[V1.15.4]

GAVI Alliance

Annual Progress Report 2014

submitted by

the Government of *Madagascar*

Reporting year: **2014**
Support application for the year: **2016**
Date of presentation: **27/05/2015**

Deadline for submission: 05/27/2015

Please submit the Annual Progress Report 2014 via the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavi.org or a GAVI Alliance partner representative. Documents may be provided to GAVI partners, their staff, and the general public. The APR and its appendices must be submitted in English, French, Spanish, or Russian.

Note: *Please use previous APRs and approved Proposals for GAVI support as reference documents. Electronic copies of previous annual progress reports and approved requests for support are available at the following address* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to the country. Unless otherwise stated, the documents will be made available to the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMS

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

AMENDMENT TO THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any changes to the program(s) in the current application. The GAVI Alliance will document any changes that it has approved and the Country's application will be amended accordingly.

REIMBURSEMENT OF FUNDS

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

SUSPENSION/CANCELLATION

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

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country accept any gifts, payments or benefits directly or indirectly related to this application, that could be construed as illegal or corrupt.

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that this support application is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to conduct the programs described in this application.

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all the responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

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

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

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

By preparing this APR, the Country will inform GAVI about:

activities conducted using GAVI resources in the past year, significant problems that were

faced and how the country has tried to overcome them

meeting the accountability needs concerning the use of GAVI-disbursed funds and in-country arrangements with development partners for requesting

more funds that had been approved in a previous application for ISS/NVS/HSS, but have not yet been released

how GAVI can make the APR more user-friendly while meeting GAVI's accountability and transparency principles

1. Characteristics of the support

Reporting year: **2014**

Support application for the year: **2016**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccine Support (routine immunization)	Pneumococcal (PCV10), 2 dose per vial, LIQUID	Pneumococcal (PCV10), 2 dose per vial, LIQUID	2016
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
New Vaccine Support (routine immunization)	Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule	2016
New Vaccine Support (routine immunization)	IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID	2018

DTP-HepB-Hib (Pentavalent) vaccine: based on your country's current preferences, the vaccine is available through UNICEF in liquid form in one or ten dose vials and in the liquid/lyophilized form in two-dose vials to be used in a course of three injections. Other presentations have already been pre-selected by the WHO and the complete list can be viewed on the WHO website, but the availability of each product should be confirmed.

The second preferred presentation of **IPV, 10 dose(s) per vial, LIQUID** IPV:

The third preferred presentation of **IPV, 1 dose(s) per vial, LIQUID** IPV:

1.2. Extension of the Program

Type of Support	Vaccine	Start Year	End Year
New Vaccine Support (routine immunization)	Pneumococcal (PCV10), 2 dose per vial, LIQUID	2017	2017
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2017
New Vaccine Support (routine immunization)	Rotavirus, 2 dose schedule	2017	2017
New Vaccine Support (routine immunization)	IPV, 5 dose(s) per vial, LIQUID	2019	2019

1.3. ISS, HSS, CSOs support

Type of Support	Reporting fund utilization in 2014	Request for approval of	Eligible for 2014 ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next installment of the HSS grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous IRC Report

The annual progress report (APR) of the IRC for the year 2013 is available here. French version is also available here.

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSOs)

By signing this page, the Government of Madagascar hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and audits. The Government further confirms that vaccines, supplies, and funds were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Madagascar

Please note that this APR will neither be reviewed or approved by the High-level Review Committee without the signatures of both the Minister of Health & Minister of Finance or their authorized representatives.

Minister of Health (or delegated authority)		**Minister of Finance (or delegated authority)**	
Name	ANDRIAMANARIVO Lalatiana (Minister of Health)	**Name**	Alexandre RANDRIANASOLO (Secretary General)
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons can be contacted if the GAVI Secretariat has any queries regarding this document):

Full name	Position	Telephone	E-mail
Dr SAHONDRA HARISOA Lalao Josée	Director of Health Districts	+261320441786	jhsahondra@gmail.com
Dr RAKOTOMANGA Louis Marius Herilalao	Immunization Service Head	+261330764716	rakotomariuslouis@gmail.com

2.2. ICC Signatures Page

If the country submits a report on the Immunization Services Support (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, the HSCC and ICC committees are merged into one committee. Please complete each relevant section and upload the signed pages of the attached documents twice, once for HSCC signatures and once for ICC signatures

The GAVI Alliance Transparency and Accountability Policy is an integral part of the GAVI Alliance's monitoring of the country's results. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the Inter-Agency coordinating Committee (ICC), endorse this report. Signing this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date
ANDRIAMANGA Fetraniaina	DRH/Ministry of Health		

RABETOKOTANY Charles René	DAF/Ministry of Health		
RAMIHANTANIARIVO	DGS/Ministry of Health		
ANDRIAMANJATO Hery	DP/Ministry of Health		
RAZAFIMBELO Clovis	CAI/Ministry of Health		
RANDRIANJAFIZANAKA Mananjoasy Fanohiza	DE/Prime Minister's Office		
HANTA Baraka	MPPSPF/Population Ministry		
RAKOTOMALALA Jean Claude	ASOS		
RAKOTOVAO Gisèle	MNO		
RAKOTOMANGA Dominique	PENSER Madagascar		
RAZAFIMANDIMBY Andriamandrato	Voahary Salama		
RABEMANANTENA Jaurès Churchill	JSI-GAVI/NVI		
ANDRIAMIADANA Jocelyne	USAID		

RAJOELA Voahirana	World Bank/Health		
ANDRIANARISATA John	ADB		
ELKE Wisch	UNICEF Representative		
NDIAYE Charlotte Faty	WHO Representative		

The ICC may wish to send informal comments to: apr@gavi.org. All comments will be treated confidentially. Partners' observations:

Observations of the Regional Working Group:

2.3. HSCC Signatures Page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) 15, endorse this report on the Health Systems Strengthening Program. Signing this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of the GAVI Alliance's monitoring of the country's results. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
RAMIHANTANIARIVO	DGS/Ministry of Health		
RABETOKOTANY Charles	DAF/Ministry of Health		
ANDRIAMANGA Fetraniaina	DRH/Ministry of Health		
ANDRIAMANJATO Hery	DP/Ministry of Health		

RAZAFIMBELO Clovis	CAI/Ministry of Health		
RANDRIANJAFIZANAKA Mananjoasy Fanohiza	DE/Prime Minister's Office		
HANTA Baraka	MPPSPF/Population Ministry		
RAZAFIMANDIMBY Andriamandrato	Voahary Salama		
RAKOTOMALALA Jean Claude	ASOS		
RAKOTOVAO Gisèle	MNO		
RABEMANANTENA Jaurès Churchill	JSI/GAVI-NVI		
RAKOTOMANGA Dominique	Penser Madagascar		
RAJOELA Voahirana	World Bank/Health		
ANDRIANARISATA John	ADB		
ANDRIAMIADANA Jocelyne	USAID		
ELKE Wisch	UNICEF Representative		

NDIAYE Charlotte Faty	WHO Representative		

The HSCC may wish to send informal comments to:apr@gavi.org

All comments will be treated confidentially. Partner Comments:

Observations of the Regional Working Group:

2.4. Signatures Page for GAVI (Types A & B) support to CSOs

Madagascar is not submitting a report on the use of CSOs funds (Type A and B) in 2015

3. Table of Contents

This APR reports on programs carried out in Madagascar between January and December 2014 and gives details of the requests made for the period January to December 2016

Sections

4. Baseline data and annual objectives

Countries are requested to make a realistic evaluation of vaccine wastage, supported by an analysis of data collected at the national level. In the absence of specific data, the country can use the maximum wastage rates given for illustrative purposes in the **Wastage rate Table** appendix of the support request guidelines. Please note the reference wastage rate for the Pentavalent vaccine is available in ten-dose vials.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births	862,549	853,005	886,700	841,134	911,528	864,686		888,897		913,786
Total number of infant deaths	41,402	40,944	42,562	40,374	43,753	41,505		42,667		43,862
Total number of surviving infants	821,147	812,061	844,138	800,760	867,775	823,181		846,230		869,924
Total number of pregnant women	855,314	1,087,400	877,668	1,072,267	0	1,102,291		1,133,155		1,164,883
Number of infants who received (should receive) BCG vaccine	811,216	635,620	833,784	773,843	0	812,805		835,563		858,959
BCG coverage*[1]*	94%	75%	94%	92%	0%	94%	0%	94%	0%	94%
Number of infants who received (should receive) OPV3 vaccine	765,255	711,209	785,424	736,699	0	773,790		795,456		817,729
OPV3 coverage*[2]*	93%	88%	93%	92%	0%	94%	0%	94%	0%	94%
Number of infants who received (should receive) DTP1 vaccine*[3]*	805,706	792,920	826,763	768,729	0	790,254		812,381		835,128
Number of infants who received (should receive) the DTP3 vaccine *[3][4]*	765,255	715,041	785,424	736,699	0	773,790		795,456		817,729
DTP3 coverage*[2]*	93%	88%	93%	92%	0%	94%	0%	94%	0%	94%
Wastage *[5]* rate during the reference year and anticipated thereafter (%) for the DTP vaccine	0	5	0	5	0	5		5		5
Wastage *[5]* factor during the reference year and anticipated thereafter for the DTP vaccine	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine	805,706	792,920	826,763	768,729		790,254		812,381		
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine	805,706	715,041	785,424	736,799		773,790		795,456		
DTP-HepB-Hib coverage *[2]*	98%	88%	93%	92%	0%	94%	0%	94%	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%) *[6]*	10	10	10	10		10		10		

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1	1.11	1	1.11	1	1
Maximum wastage rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	0%	25%	0%	25%	0%	25%
Number of infants who received (should receive) the 1st dose of Pneumococcal (PCV10) vaccine	804,384	775,550	776,607	768,729	0	790,254		812,381		
Number of infants who received (should receive) the 3rd dose(s) of Pneumococcal (PCV10) vaccine	804,384	709,796	776,607	736,799	0	773,790		795,456		
Pneumococcal (PCV10) coverage*[2]*	98%	87%	92%	92%	0%	94%	0%	94%	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%)	5	5	5	5	5	5		5		
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1	1.05	1	1
Maximum loss rate for the Pneumococcal (PCV10) vaccine, 2 dose (s) per vial, LIQUID	0%	10%	0%	10%	0%	10%	0%	10%	0%	10%
Number of infants who received (should receive)1st dose(s) of Rotavirus vaccine	804,384	539,406	776,607	768,729	0	790,254		812,381		
Number of infants who received (yet to receive) 2nd dose(s) of Rotavirus vaccine	804,384	405,526	776,607	736,799	0	773,790		795,456		
Rotavirus coverage*[2]*	98%	50%	92%	92%	0%	94%	0%	94%	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%)	5	5	5	5	0	5		5		
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	1	1
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	0%	5%	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) IPV vaccine		0	610,278	736,799	631,786	773,790	653,663	795,456		817,729
Wastage *[5]* rate in the base-year and planned thereafter (%)		0	30	30	15	15	15	15		15
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1	1.43	1.43	1.18	1.18	1.18	1.18	1	1.18
Maximum loss rate for IPV vaccine, 5 dose(s) per vial, LIQUID (see note above)	0%	30%	0%	30%	0%	30%	0%	30%	0%	30%

