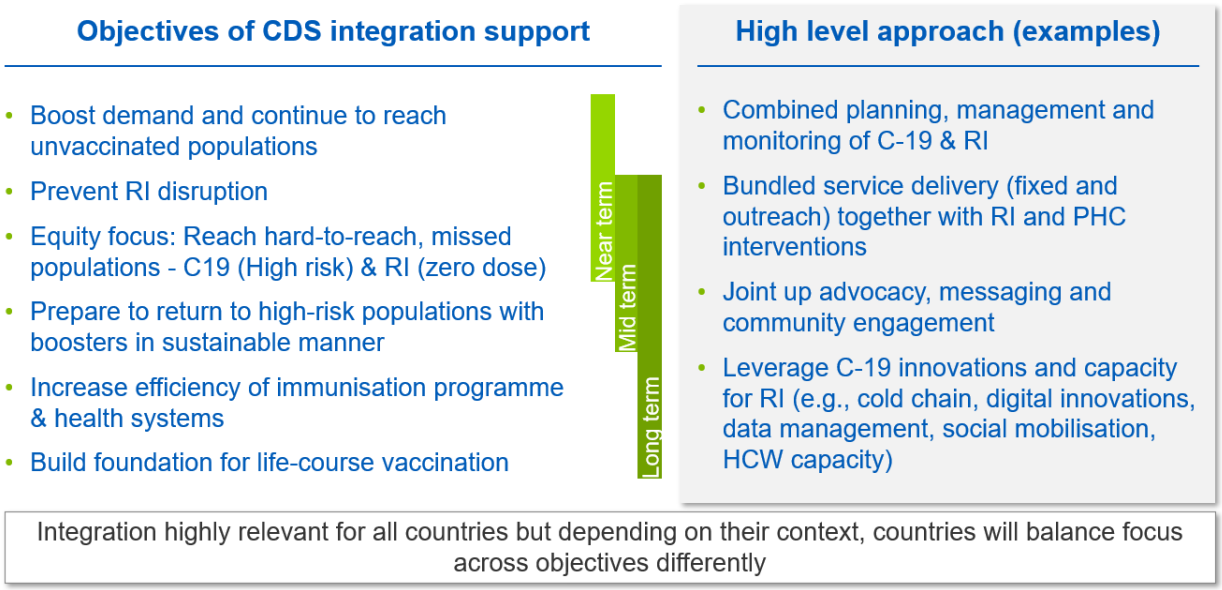
Integration is defined as ''the partial or full adoption of COVID-19 vaccination into national immunization programmes, primary health care, and other relevant/ related health services with the overall aim of improving programme efficiency and sustainability, enhancing demand, and improving user satisfaction, achieving, and maintaining satisfactory coverage, and addressing inequities''[9]. Integration also presents an opportunity to prevent RI disruption. In planning for this integration countries should consider integration as a continuum rather than an 'all-or-none' approach.

For CDS funding, countries are encouraged to prioritise activities for COVID-19 vaccination integration with routine immunization. To the extent possible and depending on their unique context, countries may also plan for integration with PHC and other health services. Considering that countries may have taken some steps already towards integration of COVID-19 vaccines they should leverage this experience for a stepwise approach to implementation starting with country consultations and consensus building, planning and preparatory activities, implementation and monitoring, and post integration follow up and evaluation. When planning for integration countries are encouraged to consider the specific components of COVID-19 vaccination and RI to integrate, what investments will be needed and how this will be done and reflect this in their CDS funding applications.

[8] Includes adults and adolescents 12 years and over

[9] WHO and UNICEF - *Considerations for integrating COVID-19 vaccination into immunisation programmes and primary health care for 2022 and beyond*

CDS to support integration to achieve mutual, sustainable benefits for C-19 & RI with a focus on equity



Prioritized routine immunisation and COVID-19 vaccination integration activities are provided in Annex 1. The list is meant to be illustrative, and countries are encouraged to adapt this according to their unique situations.

COVID 19 and routine immunisation vaccines have different target population groups and countries should consider implementing the "whole family" approach where relevant. This approach combines COVID-19 vaccinations to adults with healthcare services to other age groups like childhood vaccination, malnutrition and /or to the same age groups such as screening and care for non-communicable diseases and co-administration of influenza vaccines. This integrated approach would potentially mutually benefit COVID 19 vaccinations and routine immunisation by implementing targeted strategies to reach high and highest-risk and hard to reach populations including missed communities where zero dose children are often found.

For further technical guidance on integration countries should consult the WHO and UNICEF *Considerations for integrating COVID-19 vaccination into immunisation programmes and primary health care for 2022 and beyond* document which will be published in July 2022.

Enablers to achieve the objectives

Vaccine acceptance and uptake (demand)

Increasing demand: Reduced risk perception stemming from lowering number of infections in many countries, alongside vaccine hesitancy, especially amongst HCWs and weak coordination structures are key drivers of the need to increase demand.

This window of CDS funding should further strengthen national planning for demand generation to adopting/adapting technical guidance for one country plan and harmonize messaging to communities. Resources to inform planning and messaging are available through the Vaccination Demand Hub. Strategies should promote confidence among HCWs to get vaccinated and recommend vaccination and engage communities in a sustainable equitable, and inclusive way, using two-way communication to listen, build trust and increase collaboration. Countries should prioritise design of behaviourally informed interventions that target the high and highest-risk populations. Partner coordination of demand generation is key and should bring on board all key Risk Communication Community Engagements from government, CSOs, global technical partners, and non-traditional partners. Countries can reference and leverage existing strategies and lessons learnt from RI advocacy, messaging and community engagements. Through strengthened coordination, countries and partners should strengthen capacities in areas such as social listening, evidence and data generation, and community engagement as part of country and regional Risk Communication and Community Engagement (RCCE) coordination efforts. Partnerships with community organisations that have strong existing community relationships are critical. This should include diversification of partners at country level that can support MoH reach and mobilise communities while investing in strengthening the community health systems.

Improving access: Ease of access to vaccination has also been documented as major barrier especially among hard-to-reach and vulnerable populations. Innovations on how to increase reach (e.g. geographical reach, population reach with expanded hours etc) through engagement of non-state actors who manage health service clinics and points e.g. NGOs, CSOs and FBOs will be vital to increasing access to vaccination especially in fragile setting. Countries should consider any entry points or avenues already used with RI to improve access. Or conversely where innovative approaches are applied to improve equitable access to COVID-19 vaccines, the strategies should be integrated for RI where access remains a challenge.

Supply Chain and Waste Management

CDS third funding window support should be used to address imminent needs for COVID-19 vaccine safety and distribution at scale, including supply chain and waste management elements in line with the eligibility criteria in Annex 1.

Supply chain and vaccine management

Supply chain investments should be prioritized towards areas where a gap in capacity, systems or resources are impeding the delivery of COVID-19 vaccines at scale. Emphasis should be given to issues of vaccine availability and extended reach – including demand-driven forecasting and agile supply planning, storage and use of “SMART” approaches to integrate distribution, comprehensive vaccine and supply chain management. Applicants should consider that the scale up of COVID-19 vaccines may lead to challenges with in-bound shipment planning, tracking of vaccine supplies, and expiry management. Targeted investments should be considered for these areas, as most appropriate for the setting and taking

into consideration the existing approaches used for RI. This includes active stock management (e.g. to prevent imbalance in subnational stock management and deployment) leveraging appropriate technology which may require updating existing eLMIS systems or timely deployment of an appropriate eLMIS starting with a COVID-19 vaccines instance, technical support, or other approaches, as described in Annex 1.[10]

Cold chain equipment

Cold chain equipment (CCE) investments should be restricted to areas where acute gaps are impacting the ability to deliver and store COVID-19 vaccines alongside RI products. It is important to consider that CCE will be used in a complementary way for RI and not divert nor disrupt RI. Primary emphasis should be placed on support for vaccination sites where storage limitations are creating bottlenecks or where gaps are clearly inhibiting access to immunisation (e.g., hard-to-reach locations). Eligible areas of support are described in Annex 1.

