BLN/Gavi DQU Collaborative Application Form

Call for Expressions of Interest for Gavi-Eligible Countries to Participate in the BID Learning Network/Gavi Data Quality and Use (BLN/Gavi DQU) Collaborative

Please read the BLN/GAVI DQU introductory note before completing this form. The duly completed and signed form should be sent to [cmuyawala@path.org](mailto:cmuyawala@path.org) with copy to [cputa@path.org](mailto:cputa@path.org) **by Friday 16th November 2018.**

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| 1. **Contact details for focal point person**   Name:  Job title:  Role:  Department:  Phone:  E-mail:  Skype ID: |

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| 1. **Motivation** |
| * 1. Is improving data quality and data use for decision making a priority in your country? |
| * 1. Do you have a national data quality improvement (DQI) plan? |
| * 1. If you do have a DQI plan, is it operationalized? |
| * 1. Have you set aside a budget and human resources to address data quality and data use issues? |
| * 1. What do you see as the added value of your country being part of a multi-country data quality improvement and data use collaborative? |

1. **ENDORSEMENT AND AUTHORIZATION (to be signed by the Permanent/Principal/General Secretary of the Ministry of Health or relevant authority):**

I confirm that:

1. There will be Ministry of Health support through the EPI and HMIS Departments for the participation in the BLN/GAVI DQU Collaborative;
2. The Ministry of Health commits to participating in the collaborative and making necessary data available to the collaborative;
3. A focal point person will be nominated to liaise with the collaborative.

I endorse the Government of [COUNTRY] to participate in the BLN/GAVI DQU Collaborative.

**Permanent/Principal/General Secretary Ministry of Health**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_