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Number of infants who received (should receive) the 1st dose of Measles Vaccine	765,255	697,566	785,424	736,699	0	773,790		795,456		817,729
Measles coverage *[2]*	93%	86%	93%	92%	0%	94%	0%	94%	0%	94%
Pregnant women immunized with TT+	725,704	570,935	884,726	718,419	0	760,781		781,877		803,770
TT+ coverage*[7]*	85%	53%	101%	67%	0%	69%	0%	69%	0%	69%
Vit A supplement to mothers within 6 weeks of the delivery	0	0	0	0	0	0		0		0
Vit A supplement to infants older than 6 months	0	0	0	0	0	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1–DTP3)/ DTP1] x100	5%	10%	5%	4%	0%	2%	0%	2%	0%	2%

Number	Targets (Preferred presentation format)	
	2019	
	Previous estimates in 2014	Current estimates
Total number of births		939,372
Total number of infant deaths		45,090
Total number of surviving infants		894,282
Total number of pregnant women		1,197,500
Number of infants who received (should receive) BCG vaccine		883,010
BCG coverage*[1]*	0%	94%
Number of infants who received (should receive) OPV3 vaccine		840,625
OPV3 coverage*[2]*	0%	94%
Number of infants who received (should receive) DTP1 vaccine*[3]*		858,511
Number of infants who received (should receive) the DTP3 vaccine *[3][4]*		840,625
DTP3 coverage*[2]*	0%	94%
Wastage *[5]* rate during the reference year and anticipated thereafter (%) for the DTP vaccine		5

Number	Targets (Preferred presentation format)	
	2019	
	Previous estimates in 2014	Current estimates
Wastage *[5]* factor during the reference year and anticipated thereafter for the DTP vaccine	1.00	1.05
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine		
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine		
DTP-HepB-Hib coverage *[2]*	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%) *[6]*		
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1
Maximum wastage rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	25%
Number of infants who received (should receive) the 1st dose of Pneumococcal (PCV10) vaccine		
Number of infants who received (should receive) the 3rd dose(s) of Pneumococcal (PCV10) vaccine		
Pneumococcal (PCV10) coverage*[2]*	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%)		
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1
Maximum loss rate for the Pneumococcal (PCV10) vaccine, 2 dose (s) per vial, LIQUID	0%	10%
Number of infants who received (should receive)1st dose(s) of Rotavirus vaccine		
Number of infants who received (yet to receive) 2nd dose(s) of Rotavirus vaccine		
Rotavirus coverage*[2]*	0%	0%
Wastage *[5]* rate in the base-year and planned thereafter (%)		
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	0%	5%

Number	Targets (Preferred presentation format)	
	2019	
	Previous estimates in 2014	Current estimates
Number of infants who received (should receive) IPV vaccine		840,625
Wastage *[5]* rate in the base-year and planned thereafter (%)		15
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1.18
Maximum loss rate for IPV vaccine, 5 dose(s) per vial, LIQUID (see note above)	0%	30%
Number of infants who received (should receive) the 1st dose of Measles Vaccine		840,625
Measles coverage *[2]*	0%	94%
Pregnant women immunized with TT+		826,275
TT+ coverage*[7]*	0%	69%
Vit A supplement to mothers within 6 weeks of the delivery		0
Vit A supplement to infants older than 6 months	N/A	0
Annual DTP Drop out rate [(DTP1–DTP3)/ DTP1] x100	0%	2%

[1] Number of infants immunized compared to the number of births

[2] Number of infants immunized out of the total number of surviving infants

[3] Indicate total number of children vaccinated with either the DTP vaccine alone or combined with others

[4] Please ensure that the DTP3 cells are correctly filled in

[5] The formula for calculating a vaccine wastage rate (as a percentage): [(A - B)/A] x 100, whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

[6] GAVI would also appreciate feedback from countries on feasibility of and interest in selecting and being shipped multiple Pentavalent vaccine presentations (1-dose and 10-dose vials) so as to optimize wastage, coverage, and cost.

[7] Number of pregnant women immunized with TT+ out of the total number of pregnant women

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

Note: Please fill in the table in section 4 “Baseline and Annual Targets” before you continue

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for immunization activities for 2014.** The figures for 2015 - 2016 in Table 4 Baseline and Annual Targets, should be consistent with those that the country provided to GAVI in previous APRs or in a new application for GAVI support, or in the CMYP.

In the space below, please provide justification for those numbers in this APR that are different from those in the reference documents.

- Justification for any changes in the **number of births**

  the figure for births has decreased because the Ministry of Public Health decided to use a population database from the National Statistics Institute and validated by the Health Districts. This population database contains approximately 2,000,000 fewer individuals, compared to the old database.
  NB : However it should be noted there is an error in the first column:
  - the number of pregnant women (855,314) given by the software is now lower than the number of births (862,549)
  - The targets for vaccine antigens in 2014 is given as 98%, instead of 93%

- Justification for any changes in **surviving infants**

  the figure for the number of surviving infants has decreased because the Ministry of Public Health decided to use a population database from the National Statistics Institute and validated by the Health Districts. This population database contains approximately 2,000,000 fewer individuals, compared to the old database.

- Explanation of changes in objectives, per vaccine. **Please note that for objectives with more than 10%, the results from previous years must be justified.** For the IPV, explanation should also be provided as attachment(s) to the APR for EACH change in target population.

  we decided to change the targets for DTP-HepB -Hib from 2015 to 2016, in accordance with the objectives in the cMYP 2012-2016 .
  NB : we chose the DTP Hep B Hib 3 as the main EPI indicator, instead of DTC3. In this table it is not possible to enter N/A or N/D, but only numbers. You cannot delete DTP coverage data without putting a figure, and if we try to enter 0 (zero), the table gives us an error, because these are the antigens in the DTC He Hib B
  Explanation of the 50% figure for Rota coverage: introduction is in May 2014, so the actual denominator is seven months and not 12 months

- Justification for any changes in **Wastage by vaccine**

  no changes

5.2. Monitoring the implementation of the GAVI gender policy

5.2.1. In the past five years, were the sex-disaggregated data on the coverage of DTP3 available in your country through administrative sources and/or surveys? **Yes**

If yes, please provide us with the latest data available and indicate the year in which this data was collected.

Data Source	Reference Year for Estimates	DTP3 coverage estimate	
		Boys	Girls
INSTAT/ENSOMD	2012/2013	63.1%	62.6%

5.2.2. How have you been using the above data to address gender-related barriers to access to immunization?

As far as healthcare is concerned, there has never been a distinction made or discrimination between girls and boys with regard to the services being made available to them. The data for DTP3 confirms this (Girls: 73% and Boys 72.6%). These are the survey data but the regular immunization reports do not have sex-disaggregated data.

5.2.3. If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data in routine immunization reports? **No**

5.2.4. How were the potential gender-related barriers to the access and implementation of immunization services (for example, mothers having no access to the services, the gender of service provider, etc.) resolved from the program point of view? (For more information on these gender-related barriers, refer to the GAVI "Gender and immunization" sheet at http://www.gavialliance.org/fr/librairie/)

socio-cultural and geographical inequality does exists, which reduces the accessibility of immunization services, especially to mothers with little formal education.

Also different approaches have been tested to address these inequities, in the search for pockets of unvaccinated children anywhere, regardless of gender:

- the SSME (Mother and Child Health Week) is held twice a year and is an opportunity to break down the barriers preventing access to services
- there is community dialogue and advocacy to identify the reasons why this is so and to plan remedial activities within the community.
- The JIVR scheme (increased immunization coverage days) following on from the actual micro-planning programs, a bottom-up approach with community workers, has been piloted in 9 PASSOBA regions (UNICEF/EU) and in Analamanga, to implement the policy of taking the program out to the most remote regions and marginalized target areas in larger cities.

5.3. Overall Expenditure and Financing for Immunization

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in the immunization program expenditure and financial flow. Please complete the table using US$.

Exchange rate used	1 US$ = 2,596

Only enter the exchange rate; do not enter the name of the local currency

Table 5.3a: Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US$

Expenditure by Category	Expenditure Year 2014	Funding source						
		Country	GAVI	UNICEF	WHO	GSK	0	0
Traditional vaccines*	1,232,063	493,405	0	738,658	0	0	0	0
New and Under-used Vaccines (NVS)**	23,045,445	1,134,787	21,910,658	0	0	0	0	0
Injection material (AD syringes and others)	0	0	0	0	0	0	0	0
Cold Chain equipment	287,384	0	257,865	29,519	0	0	0	0
Staff	307,251	140,030	167,221	0	0	0	0	0
Other routine recurrent costs	1,913,827	171,174	23,223	1,719,430	0	0	0	0

Other Capital Costs	64,861	0	17,194	47,667	0	0	0	0
Campaigns costs	664,615	172,456	56,979	191,831	216,463	26,886	0	0
▪ Improvement in routine vaccination during the campaign: ▪ Transportation of vaccines ▪ renovation of the storage warehouse ▪ EVM and ETMN ▪ Monitoring of vaccine-preventable diseases ▪ Communication and validation plan for JIVR tools		18,997	154,735	45,586	187,080	0	0	0
Total Expenditures for Immunization	27,515,446							
Total Government Health expenditures		2,130,849	22,587,875	2,772,691	403,543	26,886	0	0

Traditional vaccines: BCG, DTP, OPV, 1st of measles vaccine (or the combined MR, MMR), TT. Some countries will also include Herb and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.4. Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2014? **37**

Please attach the minutes **(Document No. 4)** from the ICC 2015 meeting that endorsed this report.

List the principal concerns or recommendations, if any, made by the ICC on sections 5.1 Reference data and annual objectives carried outto5.3 Overall Immunization Expenditure and Funding

06 VPI meetings
12 monthly meetings for data analysis
08 meetings of the ICC Technical Committee to start interventions again for Coaching, Supervision, External Missions etc.
04 HPV meetings
02 meeting of the Mob Soc Committee
05 Polio campaign meetings

Are any Civil Society Organizations members of the ICC? **Yes, If yes,** which ones?

List CSOs members of the ICC:
ASOS, SALFA, VOHARY SALAMA, PENSER MADAGASCAR, ONM, CRS

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority activities for its EPI program from 2015 to 2016?