- As with all Gavi CCE support, eligible equipment must meet the requirements of the Cold Chain Equipment Optimisation Platform (CCEOP) and be procurable through UNICEF Supply Division's long-term agreements (LTAs).
- In line with COVAX CCE and CCEOP practices, countries will be encouraged to budget for a supplier-led service bundle of distribution and installation support, which will be administered through the respective UNICEF country office. Applicants are encouraged to use the CCE budgeting tool, available on the Gavi website.
- Support for ultra-cold chain (UCC) is available through a separate discrete mechanism. Interested participants should consult with UNICEF country offices for more information.

Vaccine and waste management

Effective management of immunisation supply chains and safe disposal of waste related to COVID-19 vaccination is essential. Lessons learnt and methods applied for supply chain and waste management from RI should be leveraged and opportunities for integrated management should be considered. Applicants are encouraged to undertake and execute robust supply and logistics planning, that is responsive to the evolving context, and in line with their NDVPs. Attention should be given to vaccine management activities across the vaccine supply and delivery chain including deployment of active stock monitoring, reporting and data use systems as well as wastage tracking and mitigation. Attention should also be given to development of protocols for safe and effective waste segregation/innovations and disposal, training and employment of waste handlers, provision of waste containers and treatment technologies, and ensuring access to facilities for safe waste disposal. It should include areas of opportunities to improve detailed processes and integration of vaccination waste into overall waste management. Eligible areas of support are described in Annex 1.

[10] eLMIS investments must be rapidly deployable within the timeframes of the CDS support, and must comply with the TSS requirements.

Programme monitoring and learning

The following areas are all considered within scope for CDS third funding window support (with examples of potential activities included in Annex 1):

- Safety monitoring related to COVID-19 vaccines and the reporting / management of adverse events following immunisation (AEFIs) – see further explanation below;
- Data-related investments to ensure data needs (such as estimates for each target population) and data collection / information systems (including digital systems) are appropriately strengthened and COVID-19 duly integrated with RI data collection and systems. Particular consideration should be paid to high and highest risk population group related data needs – to strengthen systems, tools and capacities to identify, reach, track/monitor and follow-up/trigger reminders across these groups;
- Adjustments and improvements required to COVID-19 surveillance including electronic surveillance and integration within vaccine preventable disease surveillance modules;
- Programmatic evaluations, lessons learned, and epidemiological studies related to COVID-19.

Vaccine safety monitoring and management of AEFI

Rapid large-scale deployment of new COVID-19 vaccines should be complemented by strengthened monitoring of vaccine safety. Vaccine safety surveillance should ensure early detection, investigation and analysis of adverse events following immunisation (AEFIs) and adverse events of special interest (AESIs). AEFI management should be appropriate and rapid. Countries are encouraged to leverage on their AEFI surveillance systems for RI to develop and strengthen COVID-19 vaccines surveillance systems. COVID-19 vaccine confidence can be negatively influenced by public concerns regarding their safety. Vaccine confidence activities should include effective communication and rapid response to public concerns regarding vaccine safety.

Advocacy

Strong political leadership is one of the most important factors in catalysing rapid progress on immunisation equity and ensuring this is maintained and scaled through domestic financing and/or efficient use of existing resources for sustainable impact. Dedicated advocacy interventions can help create and sustain political commitment at all levels to COVID-19 vaccination integration as a platform for primary healthcare strengthening, utilising immunisation as a pathfinder for building universal primary healthcare. The advocacy approach will include wider and more sustained engagement with government actors including decision-making bodies, partners, including civil society, faith-based and advocacy organisations as well as professional associations, and new context-specific partnerships.

Innovation

Countries are encouraged to include innovative activities that support COVID-19 vaccine delivery in their CDS funding requests where possible. For the CDS funding requests, Gavi defines innovation broadly, as the use of practices, products, or services new to COVID-19 vaccine delivery in a country. For additional details, an illustration of encouraged innovative interventions are provided in Annex 1. The CDS funding is intended to facilitate innovation based on the following principles:

1. Innovations grounded in specific-country challenges, culture, and capacities and integrated into relevant country systems and protocols (assessed for readiness as needed). While governments are expected to own overall responsibility for COVID-19 vaccine delivery, countries are encouraged to engage non-government actors, including Civil Society Organizations and private sector, to support implementation delivery including for innovations.
2. Adapting existing innovations in vaccine delivery and management for the COVID-19 context, including scaling-up already proven innovations that have been used in-country on a smaller scale. For instance, several governments have adapted digital platforms or innovative practices already used in the country and these can also be used for COVID-19 vaccine delivery.

Given the 3 core objectives of this CDS funding, priority should be given to innovative activities supporting people-centered delivery strategies to reach the priority groups including digital microplanning and real-planning and monitoring for intensification of vaccination and or campaigns. The innovative activities could also be mutually beneficial for RI and increase efficiency of immunisations programmes and health systems. Funding and technical assistance should focus on ensuring the innovative interventions used for COVID-19 delivery that have been effective are sustained and integrated within/for routine immunisation. Learning between countries is encouraged as information sharing on the benefits and costs of various innovations including from the private sector. Support from Gavi Alliance Partners (core and expanded) and Secretariat with applications and implementation of vaccine delivery including innovations is available as required. Guidance on the use of digital solutions to support the COVID-19 national deployment and vaccination plans is available as well.

Cross-cutting technical assistance (TA) for planning, coordination, and delivery

Where Technical Assistance (TA) is requested by countries, the CDS TA tab in the budget template must be fully completed. TA is funded directly to partners only, not provided directly to MOH. For guidance please see how to request TA support to partners below.

Principles of TA support: TA support for deployment and administration of COVID-19 vaccines will be granted according to the Partners' Engagement Framework (PEF) principles of country ownership, differentiation, transparency, accountability, context-appropriate partnerships (including embracing partnerships beyond immunisation) and sustainability. TA support should be in accordance with the programmatic priorities identified in a country's updated NDVP and outlined in this guidance.

TA definition and scope: For the purposes of CDS, Technical Assistance (TA) refers to activities planned by partners (not MOH) corresponding to the Human Resources costs as per Annex 2 (Cost inputs 1.1, 1.2, 1.3, 1.4, 2.5 and 5.1) only. TA funding primarily includes the funding of staff and consultant positions to support vaccine delivery. TA may also include travel costs strictly related to these staff positions only (e.g. Cost framework 2.5 Per diems/allowances for travel-related activities). All other costs should be considered non-TA and included as an alternative activity and cost category in the main CDS budget. All activities not meeting this description should NOT be included in the TA tab.

Countries should be guided by the CDS-TA framework based on the WHO NDVP guidance, which details indicative TA activities and pre-defined milestones - this can be found on the following link: CDS Programme Funding Guidelines TA Framework. Activities supporting integration of COVID-19 activities with routine immunisation programmes and PHC are encouraged.