The main objectives:

- Achieve a minimum coverage of 90% for DTP3 in at least 90% of healthcare districts
- Increase the coverage of working cold chain equipment from 61% to 80%
- Stop the transmission of cVDPV 1

2. Key activities under the pillars of the healthcare system

Pillar 1: Leadership and Good Governance

- make sure meetings with donors take place (to present the programs and budgets)
- make available or update EPI strategy documentation: The National Immunization Policy, an updated Complete Multi-Year Plan (cMYP) , the Act on Sustainable Immunization Financing, the Budgeted Action Plan to improve EVM
- develop and disseminate documents with technical and financial feedback to the Government and all PTFs

Pillar 2: Service Delivery

- implement the Routine Immunization Improvement plan (JIVR and SSME-Maternal and Child Health Week)
- implement the Communication Plan for the EPI (community dialogue and advocacy)
- monitor the quality of services provided (supervision, audits, inspections, etc.)
- implement and monitor plans for the introduction and demonstration of new vaccines (HPV, IPV)

Pillar 3: Healthcare IT systems for monitoring and evaluation

- hold monthly meetings to harmonize data at all levels
- plan the basic OG requirements and send requests to the Technical and Financial Partners
- carry out DQS and supervision in the districts with problems of data inconsistency
- monitor the performance indicators included in the AWP weekly and monthly
- assist in the preparation of regular meetings and supervision
- document the implementation of IAC monitoring (BHC Rapid Action indicators)
- monitor the performance of the Regions and Districts according to the DVD-MT
- carry out IPV post-introduction evaluation
- develop the 2016 PTA from the bottom up, in line with national guidelines

Pillar 4: Human Resources

- consolidate the improvement of skills for managers at all levels: training, supervision and coaching

Pillar 5: EPI Logistics

- ensure the availability of management tools and incoming supplies for the provision of services at all levels
- ensure transit procedures and timely customs clearance for incoming supplies and cold chain equipment
- ensure the availability and good working order of transportation at the Central level used for the transportation of vaccines
- ensure the cold chain is working well at all levels : cold rooms and refrigerators in the Districts and BHC, keeping them supplied with kerosene, spare parts and fuel for the emergency generators

- implement the EVM improvement plan: the purchase of refrigerators and solar-powered freezers as stated in the cMYP (STATE and TFP) following the recommendations made for the conservation of the environment
- ensure that monitoring of the restoration of the central store annex, funded by UNICEF, is carried out
- plan and implement training for regional and district managers (2nd wave) in Cold chain maintenance and provide them with tool-boxes

Pillar 6: Funding

- develop, implement and track records pertaining to the State Budget commitment, in particular for the following items: payment of co-financing arrears for 2014 and 2015, payment for the purchase of traditional vaccines, regularization of the payment of transit fees and customs clearance of vaccines and consumables
- schedule, budget, send requests, implement and monitor the use of the budget from partners (WHO, UNICEF, GAVI)

Pillar 7: epidemiological surveillance

- implement the Polio vaccine SIAs
- implement improvements in vaccine-preventable diseases surveillance (training courses, meetings, investigations, etc.)

Pillar 8: Links with the community

- implement communication strategies for behavioral change through community dialogues in underperforming districts

5.6. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the sources of funding for Injection Safety equipment in 2014

Vaccine	Types of syringes used in the 2014 routine EPI	Funding sources in 2014
FR BCG	AD 0.05ml	UNICEF - STATE
FR Measles	0.05ml AB syringes and 5ml dilution syringes	UNICEF - STATE
FR TT	0.5ml self blocking syringe	UNICEF - STATE
FR DTP-containing vaccine	0.5ml self blocking syringe	GAVI - STATE
IPV	0.5 ml self blocking syringe	GAVI

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you faced any obstacles during the implementation of this plan/injection safety policy?

IF NO: When will the country develop the injection safety policy? (Please report in the box below)

yes, we have encountered some problems, mainly because of lack of funding for the construction of incinerators for vaccination waste materials

Please explain how sharps have been eliminated in 2014, what were the problems faced, etc.

In the national policy on waste management, validated in 2005 and updated in 2013, it was envisaged that the sharps should be collected, without recapping, in safety boxes to be buried in a secure pit, or burned in incinerators in hospitals and certain Primary Healthcare Centers.
The problem is that only 22% of healthcare facilities have compliant equipment for the proper disposal of this waste (incinerators) due to lack of funding
Note: for your information, 500 BHCs in the six regions supported by USAID, will be equipped with secure pits for the safe disposal of such waste

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Madagascar is not reporting on the use of funds for Immunization Services Support (ISS) in 2014

6.2. Detailed expenditure of ISS funds during the calendar year

Madagascar is not reporting on the use of funds for Immunization Services Support (ISS) in 2014

6.3. ISS Funding Application

The request for expected ISS reward is not applicable for to Madagascar in 2014

7. Support for New and Under-used Vaccines (NVS)

7.1. Receipt of new & under-used vaccines for the 2014 immunization program

7.1.1. Did you receive the approved amount of vaccine doses for the immunization program in 2014 that GAVI specified in their Decision Letter? Please fill the table below

Table 7.1: Vaccines actually received in 2014 compared to the quantity approved for 2014

Please also include any deliveries from the previous year received against this same Decision Letter.

	[A]	[B]	[C]	
Vaccine Type	**Total doses for 2014 in the Decision Letter**	**The number of total doses received by December 31, 2014**	**Total doses postponed from previous years and received in 2014**	**Has the country experienced a stock-out at any level in 2014?**
Pneumococcal (PCV10)	2,533,900	2,606,000	72,100	No
DTP-HepB-Hib	3,013,100	2,179,400	833,700	No
Rotavirus	2,111,600	1,942,500	160,900	No
IPV		0	0	No

If numbers [A] and [B] are different, specify:

- What were the main problems encountered? (Was the lower than anticipated vaccine utilization due to a delay in the introduction of a new vaccine or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with the cold chain? Doses discarded because the VVM changed color or because of the expiry date?)

For the PCV 10 vaccine, there was an underestimation of the target population when order was placed; and the difference was reported in January 2014

For DTP-Hep-Hib, following the delay in state funding, UNICEF purchased a quantity of vaccine to prevent any interruption in the program. However, the State did eventually honor its contribution, which resulted in the surplus of vaccine doses

there was a load-shedding problem in several districts and problems in healthcare training, which led to problems in the cold chain equipment, problems of fuel shortages, due to the State budget procedure

- What actions have you taken to improve vaccine management, e.g. such as amending the schedule for vaccine deliveries? (within the country and with the UNICEF Supply Division)

GAVI would also appreciate feedback from countries on the feasibility and interest of selecting and being sent multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to reduce wastage and cost to a minimum, and maximize coverage.

an annual procurement plan was developed jointly with UNICEF, with the provision of solar-powered equipment in 14 problem Districts, and isolated Basic Health Centers, along with an allocation of fuel and spare parts

If **Yes** marked for any vaccine in **Table 7.1,** indicate the duration, reason, and impact of stock-out including stock-out at central, regional, district or a lower level.

None

7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on progress:

Pneumococcal (PCV10), 2 doses per vial, LIQUID		
Nationwide introduction	Yes	05/11/2012
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	Yes	

When is the Post introduction evaluation (PIE) planned? **September 2012**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	05/05/2014
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	Yes	

When is the Post introduction evaluation (PIE) planned? **April 2015**

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	21/01/2008
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	Yes	

When do you plan to conduct a Post introduction evaluation (PIE)? **November 2008**

IPV, 5 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	18/05/2015
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	To avoid overlapping with the national polio campaign in April 2015, the introduction was postponed until May 11, 2015

When is the Post introduction evaluation (PIE) planned? **December 2015**

7.2.2. If your country has conducted such a post-introduction evaluation in the last two years , please attach the report and summarized the status of the implementation of recommendations based on that assessment (Document No.9)

Main recommendations: review the quality of training by emphasizing the need for formative supervision

7.2.3. Adverse Events Following Immunization (AEFI)

Is there a national system dedicated to vaccinal pharmacovigilence? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Has your country implemented a risk communication strategy, along with national preparedness plans, to deal with possible immunization issues? **Yes**

7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. Rotavirus diarrhea? **Yes**

b. Bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes** Has your country conducted any specific studies on:

a. Rotavirus diarrhea? **Yes**

b. Bacterial meningitis or pneumococcal or meningococcal disease in children? **No**

If yes, does the National Technical Advisory Group on Immunization (ITAG) or the Interagency Coordinating Committee (ICC) regularly examine the data from national sentinel surveillance systems and from special studies to make recommendations on the quality of data produced and on how to further improve the quality of the data? **Yes**

Are you planning to use the data from national sentinel surveillance and special studies to monitor and assess the impact of the introduction and use of vaccines? **Yes**

Please describe the results of monitoring/special studies and NTAGI/ICC contributions:

Thanks to its excellent performance, the sentinel site was congratulated by the WHO Regional Reference Laboratory in South Africa .

ICC HSCC technical meetings were held for the evaluation and harmonization of EPI data, vaccine-preventable disease surveillance and to examine the data from the sentinel site on the surveillance of Hib meningitis and Pneumo, as well as for the diarrhea caused by the rotavirus.
The results of the surveillance of Hib meningitis show a decrease in Hib meningitis after the introduction of the Hib vaccination.
The surveillance of pneumococcal meningitis showed a downward trend in the number of cases after the introduction of PCV 10.
The ICC HSCC members participated actively and regularly in those meetings, making suggestions for improving data quality and recommended the development of the skills of coordinators responsible for the sites, laboratories and technical data managers, whose training had been funded by the WHO.

7.3. Lump sum allocation for the introduction of a new vaccine in 2014

7.3.1. Financial Management Report

	Amount in US$	Amount in local currency
Funds received in 2014 (A)	647,426	1,702,730,932
Balance of funds carried forward from 2013	898,837	2,363,943,109
Total Available Funds in 2014 (C=A+B)	1,546,263	4,066,674,041
Total expenditure in 2014(D)	940,421	2,473,309,630
Balance carried over to 2015 (E=C-D)	605,842	1,593,364,411

Detailed expenditure from the New Vaccines Introduction Grant funds during the calendar year 2014

Please attach a detailed financial statement for the use of ISS funds during the calendar year 2014 (Document No. 10, 11). The terms of reference for this financial statement are attached in **Annex 1.** Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2. Program Report

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant.

The main activities were:

- The organization of immunization services in all healthcare facilities involved in vaccination in the country;
- The preparation and publication of a guide to immunization for the introduction of the rotavirus vaccine;
- The updating and duplication of management software tools and the training curriculum;
- The training of 15 managers in the Central area, 44 regional managers, 224 managers of healthcare districts and 3,100 public health workers and private basic healthcare centers on the introduction of the rotavirus and the AEFI surveillance and practical vaccination;
- Ensuring that the cold chain equipment was working properly, for proper vaccine storage:
    - The acquisition of 3,500 data-logger thermometers;
    - The provision of spare parts for 2,383 kerosene refrigerators (wicks, burners, etc.) to last for three months;
    - month's supply of kerosene for 2,383 basic healthcare center refrigerators and some District Health Service Departments which had problems in 2012-1023.
- On-going vaccine supply:
    - Maintenance of vehicles for the transportation of materials after each delivery: 03 lorries, 02 4X4 vehicles;
    - Delivery of vaccines , vaccination equipment from central level to the regions and districts;
- Improvement in communication to promote immunization and on the introduction of new vaccines:
    - Communication Plan Validation;
    - Production and duplication of IEC materials : over 20,000 posters, 30,000 flyers, more than 150 banners (for Central , Regional and District use) , audio and video cassettes;
    - Advocacy at all levels;

Focus groups with clinicians (scientific committee);

- Training courses for 159 public and private journalists in each of the 22 regions.
- Orientation of the CSOs involved in community activities.

- The implementation of immunization programs, waste management and injection safety:
    - Improving the organizational of routine immunization;
    - To increase the use of the RED/REC/REC approach;
    - Support for immunization during Maternal and Child Health Week;- Waste Management and injection safety for Basic Healthcare Centers.
- Improvement of follow-up evaluation procedures
    - Supervision before and after the vaccine introduction;
    - Post-introduction HPV evaluation;
    - Immunization coverage surveys for the HPV vaccine.

Increase research through support of the sentinel site in the monitoring of bacterial meningitis in children and rotavirus diarrhea (HUMET).

Please describe any problem encountered in the implementation of the planned activities

Problems:

- the IEC purchasing procedure for supplies : ([AZ]) the procedure manual had not been validated although the dispatch of all incoming supplies was imminent. The service was forced to get the price by consulting billboards
- customs clearance for cold chain equipment and consumables purchased through UNICEF (to the point of equipment and incoming supplies detained in port being offered for sale at auction): no budget for freight costs incurred by the Immunization Service/Ministry of Health and this had also not been taken into account by UNICEF. The Memorandum of Understanding between the Ministry of Health and UNICEF, which dates from 2004, is not very explicit about the different responsibilities of the parties involved with regard to customs clearance procedures for such equipment and should be updated

The problem persists and has been aggravated with AD syringes being held in customs at the Toamasina port since March 2014, to the present day. The reason is the one discussed above.

In our budget, there is no section for “The customs clearance of supplies and equipment”

- problem of dumping in the region and districts
- low quality of training due to a lack of supportive supervision

Please describe the activities that will be undertaken with the balance of funds carried forward to 2015

These are the activities that are always included in the initial introduction plans, but spending on the program carries over into 2015

A new project: the construction of a store for supplies and other materials that has been validated by the ICC, given the current shortage of storage facilities for equipment

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Pneumococcal (PCV10), 2 dose per vial, LIQUID	507,000	145,100
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	422,500	167,900
Selected vaccine #3: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	262,470	220,563
Selected vaccine #4: IPV, 5 dose(s) per vial, LIQUID *	0	0
	Q.2: What were the shares of country co-financing during the reporting year 2014 from the following sources?	
Government	929,500	
Donor		
Others		
	Q.3: Did you procure related injection supplies for the co-financing vaccines? What were the amounts in US$ and in supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Pneumococcal (PCV10), 2 dose per vial, LIQUID	11,011	367,033
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	11,011	367,033

Selected vaccine #4: IPV, 5 dose(s) per vial, LIQUID *	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source
Selected vaccine #1: Pneumococcal (PCV10), 2 dose per vial, LIQUID	July	State
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	December	State
Selected vaccine #3: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	July	State
Selected vaccine #4: IPV, 5 dose(s) per vial, LIQUID *	May	STATE
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.	
	We have a Strategic Plan for Sustainable Immunization Financing, which has no funding and should be updated.	

***Note:** co-financing is not mandatory for the IPV

Is GAVI's support, in relation to new or under-used vaccines and supply of injections, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/EVM/VMA)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on the EVM tool can be found at
http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

It is mandatory for the countries to conduct a Vaccine Management Assessment (VMA) prior to an application for the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in the Annual Progress Report. The EVM is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **November 2014**

Please attach the following documents:

a) EVM assessment **(Document No 12)**

b) improvement plan after EVM **(Document No. 13)**

c) the progress report on the activities implemented during the year and the status of implementation of the recommendations from the Improvement Plan **(Document No. 14)**

Progress report on EVM/VMA/ EVSM Improvement Plan is a mandatory requirement

Are there any changes in the Improvement plan, and for what reasons? **Yes**

If Yes, provide more details

in February 2015, the cold chain logistics team made a complete inventory of each type of cold chain equipment, with their condition and operational status.

Between 2014 and 2017 there is a plan to move from oil to renewable energy, in particular solar power, to protect the environment.
The State has a plan to purchase 150 solar-powered refrigerators, every year for 4 years, which is included in the updated cMYP

When is the next Effective Vaccine Management (EVM) assessment planned? **November 2017**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Madagascar is not reporting on NVS prevention campaign

7.7. Change in vaccine presentation

Madagascar does not require any change in vaccine presentations in the coming years.

7.8. Renewal of multi-year vaccine support for those countries whose current support is ending in 2015

If 2015 is the last year of approved multi-year support for a vaccine and the country wishes to extend the GAVI support, the country must apply for an extension of the co-funding agreement with GAVI for vaccine support commencing from 2016 and for the duration of a new comprehensive multi-year plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2017 for the following vaccines:

- **Pneumococcal (PCV10), 2 doses per vial, LIQUID**
- **Rotavirus, 2 dose schedule**
- **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- **IPV, 5 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section 7.11 Calculation of requirements.

- **Pneumococcal (PCV10), 2 doses per vial, LIQUID**
- **Rotavirus, 2 dose schedule**
- **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- **IPV, 5 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2017, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document No. **17**) for the following vaccines:

- **Pneumococcal (PCV10), 2 doses per vial, LIQUID**
- **Rotavirus, 2 dose schedule**
- **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- **IPV, 5 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No. **18**)

- **Pneumococcal (PCV10), 2 doses per vial, LIQUID**
- **Rotavirus, 2 dose schedule**
- **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- **IPV, 5 dose(s) per vial, LIQUID**

7.9. Request for continued support for vaccines for 2016 immunization program

In order to request NVS for vaccination in 2016 do the following:

Confirm here below that your request for 2016 vaccines support is as per table 7.11 Calculation of requirements **Yes**

If you do not confirm, please explain:

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Commodities Cost

The estimated cost of supplies is not disclosed

Table 7.10.2: Freight cost

Vaccine Antigens	Vaccine Type	2011	2012	2013	2014	2015	2016	2017
Pneumococcal (PCV10), 2 dose per vial, LIQUID	Pneumococcal (PCV10), 2 dose per vial, LIQUID				4.40%	4.50%	4.40%	4.50%
Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule				3.90%	4.20%	4.40%	4.40%
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID				3.40%	4.30%	3.60%	4.40%
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID					7.70%	7.50%	8.60%

Vaccine Antigens	Vaccine Type	2018	2019
Pneumococcal (PCV10), 2 dose per vial, LIQUID	Pneumococcal (PCV10), 2 dose per vial, LIQUID	4.60%	3.10%
Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule	4.40%	4.40%
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	4.40%	4.40%
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID	8.60%	9.90%

7.11. Calculation of requirements

Table 7.11.1: Characteristics for DTP-HepB-Hib, 10 doses per vial, LIQUID

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	821,147	844,138	823,181	846,230	3,334,696
	Number of children to be vaccinated with the first dose	Parameter	#	805,706	826,763	790,254	812,381	3,235,104
	Number of children to be vaccinated with the third dose	Parameter	#	805,706	785,424	773,790	795,456	3,160,376
	Immunization coverage with the third dose	Parameter	%	98.12%	93.04%	94.00%	94.00%	
	Number of doses per child	Parameter	#	3	3	3	3	

	Estimated vaccine wastage factor	Parameter	#	1.11	1.11	1.11	1.11	
	Stock in Central Store Dec 31, 2014		#	861,570				
	Stock across second level Dec 31, 2014 (if available)*		#	861,570				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	
	Number of reconstitution syringes required	Parameter	#		No	No	No	
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.30%	3.60%	4.40%	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

No variation

For Pentavalent vaccines, GAVI applies an indicator of 4.5 months of buffer stock + operational stock. The countries must indicate their needs in terms of buffer stock + operational stock, if they are different from the indicator for up to a maximum of 6 months. If you need help to calculate the levels of buffer and operational stocks, please contact the WHO or UNICEF. By default, the pre-selection provides a buffer stock+ operational stock for 4.5 months. **Not defined**

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low

	2014	2015	2016	2017
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015	2016	2017
Number of vaccine doses	#	2,718,900	857,500	3,762,200	3,207,100
Number of AD syringes	#	3,021,900	754,700	4,352,400	3,759,600
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	33,550	8,325	46,375	40,525
Total value to be co-financed by GAVI	$	5,746,500	1,765,500	7,178,500	5,105,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015	2016	2017
Number of vaccine doses	#	294,200	95,000	452,900	476,500
Number of AD syringes	#	0	0	0	0
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value of country co-financing*[1]*	$	603,000	190,500	864,000	759,000

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	805,706	826,763		
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	805,706	826,763		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,417,119	2,422,002		
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses required taking wastage into account**	*D x E*		2,688,422		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *<u>if(wastage factor of previous year current estimation < wastage factor of previous year original approved):</u> ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *<u>else:</u> (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*				
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*				
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*				
H 2	**Stock on 1st January**	*Table 7.11.1*	589,079	861,570		
H 3	**Dispatch schedule**	*Approved volume*		952,500		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		952,500		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				

S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	10.74%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	790,254	84,897	705,357
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	773,790	83,128	690,662
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,347,548	252,196	2,095,352
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses required taking wastage into account**	*D X E*	2,605,779	279,937	2,325,842
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** = • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	- 27,919	- 2,999	- 24,920
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*	- 1,637,033	- 175,865	- 1,461,168
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*	- 695,823	- 74,751	- 621,072
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	4,215,000	452,814	3,762,186
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	4,352,329	0	4,352,329
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	46,366	0	46,366
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	7,574,355	813,707	6,760,648
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	194,985	0	194,985
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	253	0	253
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	272,677	29,294	243,383
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	8,042,270	863,975	7,178,295

U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	843,000		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	10.74%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	12.94%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	812,381	105,084	707,297
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	795,456	102,895	692,561
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,413,279	312,164	2,101,115
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses required taking wastage into account**	*D X E*	2,678,740	346,502	2,332,238
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	1,004,528	129,939	874,589
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,683,500	476,470	3,207,030
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,759,588	0	3,759,588
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	40,519	0	40,519
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	5,455,264	705,652	4,749,612
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	168,430	0	168,430
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	221	0	221
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	240,032	31,049	208,983
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	5,863,947	758,516	5,105,431