Partnerships for TA support: Countries are encouraged to choose partners based on their comparative advantage, including through new partnerships with CSOs, humanitarian actors and other Local Partners. Close collaboration with Local Partners, communities and CSOs will be particularly critical to increase sustainability and to reach marginalised communities. Core Partners are eligible for TA support through CDS, however, it is acknowledged that Core Partners (WHO and UNICEF) are also funding their TA costs from other funding sources and may be well placed to receive direct funding through their own funding sources. Countries and partners are encouraged to programme at least 30% of their TA request to Local Partners[11]. Countries will need to explain the rationale for their partner selection for TA. Gavi is pleased to share a list of technical partners, including Local Partners who can support the Ministries of Health on the following link: List of technical partners. One of these tabs includes organisations which have been added to Gavi's Approved Suppliers Lists of Recommended Local Partners and Global Partners respectively for TA for Gavi 5.0 Strategy and/or TA for COVID-19 Vaccine Delivery – this list is not exhaustive and other organisations can be supported through CDS TA funding.

Financial Management & Risk Assurance

PFM systems are critical to support the efficacy of the Government's emergency response. Governments need to ensure that their systems are equipped to meet the new requirements and challenges as an enabler to the Health Response. This will include (i) ensuring optimal planning and budgeting, timely disbursement of funds to service delivery units & (ii) monitoring funds utilisation, and reporting in a transparent manner the resources deployed for the emergency response.

In select cases, Gavi has procured Monitoring Agents under the CDS Risk Monitoring Fund to work with countries to mitigate any arising risks. Countries are highly encouraged to leverage the findings of the COVAX Monitoring Agents & report on how they are or have addressed the issues that have been raised.

[11] Eligibility criteria for Local Partners:

a) Organisations must be registered (via certificate of incorporation) in Gavi's supported countries or economies (Gavi 57 &/or COVAX AMC 92).
b) Must have an office in the country(ies) of work;
c) Headquarters (HQ) located in a Gavi supported country or economy:
d) Majority membership of the governing body are citizens of the recipient country(ies)/ economy(ies);
e) Senior leadership should be primarily located within country(ies)/ economy(ies) of implementation;
f) Majority of project staff must be citizens of country(ies)/ economy(ies) of implementation; and
g) No overhead costs allocated outside the country(ies)/ economy(ies) of implementation

Local partners can include but are not limited to: Community-based actors, Regional civil society networks/platforms, Non-profit advocacy organisations, For-profit community- based organisations, Non-Governmental Organisations (NGOs), Advocacy, Policy and Service Delivery Civil Society Organisations (CSOs), Local research, knowledge partners and professional associations

How to request support from the CDS third funding window

How to request countries' eligible funding envelopes:

The CDS third funding window requests should be developed through a participatory, transparent, and inclusive process that includes dialogue with relevant stakeholders.[12] Please note that this CDS template will help complement the One Budget development

For the GAVI 57 eligible countries plus Angola, Indonesia, Timor-Leste and Vietnam

Country stakeholders are responsible for emailing their completed CDS third funding window request to covaxproposals@gavi.org, copying the relevant Gavi Senior Country Manager or focal point (whichever is applicable) by **30 September 2022**. Contact your Gavi Senior Country Manager or focal point (whichever is applicable) in case of questions. Completed applications must include:

- Filled application form, including signature of the Ministry of Health or delegated authority, (preferably with signature of Ministry of Finance, although not mandatory if this will slow the application process) [13]
- NDVP or more recent operational plan showing country target setting
- Gavi budget template (details below)
- Minutes of the Coordination Forum meeting endorsing the proposal, or non-objection email

For other AMC-eligible participants beyond those listed above:

Guidelines are under development and will be communicated prior to the opening of the third funding window for these participants.

How to request Technical Assistance (TA) support to partners:

For the GAVI 57 eligible countries plus Angola, Indonesia, Timor-Leste and Vietnam

TA support must be requested as part of an overall budget request, with reference included in the application form and financial budget. Additional details on the activities and staffing is required. This additional information must be filled in the **TA tab** of the Budget Template in line with instructions provided in the template. In addition, TA amounts requested per partner should be clearly summarised in the main CDS budget as a single budget line item per partner and include "TA" in the activity description. The CDS main budget total must be inclusive of amounts requested for TA. Other non-TA activities should be included as separate line items.

For other AMC-eligible participants beyond those listed above:

Guidelines are under development and will be communicated prior to the opening of the third funding window for these participants.

How to request Emergency funding:

The COVID-19 Vaccine Delivery Partnership (CoVDP) between Gavi, UNICEF, WHO, World Bank and others was launched in January 2022 to support countries in accessing and aligning on CDS funding support,

[12] Requests are no longer made in the WHO COVID-19 Partners Platform; GAVI will update this periodically to ensure transparency
[13] Note: In the absence of this signature, the country's Minister of Finance will be copied in the funding Decision Letter issued by Gavi

advocating for improved planning, implementation, and scale of their vaccination responses, as well as monitoring progress towards national and global goals. In instances where countries are facing a time-sensitive and critical funding need for COVID-19 vaccine delivery support, that require immediate support prior to the disbursement of the main CDS funding application (e.g., risk of vaccine expiry that should be administered through a time-limited COVID-19 vaccination campaign) countries can request emergency funding through a separate process, that will be coordinated through the CoVDP.

For CoVDP eligible countries: Countries should send an e-mail titled "*Emergency Request for CDS Funding*" to their Desk Officers, copying covaxproposals@gavi.org and the relevant Gavi Senior Country Manager or country focal point (whichever is applicable). Applicants should provide details in accordance with One Budget requirements, which may include clear justification regarding the specific need for the emergency funding request, including the list of activities and budget assumptions, as well as the timeframe and planning for implementation.

For non-CoVDP countries: Countries should send an e-mail titled "*Emergency Request for CDS Funding*" to covaxproposals@gavi.org and copying the relevant Gavi Senior Country Manager or country focal point (whichever is applicable). Applicants should provide details in accordance with One Budget requirements, which may include clear justification regarding the specific need for the emergency funding request, including the list of activities and budget assumptions, as well as the timeframe and planning for implementation.

CSO funding

Countries are highly encouraged to leverage CSOs, Expanded and Local Partners in their CDS applications. This includes funding across CSO capabilities in service delivery, demand generation and advocacy activities, in line with the CSCE framework approved by the Board. Gavi encourages countries to consider allocating at least 30% of TA request & 10% of overall CDS funding to local partners & CSOs.

Financial request and budget template

The Gavi application package requires the completion of the CDS application form and the budget and reporting template. The template includes the following key sections:

- **CDS details:** this captures all the detailed budget and reporting data including any key assumptions (detailed computations and assumptions may be included in the free tab and linked to the CDS details tab). To ensure alignment with other sources of finance, the template uses the commonly understood NDVP activity framework.
- **Cash control:** this provides a summary of the funds utilisation for all prior CDS funding received from previous windows. Where funds have not been spent or committed, the country should also provide a forecast for the same and discount for unspent funds in the application. Where there are overlapping implementation periods with earlier CDS funding, to reduce risk of duplication, the application must explain why this is required.

- **Summary:** this draws data from the CDS details providing useful analytical information to ensure that resources are being targeted at the right interventions/ activities and flags any ineligible costs that may have been included in the budget.
- **CDS TA Plan & HR Profile:** this captures additional details on activities and staffing where TA funding is requested. Information on TA activities, expected outcomes and staff being recruited is requested. Countries are encouraged to leverage the work of the COVAX MA's - where available - in defining needed TA.