U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	736,700		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.1: Characteristics of Pneumococcal (PCV10), 2 dose per vial, LIQUID

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	821,147	844,138	823,181	846,230	3,334,696
	Number of children to be vaccinated with the first dose	Parameter	#	804,384	776,607	790,254	812,381	3,183,626
	Number of children to be vaccinated with the third dose	Parameter	#	804,384	776,607	773,790	795,456	3,150,237
	Immunization coverage with the third dose	Parameter	%	97.96%	92.00%	94.00%	94.00%	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	1,006,600				
	Stock across second level Dec 31, 2014 (if available)*		#	1,006,600				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		2	2	2	
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	
	Number of reconstitution syringes required	Parameter	#		No	No	No	
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.50%	4.40%	4.50%	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Healthcare facilities regularly made use of the more advanced strategies and used more vials than expected and, given the fuel problem, there was a much higher rate of loss than anticipated

Co-financing tables for Pneumococcal (VPC10), 2 dose(s) per vial, LIQUID

Co-financing group	Low

	2014	2015	2016	2017
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	804,384	776,607		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B x C*	2,413,152	2,329,821		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		2,446,313		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	701,600	1,006,600		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		2,195,200		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	5.67%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	790,254	44,817	745,437
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	2,370,762	134,450	2,236,312
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	2,489,301	141,172	2,348,129
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	11,043	627	10,416
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	395,022	22,403	372,619
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	2,105,600	119,412	1,986,188
J	**Number of doses per vial**	*Vaccine parameter*	2		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	2,185,462	0	2,185,462
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	23,162	0	23,162
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	7,112,717	403,372	6,709,345
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	97,909	0	97,909
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	127	0	127
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	312,960	17,749	295,211
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	7,523,713	426,680	7,097,033
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	421,120		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.67%		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	5.76%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	812,381	46,775	765,606
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	2,437,143	140,325	2,296,818
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	2,559,001	147,341	2,411,660
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	610,116	35,129	574,987
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	3,169,200	182,475	2,986,725
J	**Number of doses per vial**	*Vaccine parameter*	2		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	3,351,985	0	3,351,985
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	34,862	0	34,862
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	10,534,421	606,546	9,927,875
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	150,169	0	150,169
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	190	0	190
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	474,049	27,295	446,754
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	11,158,829	642,498	10,516,331
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	633,840		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.76%		

Table 7.11.1: Characteristics for Rotavirus, 2 dose schedule

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	821,147	844,138	823,181	846,230	3,334,696
	Number of children to be vaccinated with the first dose	Parameter	#	804,384	776,607	790,254	812,381	3,183,626
	Number of children to be vaccinated with the second dose	Parameter	#	804,384	776,607	773,790	795,456	3,150,237
	Immunization coverage with the second dose	Parameter	%	97.96%	92.00%	94.00%	94.00%	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	305,400				
	Stock across second level Dec 31, 2014 (if available)*		#	305,400				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	
	Number of AD syringes required	Parameter	#		No	No	No	
	Number of reconstitution syringes required	Parameter	#		No	No	No	
	Number of safety boxes required	Parameter	#		No	No	No	
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.20%	4.40%	4.40%	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

There is a buffer stocks of 25% at all levels

Co-financing table for Rotavirus, 2 dose schedule

Co-financing group	Low

	2014	2015	2016	2017
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	804,384	776,607		
C	**Number of doses per child**	*The immunization schedule*	2	2		
D	**Number of doses required**	*B x C*	1,608,768	1,553,214		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		1,630,875		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	0	305,400		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		1,054,500		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	8.49%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	790,254	67,106	723,148
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	1,580,508	134,211	1,446,297
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	1,659,534	140,922	1,518,612
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	7,362	626	6,736
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	0	0	0
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	1,668,000	141,641	1,526,359
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	3,763,008	319,541	3,443,467
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	165,573	14,060	151,513
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	3,928,581	333,600	3,594,981
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	333,600		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49%		

Table 7.11.4: Calculation of requirements for Rotavirus, 2 dose schedule (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	8.49%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	812,381	68,985	743,396
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	1,624,762	137,969	1,486,793
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses required taking wastage into account**	*D x E*	1,706,001	144,868	1,561,133
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	406,744	34,540	372,204
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	2,113,500	179,471	1,934,029
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	4,768,056	404,886	4,363,170
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	209,795	17,815	191,980
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	4,977,851	422,700	4,555,151
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	422,700		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49%		

Table 7.11.1: Characteristics for IPV, 5 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	821,147	844,138	823,181	846,230	869,924
	Immunization coverage	Parameter	%	0.00%	0.00%	0.00%	0.00%	0.00%
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.00	1.43	1.18	1.18	1.18
	Stock in Central Store Dec 31, 2014		#	0				
	Stock across second level Dec 31, 2014 (if available)*		#	0				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		5	5	5	5
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Number of reconstitution syringes required	Parameter	#		No	No	No	No
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	0.00	0.00
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		7.70%	7.50%	8.60%	8.60%

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

N/A

Co-funding tables for IPV, 5 dose(s) per vial, LIQUID

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing			0.00	0.00	0.00
Recommended co-financing as per			0.00	0.00	0.00
Your co-financing		0.00	0.00	0.00	0.00

	2019
Minimum co-financing	0.00
Recommended co-financing as per	0.00
Your co-financing	0.00

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (Part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	610,278	610,278		
C	**Number of doses per child**	*The immunization schedule*	1	1		
D	**Number of doses required**	*B x C*	0	610,278		
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.43		
F	**Number of doses required taking wastage into account**	*D x E*		872,698		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*				
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*				
H 2	**Stock on 1st January**	*Table 7.11.1*	0	0		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		0		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				

R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (Part 2)

		Formula	2016		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	773,790	0	773,790
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	773,790	0	773,790
E	**Estimated vaccine wastage factor**	*Table 4*	1.18		
F	**Number of doses required taking wastage into account**	*D x E*	913,073	0	913,073
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	- 3,507	0	- 3,507
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*	- 1,281,890	0	- 1,281,890
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*	- 1,053,622	0	- 1,053,622
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	5		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	2,257,391	0	2,257,391
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	101,132	0	101,132
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0

Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	101,132	0	101,132
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	795,456	0	795,456
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	795,456	0	795,456
E	**Estimated vaccine wastage factor**	*Table 4*	1.18		
F	**Number of doses required taking wastage into account**	*D x E*	938,639	0	938,639
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	41,893	0	41,893
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*			
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	5		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	921,084	0	921,084
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	41,265	0	41,265

P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	41,265	0	41,265
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	817,729	0	817,729
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	817,729	0	817,729
E	**Estimated vaccine wastage factor**	*Table 4*	1.18		
F	**Number of doses required taking wastage into account**	*D x E*	964,921	0	964,921
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	42,019	0	42,019
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*			
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	5		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	945,723	0	945,723
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0

O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	42,369	0	42,369
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	42,369	0	42,369
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the delivery schedule for 2014 is not yet available, the volume approved for 2014 is used as the best estimate of the delivery schedule in 2014. The information will be updated when the delivery schedule is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 5)

		Formula	**2019**		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	840,625	0	840,625
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	840,625	0	840,625
E	**Estimated vaccine wastage factor**	*Table 4*	1.18		
F	**Number of doses required taking wastage into account**	*D x E*	991,938	0	991,938
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	211,187	0	211,187
H	**Stock to be deducted**	*H1 - 0.25 x F of previous year original approved*			
H 1	**Initial stock calculated**	*H2 of previous year + I of previous year - F of previous year current estimation*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	0	0	0
J	**Number of doses per vial**	*Vaccine parameter*	5		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	1,156,994	0	1,156,994
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	0	0	0

O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	51,834	0	51,834
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	0	0	0
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	51,834	0	51,834
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00%		

As the shipment schedules for 2014 are not yet available, the volume approved for 2014 is used

8. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this **section only if your country was approved for and received HSS funds before or during the period January to December 2014.** All countries are expected to report on:

   a. The progress made in 2014

   b. The implementation of HSS from January to April 2015 (interim report)

   c. Plans for 2016

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last three months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report on start-up activities.

In order to better align the HSS report to national procedures, for countries where the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **May 15, 2015**. For other countries, the HSS reports should be received by the GAVI Alliance approximately six months after the end of country's fiscal year, e.g., if the country's fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

3. Please use your approved proposal to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately. Please use additional space than that provided in this template, as necessary.

4. If you would like to modify the objectives, activities and pre-approved budgets (reprogramming), please ask the person in charge of your country's application at the GAVI Secretariat for guidelines on reprogramming or send an email to gavihss@gavi.org.

5. If you are requesting additional funds, please make this clear in section 8.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures, and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of the HSCC meetings held in 2014

   b. Minutes of the HSCC meeting in 2015 that endorsed this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the calendar year 2014

   e. External audit report for HSS funds during the most recent fiscal year (if available).

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further installments of HSS funding:

   a. Reports on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter

   b. A demonstration of strong links (with tangible evidence) between activities, output, outcome and impact indicators;

   c. An outline of technical support that may be required to either support the implementation or monitor the GAVI HSS investment in the coming year.

8. Inaccurate, incomplete or unsubstantiated reports may lead the IRC to either send the APR back to your country for clarification (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next installment of HSS funding.

8.1. Report on the use of HSS funds in 2014 and request for additional funding

Please provide data sources for all data used in this report

8.1.1. Report on the use of HSS funds in **2014**

Please complete Table 8.1.3.a and 8.1.3.b (as per APR) for each year of your country's approved multi-year HSS program and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 8.1.3.a and 8.1.3.b..

8.1.2. Please indicate if you are requesting additional funding **Yes**

If yes, please indicate the amount of funding requested: US$ **6,400,000**

These funds will be sufficient to ensure the HSS allocation till December 2016.