The template includes detailed instructions on how to complete these sections, eligibility guidance as well as activity and cost classifications. Please note that in efforts to support and facilitate the development of One Budget for COVID-19 vaccination programs, the CDS budget template includes an automated output to map the CDS application to the One Budget cost categories.

Compliance requirements

The following table outlines the financial compliance requirements related to a new funding request:

Topic	Compliance required
Eligibility of activities	Compliance with Gavi's activity eligibility table – Annex 1
Eligibility of costs	Compliance with Gavi's cost eligibility table – Annex 2
Financial reporting	Due financial report on use of previously approved CDS funds is delivered to Gavi
Audit reporting	Due audit report on use of previously approved CDS funds is delivered to Gavi

Failure to comply with any of the requirements in the financial request may impact the amount of funds approved by Gavi and the ultimate success of the application.

Disbursement of funds

Gavi delivers highly predictable funding by disbursing funds to cover budgeted needs when required. While cash disbursements will be made by default in a 6-monthly cycle, countries may request for funds at any time based on need and absorptive capacity. Any such requests should be made directly to the respective Senior Country Manager (SCM) and supported by a progress update including the actual spend and remaining cash balance, using the standard Gavi budget and reporting template.

Reporting

All CDS funding recipients will be required to provide both programmatic and financial reporting (see paragraph on financial & audit reporting) to Gavi. Recipients will be required to report on a regular basis (every 6 months) as per their grant agreement, decision letter/s and/or service contract and should align with regular Gavi financial reporting cycles.

Programmatic and Financial reports, as well as technical assistance reports, should be **sent to the relevant Gavi Senior Country Manager or focal point, with covaxproposals@gavi.org in copy.**

Activity and programmatic results reporting

For programmatic reporting, recipients will be required to complete the **CDS Programmatic Reporting Template**. The current programmatic reporting template will be amended to reflect the updated objectives of these additional COVID-19 delivery support funds (as referred to above). Recipients are strongly encouraged to report on all CDS funds received to date in one single programmatic report. Specific reporting deadlines can be clarified with the relevant Country Focal Point / Senior Country Manager within Gavi. Programmatic reporting timelines are aligned with financial reporting timelines to the extent possible. Reporting on innovation and CCE support are incorporated into this reporting template. Required reporting for CCE will align with standard Gavi CCE support, including routine updates on (i) progress on the installation of Gavi-supported equipment, and (ii) select CCE related results metrics.

Activity completion rates will be captured as part of financial and expenditure reporting to the extent possible. Outcomes will be largely monitored through existing reporting of the WHO-UNICEF COVID-19 monthly module reporting submitted by countries (via the electronic Joint Reporting Form). **We strongly encourage that recipients of CDS provide as regular and complete reporting as possible against this COVID-19 module**. Recipients will also be strongly encouraged to participate in broader COVID-19 evaluation and learning related efforts and CDS funding can be used to support these activities.

Financial and audit reporting

Financial reporting and audit requirements will follow Gavi's normal cycle of requirements. Reporting will be on a semi-annual basis by default, in line with the budget and the country fiscal cycle, but a different financial reporting periodicity may be adopted in some cases – with prior agreement by Gavi – to align with existing country requirements. The CDS budget template includes a reporting section for this purpose. Where the CDS grant starts within 3 months of the fiscal year-end, or the 6 months interim period end, it is possible to extend the first reporting period to the following period end. For example, with a fiscal year end of 30th June, a grant starting on say 1st November 2022 may use the 8 months to 30th June 2023 as its first reporting period. Specific country timelines or queries should be discussed with SCM and Portfolio Financial Management (PFM) focal point. All CDS funding shall be subject to Gavi's standard auditing guidelines.

The financial and audit reporting requirements are summarised as follows:

	Interim	Annual
Periodic Financial report	Default every 6 months, due 45 days after period end	Due 3 months after end of fiscal cycle
Audit report	N/A	Due 6 months after end of fiscal cycle

Reporting on technical assistance through TA milestones

Partners are required to report against their respective milestones as outlined in the CDS TA plan at the end of June and end of November each year. These milestones were identified during the TA planning

stage (with details provided in earlier section). Optional narrative reports can be used for eliciting specific feedback from Gavi Secretariat and/or for tracking implementation progress during Multi-stakeholder Dialogues, country missions, EPI reviews, quarterly TA review meetings or at other relevant occasions.

Please reach out to your SCM for any questions or further information

Annex 1: Illustrative prioritised activities and innovations for each of the NDVP Costing categories

NDVP costing category	Prioritised activities[14]	Examples of innovative interventions across objectives	Examples of prioritised COVID-19 vaccination and Routine Immunisation integration activities
Programme management including planning and coordination[15]	• TA activities should be guided by the country's respective CDS TA plan • Planning and coordination meetings for COVID-19 vaccine deployment at national and sub-national levels ensuring representation from CSOs, including community and faith-based organisations, women's groups, and other marginalized high and highest-risk groups. • Identifying optimal vaccine delivery models based on community perspectives using Human-centred design • Enhancing programme management and coordination capacities at all levels • Updating microplans as needed including in response to changes in COVID19 epidemiology and SAGE updated guidance on prioritization of high-risk groups and booster doses • Developing or updating tools and regulatory procedures for registration of new vaccines and expedited import approvals. • Supporting National Regulatory Authorities to effectively communicate with communities on safety of vaccines. This may include building confidence in the registration processes of new vaccines, vaccines safety profiles and AEFI reporting channels. • Updating budgets and costing of COVID-19 vaccine delivery as needed. • Resource mapping for COVID 19 vaccine delivery.	• Digital microplanning and monitoring including Geospatial Information System strengthening (geo enabled Master Facility List) • Digital payment platforms and services • Healthcare workers registries covering both public and private sectors, including CHWs registries	• Capacity building for MOH leadership at all levels to plan for and implement effective integration including resource mapping and allocation • Continuation of CDS TA with mandate to plan for implement integration activities • Country level planning for efficient deployment of all Gavi funding streams (CDS, EAF, HSS, etc.) • Joint routine immunisation and COVID-19 vaccination delivery microplanning including digital microplanning • Planning and budgeting for cost sharing between joint routine immunisation and COVID-19 vaccination activities including targeted campaigns • Planning for potential future changes to COVID 19 vaccines delivery e.g., booster doses, 4th doses or future regular booster doses for high-risk populations.
Vaccine doses and related devices and supplies	Vaccine doses and related supplies are not eligible for CDS support		
Vaccinators	• Developing and implementing surge capacity to deliver high volumes of COVID-19 vaccines while maintaining routine immunisation. This can include recruitment, remuneration, training, and mentorship of temporary staff at all levels. • Supporting expenses associated with vaccine delivery including staff allowances/Per diems and fuel for outreach and vaccine transportation • Conducting training, mentorship, and supportive supervision	• Adopting and conducting innovative learning and performance management approaches such as digital knowledge sharing, training, and performance management	• Joint routine immunisation and COVID-19 vaccination trainings, mentorship, and supportive supervision at all levels • Supporting expenses associated with joint routine immunisation and COVID-19 vaccination delivery activities including staff allowances/Per diems and fuel for outreach and vaccine transportation

[14] Once the WHO-UNICEF operational draft guidance is completed, countries are encouraged to reference this document as well to complement Annex 1
[15] Adapted from NDVP costing category: **Cross-cutting technical assistance (TA) for planning, coordination, and delivery**

Vaccination delivery	• Establishing and operating vaccination sites (depending on local context, high throughput vaccination sites, fixed, mobile or outreach services) while ensuring security of the health workforce.
	• Implementing integrated strategies for under-vaccinated or underserved priority populations
	• Developing and implementing plans for COVID-19 vaccination quality assurance and improvement
	• Integrating vaccine delivery into primary healthcare services that are used and trusted by the high- and highest risk and marginalized groups such as care homes, NCD, TB/HIV Clinics and Oncology clinics.
	• Updating national vaccination policies and guidelines to include adult vaccination.
	• Supporting countries to create delivery platforms for adult vaccination such as workplace vaccine programs.
	• We encourage activities targeted at delivery of booster doses for high and highest-risk populations.
	•
		• Geo optimisation of immunisation services location
		• Real Time planning, implementation, and monitoring of COVID-19 vaccination and other co- delivered services
		• Developing, testing, and scaling up innovative service delivery models including differentiated vaccine delivery strategies to effectively reach women, men and gender-diverse people for Covid vaccines and children for routine vaccines
			• Supporting activities related to **IRMMA framework** for mutual benefits of identifying Zero Dose children, high and highest risk groups for COVID 19 and missed communities e.g.,
			  ○ Mapping opportunities for reaching target groups in marginalised/missed communities with integrated interventions including routine immunisation and COVID-19 vaccination.
			  ○ Defining and identifying priority target groups in missed communities and the appropriate vaccine delivery strategies as well as opportunities for integration with routine immunisation and other essential services
			• Support activities to engage and improve COVID 19 vaccine coverage among health care workers

Cold chain	CCE • Support countries to forecast and identify resourcing for additional cold chain needs for COVAX (for 20% and remaining target population). • Procure Additional 2-8°C and -20°C storage capacity necessary to receive large, regular shipments of COVID-19 vaccine – in line with international vaccine supply and national distribution plans. The replacement of obsolete or non-functional CCE is eligible, particularly where large volumes of COVID-19 vaccines will be stored (e.g., cold rooms) or where it inhibits access to immunisation (e.g., hard-to-reach locations). • Passive storage devices – including freeze-preventative units – for the implementation of service delivery and distribution strategies related to COVID-19. • Monitoring devices to ensure the safe storage and management of COVID-19 and RI vaccines. • Short- or long-term leasing of vaccine storage space from private sector providers, particularly where it mitigates acute capacity constraints. • Support countries to design SC (national/sub-national) appropriate for the delivery model for COVAX, evaluate options for outsourcing to private sector 3PL or 4PL providers, including local solutions. • Support the planning and implementation of site readiness activities in line with COVAX CCE or other cold chain equipment deployments.	• Support introduction and scaling-up of systems that help manage the risk of falsified Covid-19 vaccines and diversion in the country's national supply chains. This includes systems to use serialized COVID-19 vaccine data for national traceability systems, such as (i) vaccine verification / falsified product detection systems, and (ii) fuller integration of serialized RI + C19 vaccines into LMIS / eLMIS for fuller 'track and trace' capability. Interested countries can seek information from Gavi Senior Country Managers about the Global Trust Repository project that provides countries with the tools and dashboard necessary for verification of Covid-19 vaccines, and RI vaccines in the long term. • Geo optimisation of immunisation services • Real Time planning, implementation, and monitoring of COVID-19 vaccination and other co- delivered services	• Integrate routine immunisation and COVID-19 vaccination logistics (transportation, CCE waste management etc.) • Support introduction and scaling-up of systems that help manage the risk of falsified routine immunisation and COVID-19 vaccines and diversion in the country's national supply chains

	• Support the corrective maintenance of large-format or other essential CCE infrastructure where it contributes to improving COVID-19 vaccine storage and delivery capacity. • Support the development and implementation of a maintenance plan and/or post-pandemic reallocation plan for CCE procured for COVID-19 needs. Ultra-Cold Chain • Support for training, planning and readiness activities associated with the use of UCC products in countries. • Support to implement outsources UCC storage and delivery from private sector 3PL or 4PL providers. Supply chain • Supporting robust Supply & Logistics planning and implementation vis-à-vis optimal storage, temperature monitoring and control, distribution and redistribution planning, and waste management. • Supporting deployment of systems and tools for vaccine forecasting, data triangulation of stock /coverage data, and use of data for action at all levels of the supply chain. • Supporting use of existing eLMIS systems or rapidly introducing new eLMIS systems that are Target Software Standards (TSS) compliant, starting with COVID-19 vaccines, tools to improve availability of precise and accurate data on vaccine stocks, wastage, temperature excursions, available CCE capacity and functionality at all levels of the supply chain. • Supporting establishment/integration of vaccine accountability and reporting systems into the COVID-19 response. • Supporting identification of waste management needs for COVID-19 vaccine products and develop mitigation plans and deployment of innovate waste management techniques/equipment • Supporting regular review of SC&L performance, at national and sub-national levels, as well as triangulation with service delivery data (considering data use barriers and mitigating them) and iterative course correction. • Take established systems for forecasting, stock management and vaccine accountability to scale across all EPI vaccines (routine and campaign)	• Developing, testing, and scaling up innovative service delivery models including differentiated vaccine delivery strategies to effectively reach women, men, and gender-diverse people for Covid vaccines and children for routine vaccines • Supporting waste management system optimization including innovative waste management techniques/equipment • Remote temperature monitoring devices to manage the performance of the cold chain – particularly at upper levels of the system (central, regional)	