Table 8.1.3a $(US)

	2009	2010	2011	2012	2013	2014
Original annual budget (as in the *initially approved HSS proposal*)	3,408,945	3,446,898	3,549,250			3,549,250
Revised annual budget (*if revised during a review of the previous years' annual reports*)						
Total funds received from GAVI during the calendar year *(A)*		1,704,500	5,151,500			
Balance funds (carry over) from previous year (*A*)	690,893	75,492	1,461,026	5,810,369	3,305,812	921,511
Total Funds available during the calendar year *(C=A+B)*	691,074	1,772,992	6,612,526	5,810,369	3,305,812	921,511
Total expenditure during the calendar year (*D*)	615,581	318,966	802,157	2,504,557	2,384,301	792,779
Balance carried forward to the next calendar year *(E=C-D)*	75,492	1,461,026	5,810,369	3,305,812	921,511	128,732
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds)	5,151,397	3,549,250	3,549,250	3,549,250	3,549,250	6,400,000

	2015	2016	2017	2018
Original annual budget (as in the *initially approved HSS proposal*)	3,549,250			
Revised annual budget (*if revised during a review of the previous years' annual reports*)				
Total funds received from GAVI during the calendar year *(A)*	3,549,250			
Balance funds (carry over) from previous year (*A*)	128,732			
Total Funds available during the calendar year *(C=A+B)*	3,677,982			
Total expenditure during the calendar year (*D*)	84,967			
Balance carried forward to the next calendar year *(E=C-D)*	3,593,015			
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds)	6,400,000	5,120,000	5,120,000	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budget (as in the *initially approved HSS proposal*)	6,226,336,322	6,893,795,200	7,098,499,600			8,007,108,000
Revised annual budget (*if revised during a review of the previous years' annual reports*)						
Total funds received from GAVI during the calendar year *(A)*		3,409,000,000	1,030,300,000			
Balance funds (carry over) from previous year (*A*)	1,261,904,875	150,984,902	2,922,052,600	1,162,073,873	6,611,624,478	1,843,021,915
Total Funds available during the calendar year *(C=A+B)*	1,262,234,388	3,559,984,902	1,322,505,260	1,162,073,874	6,611,624,478	1,843,021,915

Total expenditure during the calendar year (*D*)	1,124,340,566	637,932,302	1,604,313,857	5,009,114,264	4,768,602,563	1,798,573,572
Balance carried forward to the next calendar year *(E=C-D)*	137,893,822	2,992,052,600	1,162,073,874	6,611,624,578	1,843,021,915	44,448,343
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds)	9,408,873,174	7,098,499,600	7,098,499,600	7,098,499,600	7,098,499,600	1,443,840,000

	2015	**2016**	**2017**	**2018**
Original annual budget (as in the *initially approved HSS proposal*)	8,007,108,000			
Revised annual budget (*if revised during a review of the previous years' annual reports*)				
Total funds received from GAVI during the calendar year *(A)*	8,007,108,000			
Balance funds (carry over) from previous year (*A*)	44,448,343			
Total Funds available during the calendar year *(C=A+B)*	8,051,556,343			
Total expenditure during the calendar year (*D*)	191,684,492			
Balance carried forward to the next calendar year *(E=C-D)*	7,859,871			
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds)	1,443,840,000	1,155,072,000	1,155,072,000	0

Report of Exchange Rate Fluctuation

Please indicate in Table 8.3.c below the exchange rate used for each calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1st January	1826.47	1927.86	2240.47	2078.45	2236.69	2255.13
Closing on 31st December	1927.86	2240.47	2078.45	2236.69	2255.13	2596.73

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement on the use of HSS funds during the 2014 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes).*

Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health. **(Document Number: 19)**

If any expenditures for the January - April 2015 period are reported in Table 14, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been carried out? No

External audit reports for HSS programs are due to the GAVI Secretariat six months following the end of your government's fiscal year. If an external audit report is available for your HSS program for your government's most recent fiscal year, this must also be attached (Document Number: 21)

8.2. Progress of the HSS activities in the 2014 fiscal year

Please report on any major measures taken to improve the immunization activities using HSS funds in Table 8.2. It is very important to be precise about the extent of progress made and the use of M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of the activity completed, where applicable
- A description of the progress made and any problems encountered
- The source of information and data, if relevant

Table 8.2: HSS activities in the reporting year 2014

Main Activities (insert as many rows as necessary)	**Activities planned for 2014**	**Percentage of activity completed (annual rate)** (where applicable)	**Source of information/data** (if relevant)
Objective 1. Increase the use of Health Facilities by the general population (especially for the following services: CE, FP, Immunization, Child-birth at the centre, PNC)	Act 1.1. Contract/hire healthcare workers in isolated health facilities in accordance with the Training Plan and recruitment procedures.	83	Healthcare worker Pay Slips (Income tax on salaries and interest and 114 healthcare worker salaries paid for the period January to October 2014, instead of from January to December 2014)
Objective 1. Increase the use of Health Facilities by the general population (especially for the following services: CE, FP, Immunization, Child-birth at the centre, PNC)	Act 1.4. Contributions for upgrading Basic Healthcare Service Cold Chains Facilities to secure the premises (painting, roofing, metal cabinets, window bars, locks etc.)	50	Acknowledgement (Extension of the Immunization Service Store completed)

Objective 1. Increase the use of Health Facilities by the general population (especially for the following services: CE, FP, Immunization, Child-birth at the centre, PNC)	Act 1.6. The provision of 15 motorbikes for the Basic Healthcare Centers and the District Health Service Department	100	Proof of delivery (POD) for Motorcycles (They were delivered in 2013 but payment was late, because the procedure was not fully understood)
Objective 1. Increase the use of Health Facilities by the general population (especially for the following services: CE, FP, Immunization, Child-birth at the centre, PNC)	Act 1.6. The provision of three 4x4 vehicles for the Health Districts	0	The Proof of Delivery for the vehicles made note of the non-compliance of the technical specifications
Objective 1. Increase the use of Health Facilities by the general population (especially for the following services: CE, FP, Immunization, Child-birth at the centre, PNC)	Act 1.7. To ensure the reconstruction and working order of the Cold Chain facilities: Purchase of Cold Chain equipment	100	Proof of Delivery for the purchase of two Cold Rooms, installed in 2014, and 19 solar-powered refrigerators delivered in 2015 (after a delay in delivery), in accordance with the UNICEF procedure Activity report with supporting documentation for support expenditure List of Public Health Regional Delegations and Basic Health Care Center beneficiaries
Objective 1. Increase the use of Health Facilities by the general population (especially for the following services: CE, FP, Immunization, Child-birth at the centre, PNC)	Act 1.7. To ensure the reconstruction and working order of the Cold Chain facilities: provision of kerosene	24	State distribution of kerosene Activity report with supporting documentation for support expenditure (18 out of 74 districts are provided with kerosene: 3 months in the year)
Objective 1. Increase the use of Health Facilities by the general population (especially for the following services: CE, FP, Immunization, Child-birth at the centre, PNC)	Act 1.7. To ensure the reconstruction and working order of the Cold Chain facilities: Installation of Cold Chain facilities	100	List of Public Health Regional Delegation beneficiaries Activity report with supporting documentation for support expenditure (100% for the installation of 13 cold rooms purchased in 2013 and 2 cold rooms purchased in 2014)

Objective 1. Increase the use of Health Facilities by the general population (especially for the following services: CE, FP, Immunization, Child-birth at the centre, PNC)	Act 1.7. To ensure the reconstruction and working order of the Cold Chain facilities: Cold Chain Maintenance	24	List of Basic Health Care Center beneficiaries Activity report with supporting documentation for support expenditure (18 out of 74 Districts with BHCs with kerosene powered refrigerators received maintenance support)
Objective 2. Improve financial management and promote good governance	Act 2.1. Improve the administrative and financial project management at peripheral level in compliance with the HSS project administrative and financial procedures manual	100	Software validation meeting acknowledgement Accounting software available
Objective 2. Improve financial management and promote good governance	Act 2.2. Implement innovative strategies for reducing the number of unvaccinated children: monitor the implementation of the RED approach and the National Policy for Community Health: RED	14	Activity report with supporting documentation for support expenditure (10 out of 74 districts have used the RED approach)
Objective 2. Improve financial management and promote good governance	Act 2.2. Implement innovative strategies for reducing the number of unvaccinated children: monitor the implementation of the RED approach and the National Policy for Community Health: DRSP Supervision	28	Activity report with supporting documentation for support expenditure (5 of the 18 regions have carried out supervisory activities)
Objective 4. Improve data management for decision-making	Act 4.1. Institutionalize the utility and use of data (UDD+ DQS) for planning, implementation and decision-making in all 74 districts	100	Acknowledgement (Duplication of 150,000 children's cards)
Objective 4. Improve data management for decision-making	Act 4.2. Prepare data and recommendations on the inconsistency of data to identify bottlenecks	100	Acknowledgement Duplication of 160 manuals about the result of research into data inconsistency and the use of equity funds

8.2.1. For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), describe the progress achieved and obstacles faced (e.g. assessments, HSCC meetings).

Main Activities (insert as many rows as necessary)	**Explain progress achieved and constraints**
Train contract healthcare workers	Progress made: - For 2014 , no recruitment planned but wages of the 114 contractual healthcare workers are being paid by the Project, running from January to October 2014 The Basic Health Care Centers re-opened with GAVI support since the beginning of the project are kept operational and could carry out immunization From 2011 to 2014, 214 GAVI contractual healthcare workers have been integrated into the administration. (Source: DRH/ MSP) Obstacles: The unavailability of funds from the 4th tranche, which were to be used to pay the salaries of healthcare workers from January to December, 2014. A budgetary readjustment was made for the payment of healthcare worker salaries up to July 2014, a loan from the Immunization Services for the month of August 2014, which is already been paid from the funds of the 4th section and the use of any remaining funds from the 3rd section for wages in September and October 2014, using the remainder of the 3rd section, provided for the renovation of the Ambodimahabibo BHC, after of the Contractor failed to deliver, and a portion of funds for the purchase of three 4x4 vehicles. The salaries for the months of November and December 2014 could not be paid until February 2015, using the remaining funds of the 3rd tranche
Contribute to the upgrading of Basic Health Care Centers for the	Progress made: The storage facilities were extended, which facilitated the introduction of new vaccines by increasing the capacity for vaccine storage at the Central level Obstacles: Default of the Contractor for not meeting the deadline, resulting in the termination of the contract for the renovation of the Ambodimahabibo Basic Health Care Center - Port Bergé PHDS
To provide Central supervisors with a	Progress made: 1. Motorcycles: The provision of 15 motorcycles for Basic Health Care Centers in remote rural areas, enabling them to carry out integrated advanced strategies Obstacles: 1. Motorcycles: Insufficient number of motorcycles provided 2. 4x4 vehicles for central supervisors: Lengthy procedures for payment of the dealer's VAT during the purchase of the 4x4 vehicles for central supervisors 3. 4x4 vehicles for the Districts Non compliance of technical specifications of the delivered vehicles, compared to those stipulated

Ensure the reconstruction and working order of	Progress made: - Installation of 13 Cold Rooms in 2013 and two Cold Rooms in 2014 in the regions facilitated the distribution of vaccines at the peripheral levels - Availability of Kerosene for three months out of twelve for BHCs in 18 PHDS out of 74 Obstacles: Delayed release of the fourth section of funds
Implement innovative strategies for the	Progress made: 10 out of 74 PHDS were able to carry out the RED approach Obstacles Funds reassigned to ensure healthcare worker salaries could be paid, following the delay in the release of the 4th tranche of funds
Institutionalize the usefulness/use of data	Progress made: 150,000 children's cards duplicated and distributed to the Basic Health Care Centers Obstacle: Inadequate culture of appropriate data use among the Basic Health Care Center officials
Gather data and make recommendations on	Progress made: Research results on the inconsistency of data duplicated and distributed Obstacle: Continuation of the working methodology involving the re-entry of data at all levels, source of inconsistency - Lack of managerial skill of the regional officials in the implementation of the working methodology
Improve administrative and financial management	Progress made: Availability and functionality of accounting software Obstacles A lack of formative monitoring on the use of the Procedures Manual Administrative, accounting and financial services, regarding the compliance of supporting documentation in the regions and districts

8.2.2. Explain why certain activities have not been implemented, or have been modified, and give references.

Act 1.4. Contributions to the standardization of BHCs to secure healthcare and Cold Chains facilities

The plan was to construct or renovate 45 BHCs. But, following the recommendations of the FMA in September 2011, the program was revised in 2012 and there was a reduction in funds allocated for the renovation of the Cold Chain (new program introduced). This reduced the number of BHCs to be renovated to 35.