Data management, monitoring and evaluation and oversight	• Strengthen data collection, validation, reporting and monitoring of COVID-19 programme implementation progress and equitable access. This could include the collection, validation, reporting and use of national and subnational data across priority disaggregation for COVID19 vaccines, such as gender, priority population groups, age, occupation, and co-morbidities. • Strengthen reporting of data to regional level (such as regional dashboards) and global level (such as through WHO-UNICEF COVID19 monthly electronic Joint Reporting Form (eJRF) module) • Establish or strengthen community-based monitoring systems to measure data on availability, accessibility, acceptability, equity, and quality of COVID-19 vaccination services received • Integration of COVID-19 into existing health management information / vaccination related data systems • Conducting programmatic evaluation and learning activities, such as COVID-19 post-introduction evaluations, Intra-Action Reviews, case studies, operations research, syntheses, and other efforts.	• COVID-19 coverage, facility stock and surveillance data and insights available in subnational/district dashboard, advanced and real time monitoring • Improving surveillance information flows with laboratory information system • Deployment of electronic vaccine preventable disease surveillance module, which build on and integrate electronic Covid-19 surveillance module	• Support activities to strengthen reporting, analysis and use of routine immunisation and COVID-19 vaccination data at all levels • Support deployment of electronic vaccine preventable disease surveillance modules, which build on and integrate electronic Covid-19 surveillance modules • Support joint routine immunisation and COVID-19 vaccination learning (including for co-administration) and post-campaign review activities • Integration of COVID-19 into existing health management information / vaccination related data systems
Vaccine safety surveillance and injection safety	• Enhancing Adverse event following immunisation (AEFI) surveillance including enhancement of the reporting system, awareness of health care workers on AEFI reporting, AEFI data management. • Understanding and addressing vaccine safety and pharmacovigilance challenges • Support COVID-19 disease surveillance	• Digitalization of Case Based Surveillance AEFI management system active AEFI monitoring • Integrating COVID-19 related AEFI surveillance into integrated AEFI electronic-surveillance for Vaccine Preventable Diseases	• Activities for quality assurance for routine immunisation and COVID-19 vaccination • Supporting deployment of integrated AEFI identification, monitoring, management, and reporting • Integrating COVID-19 surveillance in existing Vaccine Preventable Diseases (VPD) surveillance systems.
Demand generation and communications	• Systematically collecting, analysing, understanding, and acting on the drivers and barriers of vaccine acceptance and uptake at population level, including health and front-line workers • Developing systematic approaches for social listening for immunisation and broader health to help identify and mitigate risks and rumours related to COVID-19 vaccine • Designing behaviourally informed interventions/ complementary RCCE and social listening approaches with strong linkages with each other • Conducting community mobilisation and developing communication materials to combat vaccine hesitancy and build confidence in COVID-19 vaccines and in the health workers delivering them and also counter hesitancy for routine immunisation, wherever prevalent • Community engagement approaches in partnership with CSOs/FBOs to reach marginalised and vulnerable groups, especially in under-served areas and use it as an opportunity to improve uptake of routine immunisation • Holistic and human centred communication interventions harnessing the power of available mediums and platforms.	• Supporting Infodemic digital intelligence management especially target intelligence to understand the fears of high and highest-risk populations • Developing systematic approaches for gathering qualitative insights in addition to more formal survey data, from communities through digital ethnography • Interventions addressing concerns of HCW on vaccine safety to improve vaccine confidence • Interventions that map out priority populations especially elderly, pregnant women and people with underlying medical conditions with targeted messaging on benefits of vaccination and where to find/get vaccinated	• Support countries to plan for and implement strategies for effective community engagement – leveraging routine immunisation community systems for COVID-19 vaccination • Support joint demand generation activities including social listening and media campaigns

	• Quick learning assessments to ensure quality, reach and cost effectiveness of demand interventions. • Tackling gender barriers to COVID-19 vaccine deployment • Work with religious leader's networks to counter and address misinformation around vaccines • Scale up behavioural interventions that promote vaccine confidence amongst health care workers to get vaccinated and recommend communities to take the vaccines. • Scale up working HCW associations and platforms to increase vaccine confidence amongst this target group • Scale up interventions targeting the elderly populations and populations on the move through platforms like Rotary clubs where elderly can easily be reached	• Interventions that utilise/build capacity of local CSOs and community actors to be champions of vaccine acceptance and uptake • Interventions that engage faith communities to address faith inspired vaccine hesitancy and identify barriers / facilitating factors for vaccine and health service demand • Full dose vaccine compliance uptake through digital engagement and reminder interventions • Human Centred approaches targeting high and highest risk groups to co-create context specific interventions to address unique barriers and challenges • Interventions that integrate demand generation and vaccination campaigns to address issues of access	
Protecting essential health services and health systems strengthening	• Conduct COVID-19 vaccine forecasting (e.g., technical assistance, support to NITAGs, policy / programmatic guidelines support) under the projected WHO pandemic scenarios.		• Mapping opportunities and defining pathways for long term integration of COVID-19 vaccination with routine immunisation and other health interventions such as Primary Health Care across the life course.

July 2022

Annex 2: Eligible and Ineligible expenditures

2. 1 Human Resources

Cost grouping	Cost input description (ref Gavi cost framework)	PFS or CR[2]	Which costs are eligible?
1. Human Resources (HR)[1]	1.1 Salaries, Wages & Allowances (programme management/admin staff)	PFS	Salaries for temporary staff as surge capacity to manage increased vaccines demand
	1.2 Salaries, Wages & Allowances (health, technical and outreach staff)		
	1.3 Performance-based supplements, incentives, top-ups[3]		All[3]
	1.4 Other payments for support services		
[From] 2. *Transport and Travel-related Costs*	2.5 Per diems/allowances for travel-related activities	CR	All
[From] 5. *Event related (trainings, meetings, workshops, launches)*	5.1 Per diems/allowances related to events (trainings, meetings, workshops, launches)		

1 There is no indicative maximum percentage of the grant that can be spent on HR. However, countries should submit the key HR budget assumptions in their applications and are required to explain high allocations to Gavi in the context of the national financial gap

2 PFS = pay-for-services i.e., payment for provision of labour, CR = cost recovery i.e., a refund or contribution to personal costs incurred in performing a service

3 Any scheme involving such payments should not be created in parallel to a country's standard remuneration package as applied to routine immunisation programmes.

2. 2 All other cost types (see over page)

Gavi cost framework		Which costs are eligible and indicative maximum as % of grant amount
Cost grouping	**Cost input description (ref Gavi cost framework)**	
1. Human resources		**Refer to HR Table**
2. Transport and Travel-related Costs	2.1 Vehicle procurement	**No** - exceptional only
	2.2 Vehicle rental	**Yes**
	2.3 Fuel for vehicles	
	2.4 Vehicle maintenance	**No** - exceptional only
	2.5 Per diems/allowances for travel-related activities	**Refer to HR Table**
	2.6 Other transports costs	**Yes**
3. External Professional Services (EPS)	3.1 Consultancy costs	Yes
	3.2 Fiscal/Fiduciary agent costs	Yes
	3.3 External audit costs	Yes
	3.4 Other EPS costs	Yes
4. Health Products, consumables and equipment	4.1 Immunisation session supplies	Yes
	4.2 Waste management supplies	Yes
	4.3 Health equipment and maintenance costs	Yes
	4.4 Other health products, consumables, and equipment	Yes-PPE in exceptional cases only
		Vaccines and related devices are ineligible
5. Event related (trainings, meetings, workshops, launches)	5.1 Per diems/allowances related to events (trainings, meetings, workshops, launches)	**Refer to HR Table**
	5.2 Other costs (venue, subsistence, facilitation, materials etc.)	**Yes**
6. Cold Chain	6.1 Cold storage large equipment	**Yes**
	6.2 Cold vehicles[1]	**No**
	6.3 Cold Chain small equipment	**Yes**
	6.4 Cold Chain running and maintenance costs	**Yes** - exceptional only
	6.5 Joint-investment for CCEOP	**No**
	6.6 Other cold chain related costs	**Yes –** See Annex 1
7. Infrastructure (INF) and Non-Health Equipment (NHE)	7.1 Construction and renovation	**Yes** - exceptional only[2]
	7.2 Furniture and fittings	**Yes** - exceptional only[2]
	7.3 IT equipment, telephony, software, and connectivity	**Yes**
	7.4 Other infrastructure and non-health equipment and maintenance costs	**No**
8. Communication materials and Publications	8.1 Printed materials[3]	**Yes**
	8.2 Television/radio spots and programmes	
	8.3 Promotional materials (non-print)	
	8.4 Other communication material and publications	
9. Programme Administration (PA)	9.1 Office related costs	**Yes**
	9.2 Programme support costs (PSC) – UNICEF	**Yes** - per Agreement
	9.3 Programme support costs (PSC) – WHO	
	9.4 Other programme administration costs	**Yes**
		<10%
10. Results based Financing	10.1 Results Based Financing	**Yes**

[1]Refrigerated trucks meet PQS standards exceptionally allowable if justified.

[2]Exceptionally allowed for minor renovations and fittings (e.g., painting, signage, fixing walls, etc.) however all major renovations and new construction are ineligible. In all cases, renovations would need to be achievable and completed within a short time frame (e.g., 30-60 days)

[3]Large quantities of printed communications materials, repeated for each and every new activity/ event are highly discouraged with electronic media options being preferred

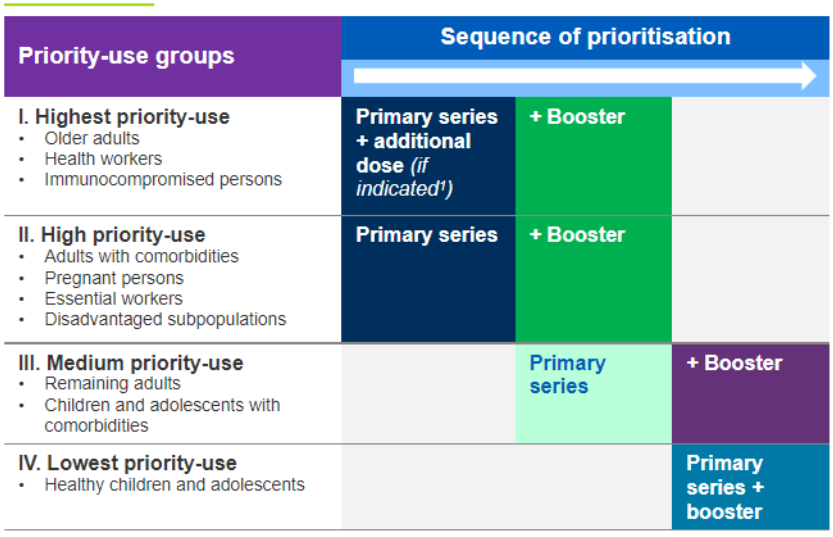
Annex 3: List of GAVI 57 eligible countries for CDS3 Funding

List of eligible countries via this mechanism	
1. Afghanistan	30. Malawi
2. Bangladesh	31. Mali
3. Benin	32. Mauritania
4. Burkina Faso	33. Mozambique
5. Burundi*	34. Myanmar
6. Cambodia	35. Nepal
7. Cameroon	36. Nicaragua
8. Central African Republic	37. Niger
9. Chad	38. Nigeria
10. Comoros	39. Pakistan
11. Congo Republic	40. Papua New Guinea
12. Cote d'Ivoire	41. Republic of Yemen
13. Democratic Republic of Congo	42. Rwanda
14. Djibouti	43. Sao Tome and Principe
15. Eritrea*	44. Senegal
16. Ethiopia	45. Sierra Leone
17. Gambia	46. Solomon Islands
18. Ghana	47. Somalia
19. Guinea	48. South Sudan
20. Guinea-Bissau	49. Sudan
21. Haiti	50. Syrian Arab Republic
22. India	51. Tajikistan
23. Kenya	52. Tanzania

* Not currently a COVAX Participant and therefore unable to apply for support through the CDS window at the time of this publication.

24. Korea DPR	53. Togo
25. Kyrgyzstan	54. Uganda
26. Lao PDR	55. Uzbekistan
27. Lesotho	56. Zambia
28. Liberia	57. Zimbabwe
29. Madagascar	

Annex 4: SAGE Roadmap



Recommended sequence of C-19 vaccination

1. Primary series of higher priority-use groups vaccination in countries with low/moderate coverage rates
2a. Boosters in higher risk priority-use groups
2b. Primary series vaccination in medium risk priority-use groups in countries with moderate-to-high primary series coverage rates
3. Boosters for medium priority-use
4. As coverage rates of higher priority-use groups increase, vaccine doses can be administered to lower priority-use groups

Annex 5: Gavi investment for COVID-19 vaccination in 2024-25 through provision of COVID-19 vaccine delivery support (CDS)

Gavi will continue to support COVID-19 vaccination in 2024-25 through the provision of COVID-19 Delivery Support (CDS), with a focus on achieving 2 core objectives:

1. Accelerate vaccination of high priority-use groups with primary series and booster doses (as defined by SAGE)
2. Integrate COVID-19 into routine immunisation and PHC to achieve sustainable benefits, including catching up with routine immunization doses for those children who were left behind as a consequence of COVID-19 pandemic.

In June 2023, Gavi Board approved the continuation of a COVID-19 vaccination programme for 2024-2025 with an extended timeline for implementation of approved CDS grants until end 2025. The timeline was extended to enable countries to create sustainable integration of COVID-19 vaccine into routine immunization and PHC and reduce backsliding of other antigens due to acute focus on COVID-19 during the pandemic.

As a part of this effort, countries are encouraged to use CDS support to complement other country resources and develop tailored approaches to improve and sustain COVID-19 vaccination coverage for the priority-use groups.

Based on country experience, components of successful COVID-19 vaccination and integration include:

- Strong, sustained, and visible advocacy and political commitment from all stakeholders
- Strong coordination between health & welfare sectors at national, subnational, and local levels
- Timely distribution of funds, vaccines, supplies, and materials from national to local levels
- Engaging community Health Workers for data collection, registration & communication of integrated PHC information to communities
- Combined COVID-19 & RI delivery platforms (e.g. platform for integrated distribution & administration of COVID-19 & RI vaccines)
- Social listening for Demand Generation: engaging more influencers & use of digital platforms to support vaccination uptake & receive feedback to support development of targeted and differentiated delivery methods
- Engaging with non-EPI health providers to reach high priority use groups (e.g. NCD, HIV/TB programmes, ANC, etc.) to support integration of COVID-19 vaccines into these health services
- Digital vaccination data management, incl. digital registration for vaccinations, and improving data quality to support lessons learnt, and taking corrective action to improve immunization coverage
- Application of Geospatial Information Systems to support efficient distribution of Covid-19 vaccine delivery and routine immunisation
- Digitization of health data (e.g. Electronic Immunization Registry integrated with the government's Civil Registry, DHIS2 module for monitoring vaccine stock)
- Upscaled cold chain infrastructure (e.g. procurement of walk-in cold rooms, vaccine fridges, refrigerated trucks, CCE for COVID-19 & other vaccines)
- Expanded vaccine supply chain capacity (e.g. increased vaccine storage capacity, improving availability of COVID-19 & RI vaccines at local level, technical capacity to better manage vaccine supply chain & logistics)
- Integrate COVID-19 vaccination and screening of high priority use groups into Health Worker training to support COVID-19 service delivery alongside other health interventions

Technical advice and guidance documents have summarized key areas of focus for designing and implementing successful Covid-19 vaccination and integration into immunization programmes and PHC. Key resources include:

WHO:

- WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines

WHO & UNICEF:

- Considerations for integrating COVID-19 vaccination into immunization programmes and primary

Illustrative activities for reallocation of COVID-19 vaccination delivery support into 2024-25

The table below includes a selection of illustrative activities for reallocation of COVID-19 vaccination delivery support into 2024-25. The list is not exhaustive nor prescriptive; many other activities listed within the Programme Funding Guidelines, and the CDS Third Funding Window Guidelines are also relevant for Covid-19 vaccination funding reallocation (focusing on high priority-use groups and integration into Immunization programmes and PHC). The CDS Third Funding Window Guidelines also includes examples of innovative interventions across objectives and prioritized COVID-19 vaccination and integration activities that may also be relevant for reprogramming/reallocation exercise. Whilst CDS funding is primarily intended to support delivery of COVID-19 vaccines and strengthening health systems, it can also be used to support countries in their plans to catch up children who missed their routine immunisation as a consequence of the COVID-19 pandemic.