It was planned to renovate and secure 23 BHCs between 2012 and 2104. 1 BHC (BHC2 in Ambodimahabibo - Port Bergé PSDS) was not completed and the contract was terminated, due to the default of the Contractor who failed to meet the deadline.

Therefore, there are still 13 BHCs that need to be brought up to standard in 2015 (1 when the remaining third tranche of the funds is paid and 12 when the 4th tranche of funds is paid) .

Act 1.6. Provide central supervisors with one 4X4 vehicle, and the Districts with three 4x4 vehicles and 15 motorcycles for the BHCs and PHDS

The VAT payment planned for 2014 was not made following a delay in the transfer of funds to the dealer. The vehicle for the central supervisors is awaiting delivery following the VAT payment problem.

For the three 4x4 vehicles for the DPHS, the purchase was not completed, and is awaiting finalization, due to the required technical specifications not being met

Payment for the purchase of 15 motorbikes in 2014 and their availability to end users has been delayed due to officials of the Ministry of Public Health rejecting the disbursement.

Act 1.7. Ensure the renovation and working order of the Cold Chain

The purchase of two cold rooms and 19 solar-powered refrigerators was carried out using the UNICEF procedure. A delay in delivery was recorded for the 19 refrigerators, which has led to the installation of the refrigerating equipment not being completed in 2014. The budget for the installation of these 19 refrigerators is expected in the fourth tranche.

8 of 74 Districts have only been allocated kerosene because of a redistribution of funds to pay the wages of healthcare workers, because the 4th tranche of funds was not available (decision submitted and approved at a meeting of the ICC/HSCC)

Act 2.2. Implement innovative strategies for reducing the number of non immunized children: monitor the implementation of the RED approach and the National Policy for Community Health

Only 10 out of 74 PHDS have received GAVI funds for the implementation of the RED approach, because the balance of the third section was reallocated to pay wages from January to July 2014 (due to the unavailability of funds from the 4th section). The amount is equivalent to the cost of implementation of the RED approach in 40 health districts.

8.2.3. If the GAVI HSS grant has been utilized to provide incentives to national health human resources, how have these GAVI HSS funds been used to implement the National Policy or guidelines on Human Resource?

GAVI HSS funds have not been used to provide incentives to workers but to pay for the salary of contract staff to reopen the BHCs that had been closed and to improve their performance. The Department plans to take on 62 Healthcare Workers over time as the availability of budgeted funds allows.

8.3. General overview of objectives achieved

Please complete **Table 8.3** for each indicator and objective outlined in the originally approved proposal and Decision Letter. Please use the baseline values and objectives for 2013 from your original HSS proposal.

Table 8.3: Progress on objectives achieved

Name of objective or indicator (Insert as many rows as required)	Baseline		Agreed target till end of support in original HSS application	2014 Target						Data Source	Explanation if any objectives were not achieved
	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
Objective 1. Act 1.1 - Indicator 1: Number of healthcare workers contracted	42 paramedics recruited out of the 100 proposed (2010) 26 Doctors and 57 paramedics recruited out of the 50 doctors and 100 paramedics proposed (2011) 65 out of 65 paramedics recruited (2012) 28 out of the 28 paramedics recruited (2013)	Ministry of Public Health (DDS, DRH, DP)	50 doctors and 100 midwives or nurses	no recruitment planned	42	83	65	28	0	Ministry of Public Health (DDS, DRH, DP) Recruitment acknowledgment by region	No planned recruitment for 2014 but the project has guaranteed the payment of salaries of 114 contract staff.

Objective 1. Act 1.1 - Indicator N°2 : The percentage of BHCs made operational by the recruitment of paramedics	92.22% in 2011 (The percentage of BHCs made operational by the recruitment of paramedics) 100% (2012) 100% (2013)	Ministry of Public Health (DDS, DRH)			0	57	65	28	0	Ministry of Public Health (DDS) Report Quarterly data collection from the DPHD	110 of the BHCs where paramedic were recruited were still operational at the end of 2014
Objective 1. Act 1.4 - Indicator: Number of BHCs brought up to standard	0 % (= number of BHCs brought up to standards out of the total target of facilities to be secured) - (2011) 13 Basic Health Care Centers - (2012) 09 Basic Health Care Centers (2013)	Ministry of Public Health (DDS, DAAF/SILOP)	45 BHU	01 Basic Health Care Center	0	0	13	9	0	Ministry of Public Health (DDS, DAAF/SILOP) Work acknowledgment by region	Target revised downwards following the changes in the 2012-2013 program. Of the 23 BHCs to be brought up to standard for security reasons, only 13 BHCs were approved in 2012 Following the delays in construction, the remaining 10 BHCs are due to be completed during 2013. 09 of the 10 Basic Health Care Center were receiving funding in 2013. The renovation of one BHC was not completed in 2014 due to the default of the contractor who was awarded the contract. Measures taken: termination of the contract and re-issue of the Invitation to Tender

Objective 1. Act 1.5 - Indicator: Percentage of districts receiving support for the introduction of the new EPI strategies in the 2013 BHC AWP	134 AWP validated (112 Districts and 22 Regions) for 2012 134 AWP validated (112 Districts and 22 Regions) for 2013	Ministry of Public Health (DEP, DDS	133 AWP validated (111 Districts and 22 Regions) per year		133	134	134	134	134	Ministry of Public Health (DDS, DEP, DSEMR) Mission reports Validated AWP of districts and regions	In 2014, the development of 134 AWPs was taken over by the State and other donors.
Objective 1.- Act 1.6 - Indicator N°1 : Number of BHUs provided with motorcycles	40 BHU - (2011) 80 BHU - (2012) 50 BHU - (2013)	Ministry of Public Health (PRMP, DDS)	120 BHU	no acquisition planned	0	40	80	50	0	Ministry of Public Health (PRMP, DDS) Tender Acknowledgement Delivery receipt	50 motorbikes, already purchased in 2013, have been made available to users. Late payment for 15 of the 50 motorcycles, due to the MINSANP managers not releasing the funds
Objective 1. Act 1.6 - Indicator N°2: Number of 4X4 vehicles provided to Central and District supervisors	10 4x4 vehicles for 10 District Health Service Departments (2011) 1 4x4 vehicle for Central supervisors (2011) 1 4x4 vehicle for Central supervisors approved and paid for (2013)	Ministry of Public Health (PRMP, DDS)	10 4x4 vehicles for 10 District Health Service Departments, two 4x4 vehicles for Central supervisors	03 4x4 vehicles for the Districts	0	11	0	1	0		One 4X4 vehicle for central supervisors, paid for and approved in 2013, is awaiting delivery in 2014, due to a delay in the payment of VAT to the dealer Procurement procedures initiated in 2013 for three 4X4 vehicles for the PHDS. In 2014, transaction not completed, due to the non-compliance of the technical specifications of the delivered vehicles with those requested.

Objective 1. Act 1.7 - Indicator N°1: Number of regions provided with cold rooms	13 Cold rooms (2012-2013)	Ministry of Public Health (PRMP, DDS, DSEMR) UNICEF	None	02 Cold rooms for 2 regions	0	0	13	0	2	Ministry of Public Health (PRMP, DDS, DSEMR) UNICEF Activity reports with supporting documents for support expenses	
Objective 1.- Act 1.7 - Indicator N°2: Number of districts provided with refrigerators	14 solar-powered refrigerators/freezers with voltage stabilizers for districts in need (2012)	Ministry of Public Health (PRMP, DDS, DSEMR) UNICEF	None	01 solar-powered refrigerator for one District	0	0	14	0	0	Ministry of Public Health (PRMP, DDS, DSEMR) UNICEF Activity reports with supporting documents for support expenses	The acquisition of 20 solar-powered refrigerators for 2013, including 1 solar-powered refrigerator to a District in need and 19 solar-powered refrigerators for the 19 Basic Health Care Centers that had been reopened: purchasing process launched in 2013, payments made in 2014 for 19 out of the 20 solar-powered refrigerators expected, due to a fluctuation in price.
Objective 1. Act 1.7 – Indicator N°3: Number of reopened BHUs provided with refrigerators	37 solar-powered refrigerators for the reopened BHCs (2012)	Ministry of Public Health (PRMP, DDS, DSEMR) - UNICEF	None	19 solar-powered refrigerators for 19 BHCs which reopened	0	0	37	0	0	Ministry of Public Health (PRMP, DDS, DSEMR) UNICEF	The acquisition of 20 solar-powered refrigerators for 2013, including 1 solar-powered refrigerator to a District in need and 19 solar-powered refrigerators for the 19 Basic Health Care Centers that had been reopened: purchasing process launched in 2013, payments made in 2014 for 19 out of the 20 solar-powered refrigerators expected, due to a fluctuation in price.