Priority investment area for Gavi support	**Illustrative encouraged activities (not exhaustive) for reallocation of Covid-19 vaccination delivery support into 2024-25**
Programme management including planning and coordination	• Planning & coordination of COVID-19 vaccine integration into National Immunization Strategies (NIS) and coordination meetings at national and sub-national levels for operationalization of the integrated strategy, ensuring representation from CSOs, including community and faith-based organisations, women's groups, other marginalized high and highest-risk groups and non-EPI health providers and relevant stakeholders providing services to COVID-19 high priority use groups. • Identifying optimal vaccine delivery models and platforms based on community perspectives using Human-centred design • Enhancing programme management & coordination capacities at all levels • Updating national policies and microplans, as needed, including integrated microplans in response to changes in COVID-19 epidemiology and SAGE updated guidance on prioritization of populations at higher-risk of COVID-19 and booster doses • Identifying and securing the right technical assistance for COVID-19 vaccine delivery to High-Priority-Use populations and integration • Strengthening financial management capacity of EPI
Vaccinators	• Developing and implementing surge capacity to deliver COVID-19 vaccines to high-risk priority-use populations, while strengthening routine immunisation. This can include recruitment, remuneration, training, and mentorship of temporary staff at all levels. • Supporting expenses associated with vaccine delivery to high-risk groups, including staff allowances/per diems and fuel for outreach and vaccine transportation Conducting training, mentorship, and supportive supervision for COVID-19 vaccination preferably in conjunction with other trainings, enhance integration and delivery with other health interventions.
Vaccination delivery	• Leverage the lessons learned during the acute phase of the pandemic for establishing, operating, and strengthening of vaccination delivery platforms with a life course immunization approach for elderly, health care workers, pregnant persons, and other people at higher risk of COVID-19 (adults with comorbidities and immunocompromising conditions)

	• Integrating COVID-19 vaccine delivery into primary healthcare services that are used and trusted by the high- and highest risk and marginalized groups such as care homes, NCD, TB/HIV, ANC, and Oncology clinics. • Special immunization sessions with an equity focus integrating COVID-19 vaccines and RI • Support the Big Catch Up activities for the children who missed their routine vaccine doses as a consequence of the COVID-19 pandemic.
Cold chain	CCE • Support countries to forecast and identify resourcing for additional cold chain needs for COVID-19 vaccines and RI vaccines. • Procure additional 2-8°C and -20°C storage capacity necessary to receive shipments of COVID-19 vaccines and RI vaccines – in line with international vaccine supply and national distribution plans. • Passive storage devices – including freeze-preventative units – for the implementation of service delivery and distribution strategies related to COVID-19 and RI vaccines. • Monitoring devices to ensure the safe storage and management of COVID-19 and RI vaccines. Ultra-Cold Chain • Support for training, planning and readiness activities associated with the use of UCC products in country. • Support to implement outsources UCC storage and delivery from private sector 3PL or 4PL providers. Supply chain • Supporting robust Supply & Logistics planning and implementation vis-à-vis optimal storage, temperature monitoring and control, distribution and redistribution planning, and waste management. • Supporting deployment of systems and tools for vaccine forecasting, data triangulation of stock /coverage data, and use of data for action at all levels of the supply chain. • Supporting use of existing eLMIS systems or rapidly introducing new eLMIS systems that are Target Software Standards (TSS) compliant, starting with COVID-19 vaccines, tools to improve availability of precise and accurate data on vaccine stocks, wastage, temperature excursions, available CCE capacity and functionality at all levels of the supply chain.
Data management, monitoring and evaluation and oversight	• Strengthen data collection, validation, reporting and monitoring of COVID-19 programme implementation progress and equitable access with focus on adult vaccination. This could include the collection, validation, reporting and use of national and subnational data across priority disaggregation for COVID19 vaccines, such as gender, priority population groups, age, occupation, and co-morbidities. • Generating evidence on the outcome of COVID-19 vaccination through different strategies and among various population groups, including cost efficiency of different delivery platforms • Support to integrated immunization and health data systems.
Vaccine safety surveillance and injection safety	• Enhancing Adverse Event Following Immunisation (AEFI) surveillance including enhancement of the reporting system, awareness of health care workers on AEFI reporting, AEFI data management.
Demand generation and communications	• Systematically collecting, analysing, understanding, and acting on the drivers and barriers of vaccine acceptance and uptake at population level, including health and front-line workers.

	• Developing systematic approaches for social listening for immunisation and broader health to help identify and mitigate risks and rumours related to COVID-19 and routine childhood vaccines. • Conducting community mobilisation and developing communication materials to combat vaccine hesitancy and build confidence in COVID-19 vaccines and in the health workers delivering them and also counter hesitancy for routine immunisation, wherever prevalent • Community engagement approaches in partnership with CSOs/FBOs to reach marginalised and vulnerable groups, especially in under-served areas and use it as an opportunity to improve uptake of routine immunisation and catch up on missed children.
Protecting essential health services and health systems strengthening	• Conduct COVID-19 vaccine policy dialogues and forecasting (e.g., technical assistance, support to NITAGs, policy / programmatic guidelines support) in line with the projected WHO pandemic scenarios and potentials for co-administration of COVID-19 vaccines with other health interventions, including other vaccines (like influenza). • Investment in preparedness measures for future pandemics.

List of eligible countries for C19 program in 2024-2025

Gavi 54			
1	Afghanistan	28	Madagascar
2	Bangladesh	29	Malawi
3	Benin	30	Mali
4	Burkina Faso	31	Mauritania
5	Burundi	32	Mozambique
6	Cambodia	33	Myanmar
7	Cameroon	34	Nepal
8	Central African Republic	35	Niger
9	Chad	36	Nigeria
10	Comoros	37	Pakistan
11	Congo	38	Papua New Guinea
12	Côte d'Ivoire	39	Rwanda
13	Democratic People's Republic of Korea	40	Sao Tome and Principe
14	Democratic Republic of the Congo	41	Senegal
15	Djibouti	42	Sierra Leone
16	Eritrea	43	Solomon Islands
17	Ethiopia	44	Somalia
18	Gambia	45	South Sudan
19	Ghana	46	Sudan
20	Guinea	47	Syrian Arab Republic
21	Guinea-Bissau	48	Tajikistan
22	Haiti	49	Togo
23	Kenya	50	Uganda
24	Kyrgyzstan	51	United Republic of Tanzania
25	Lao People's Democratic Republic	52	Yemen
26	Lesotho	53	Zambia
27	Liberia	54	Zimbabwe

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1	Algeria	28	Samoa
2	Angola	29	Sri Lanka
3	Bhutan	30	Timor-Leste
4	Bolivia (Plurinational State of)	31	Tonga
5	Cabo Verde	32	Tunisia
6	Dominica	33	Tuvalu
7	Egypt	34	Ukraine
8	El Salvador	35	Uzbekistan
9	Eswatini	36	Vanuatu
10	Fiji	37	Viet Nam
11	Grenada		
12	Guyana		
13	Honduras		
14	Indonesia		
15	Kiribati		
16	Kosovo		
17	Maldives		
18	Marshall Islands		
19	Micronesia (Federated States of)		
20	Mongolia		
21	Morocco		
22	Nicaragua		
23	Palestinian Territory		
24	Philippines		
25	Republic of Moldova		
26	Saint Lucia		
27	Saint Vincent and the Grenadines		