Objective 2 - Act 2.1 - Indicator: Percentage of peripheral region managers who have been trained in the use of GAVI funds (HSS and ISS)	Manual of administrative and financial procedures for the use of GAVI funds (HSS and ISS) available 2 regional managers and 2 district managers to be trained in 22 regions and 112 districts (2013)		None		0	0	0	268	0	Ministry of Public Health (DDS) Activity reports with supporting documents for support expenses	Staff and accounting software available to the MU (3 officers) trained on using the software in 2014

Objective 2. Act 2.2 - Indicator N°1: Number of districts or regions having conducted supervision or monitoring	Of the 74 districts receiving support, monitoring and supervision will be carried out in 39 of the 42 poorly-performing districts (2012) Supervision and Monitoring carried out in 6 of the 74 districts and in 14 of the 22 regions receiving support (2013)	Ministry of Public Health (DDS, DSEMR)	None	18 regions supported	0	0	39 Districts	06 Districts and 14 Regions	05 Regions	Activity reports with supporting documents for support expenses	Following the allocation of funds for the regions initially destined for the districts, as recommended by the 2013 CPA for the empowerment of the regions: 14 regions have submitted their request for supervision in 2013 and 5 regions in 2014

Objective 2 - Act 2.2 - Indicator N°2: Number of districts receiving technical and financial support from the MEO for corrective actions	65/74 PHDS in 18 PHRD (2012) 96/112 PHDS in 22 PHRD (2013)		None	112 Districts in the 22 regions	0	0	65	96	10	Activity reports with supporting documents for support expenses	Following the decline in performance of some Districts, national coverage of 112 districts became necessary for the RED approach. However, in 2014 , only 10 of 112 health districts have implemented the RED approach, due to the decision of the ICC/HSCC to prioritize the payment of salaries of contract staff due to the lack of availability of the 4th section of funds . The transferred funds were used for the implementation of the RED approach in 40 Districts.
Objective 3 - Act 3.4 - Indicator: Number of CWs trained in the Joint Support Program	1,200 CWs trained (2009) 1,200 CWs trained (2011) FDF carried out in 23 districts in 2013	Ministry of Public Health (DDS)	Total number of community health workers covered by the HSS scheme = 1200	No targets have been set for 2014	0	1,200	0	0	0	Activity reports with supporting documents for support expenses	Activity not prioritized in the schedule of use for the remainder of the third tranche for 2014
Objective 3 - Act 3.5 - Indicator: Report on the study results on the non-utilization of equity funds	An Equity Fund Improvement plan available in 2013	2,013	Equity Fund strengthening plan	No targets have been set for 2014							Activity not prioritized under the remainder of the third tranche for 2014

Objective 4 - Act 4.1 - Indicator: Percentage of health workers trained in UDD	2 regional managers and 2 district managers trained in 10 regions and 40 districts and 15 Heads of BHCs by District (2011) Implementation of FDF in 112 districts and 22 regions in 2013		Total number of healthcare workers in targeted areas = 640	No targets have been set for 2014	0	600	0	0	0	Activity reports with supporting documents for support expenses	Training of Trainers in 112 districts and 22 regions in 2013 and Basic Health Care Center Health Officer Training in the Monitoring of Data Use in the 18 regions and 74 districts did not take place in 2013 because of Reallocation of funds for training the Monitoring of Data Use in the BHCs for: - Practical vaccination training to fill the shortfall, in accordance with the priorities of the EPI, as recommended by the external review (carried out in 2013) - Training on the use of the GAVI Procedures Manual (carried out in 2013) - The duplication of EPI management software (carried out in 2014)
Objective 4 - Act 4.2 - Indicator: Report on the study results on data inconsistency	Survey conducted by resources from MPH before finalizing by tender for consultancy (2011) Evaluation report identifying bottlenecks preventing data consistency for data available at the operational level (2013)		Evaluation report identifying bottlenecks preventing data consistency for data available at the operational level	no targets have been set for 2014				1		Draft report from consultant Activity reports with supporting documents for support expenses	Duplication and distribution of the results of research on data inconsistency carried out in 2014

Objective 4.- Act 4.3 - Indicator N°1 : Percentage of districts benefited from technical and financial support to periodic reviews	100% (40 out of 40 targeted DHS (2011) 68.91% (= 51/74 districts) 2012) 36% (= 27/74 districts) (2013)		600 BHCs have been reviewed 4 time a year	no targets have been set for 2014	0	40	51	27	0		Activity not prioritized under the remainder of the third tranche for 2014
Objective 4 - Act 4.3 - Indicator N°2: Number of annual reviews carried out	Annual review (2011) Annual review (2012) Annual review (2013)			no targets have been set for 2014	0	1	1	1	0		Activity not prioritized under the remainder of the third tranche for 2014

8.4. Program implementation in 2014

8.4.1. Please describe the major achievements in 2014, especially the impact on health service programs, and how the HSS funds have contributed to the immunization program

1. The payment of salaries to 114 Health Workers in remote areas in 50 health districts in 16 regions has increased access to care and use of healthcare services by keeping the re-opened BHCs operational. The performance of the BHCs has been improved by through use of healthcare services, especially the EPI program.

2. The availability of accounting software for the Management Unit has improved the financial management of funds and improved the monitoring of the financial management of the HSS Project in peripheral areas, with the aim of speeding up the release of funds for the next round of activities.

3. The installation of 15 cold rooms, including 13 in 2013 and 2 in 2014, has increased storage capacity and the conservation of vaccine at the central level (2 cold rooms) and in 13 regions. As a result, the quality and availability of vaccines has improved in the Health Districts.

4. The duplication and distribution of 150,000 children's cards to the BHCs has resulted in those children who were not vaccinated or incompletely vaccinated, being reinstated into the program, through the effective implementation of the lost-to-sight search procedure (decreased dropout rates, increased immunization coverage, etc.)

Immunization performance: DTP3HepB3 coverage rate
Year 2007: 75% (Source: Initial proposal)
Year 2011: 89% (Source: JRF 2011/Immunization Service)
Year 2012: 86% (Source: JRF 2012/Immunization Service)
Year 2013: 90% (Source: Immunization Service Annual Report 2013)
Year 2014: 89% (Source: JRF 2014/Immunization Service)

8.4.2. Please describe any problems encountered and solutions found or proposed to improve future results from HSS funding.

- Problem No.1: The late payment of wages due to the unavailability of funds from the 4th section, which were earmarked for the payment of Health Worker and the MU staff salaries from January 2014.

Solution: The following measures have been taken with the approval of members of the ICC/HSCC (See Minutes of the meeting of 15 July 2014):

- budgetary readjustment of the surplus amount from the 3rd section to ensure the payment of salaries of Health Workers and the MU staff until July 2014
- a loan granted to the Department of Immunization to ensure the payment of salaries of Health Workers and the MU staff for August 2014

- Payment of wages from September to December 2014 by using part of the balance of the third section, earmarked for the construction of the Ambodimahabibo BHC.

- Problem N°2: Three 3 4x4 cars intend for the Districts were not purchased, due to the non compliant technical specifications of the vehicles delivered and unit costs deemed excessive by the account signatories. The settlement of the outstanding payment was therefore not made, resulting in a reduction in the disbursement rate.

Solution: The measures taken include the termination of the previous contract and re-issuing of the tender.

- Problem N°3: The Ambodimahabibo BHC2 was not completed, following the failure of the contractor who was awarded the job. The settlement of the outstanding payment was therefore not made.

Solution: The measures taken include the termination of the previous contract and re-issuing of the tender.

To improve future results obtained from HSS funding, the proposed solutions are for better budget planning accompanied by strict monitoring of budget expenditure and public procurement procedures (pre-selection of approved companies with experience in the relevant fields, improvement of the composition of the members of the reception committee by appointing competent people in the field etc.)

8.4.3. Please describe the exact arrangements made at the different levels for the monitoring and evaluation of GAVI funded HSS activities.

At the Basic Health Care Centers, a monitoring chart shows how the essential service utilization indicators change, including the EPI, facilitates the monitoring and evaluation of program activities.

At the District level: each district fixes their targets, with indicators, for the year. Each district must communicate the targets set to the Basic Health Care Centers. The monitoring of indicators for each BHC is carried out by the District or during regular district meetings.

At REGION level: each region sets its targets with indicators for the year and communicates these targets to the districts. The monitoring of district indicators is carried out by the region.

The CENTRAL level monitors and evaluates the regions and districts during the annual review scheduled at the end of the 4th quarter. In addition, the Immunization Service carried out monitoring and evaluation of the regions and districts in the twice yearly EPI reviews.

8.4.4. Please outline to what extent the M&E is integrated with the country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more harmonized with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in the place of GAVI indicators.

The system for the monitoring and evaluation of the GAVI HSS support is based on existing bodies and mechanisms within the healthcare sector. In particular, the ICC/HSCC responsible for decision-making monitors the use of GAVI funds. The annual Ministry report takes into account the technical and financial situation approved by the ICC/HSCC.

Monitoring and evaluation of HSS programs is scheduled every year during the Ministry's "Mother and Child Health" coordination meeting.

GAVI-HSS funds are entered in the information system of the Ministry of Finance and Budget in collaboration with the Prime Minister

monitoring and evaluation is partly integrated in the national systems: the indicators used are the same as for the sector-based approach and monitoring and evaluation of the HSS and GAVI. However, the role of the ICC/HSCC should be improved by the establishment of a technical committee for monitoring and evaluation to ensure harmonization with the existing IT systems.

8.4.5. Please specify the participation of the main stakeholders in the implementation of the HSS proposal (including EPI and Civil Society Organizations). This should include organization type, name, and role in the implementation process.

The CSOs representatives sit in the ICC/HSCC, which is the decision making body.

At the peripheral level , they are mainly involved in the skill building of community and BHC workers. Moreover, they effectively contribute to the monitoring of the implementation of community activities under the auspices of coordinating bodies for the community approach at the different levels.

Non-denominational NGO: ASOS NGO

Denominational NGO: MLCHD, CRS

Civil Society: NAP (National Association of Physicians)

8.4.6. Please describe the participation of the Civil Society Organizations in the implementation of the HSS application. Please provide names of organizations, type of activities, and funding provided to these organizations from the HSS funding.

GAVI HSS funds were not made available to civil society organizations. ([AZ]) Nevertheless , CSO regional platforms were set up by ASOS and the CRS in 18 regions.

8.4.7. Please describe the management of HSS funds and include the following:

- Has the management of HSS funds been effective?
- Where there any problems in disbursing funds internally?
- What were the measures taken to address any issues and improve management?
- Any changes to management processes in the coming year?

The management of HSS funds has been effective in terms of support and provision of resources for the programs planned.

Nevertheless , problems were observed in the internal release of funds following the delay in releasing the 4th tranche of funds, which was caused by financial management problems.

To improve the management of the use of funds for the HSS Project, a manual of administrative, accounting, financial and public procurement procedures, based on the implementation of the Aide Memoire, is now available to managers at all levels and the recommendations of the 2013 CPA have resulted in particularly rigorous monitoring of the public procurement process.

Note that the project planned for 2008 to 2011 comes to an end in late December 2015, with the use of the 4th tranche of funds. ([AZ]) the second proposal has already been approved will cover the period 2016-2018.

8.5. HSS Activities planned for 2015

Please use **Table 8.4** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015, please explain these changes in the table below and provide explanations for these changes.

Table 8.4: Activities planned for 2015

Main Activities (insert as many rows as necessary)	**Activity planned for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	**2015 actual expenditure** (as at April 2015)	**Revised activity** (if applicable)	**Explanation for proposed changes to activities or budget** (if applicable)	**Revised budget for 2015** (if applicable)
Activities undertaken between January and April 2014, with funds carried forward from 2013	Act 1.1. Contract healthcare workers in remote healthcare facilities	-46,911	36,685		The healthcare workers' wages are expected to be paid from the 4th tranche from January 2014. Given the unavailability of the fourth tranche, the following measures were taken: 1. A budgetary readjustment to ensure the payment of healthcare workers' wages from January to July 2014 2. A loan to the Immunization Service for the payment of wages in August 2014 3. Use of the remaining funds for the renovation of the Ambodimahabibo BHC2 of and part of these funds for the purchase of three 4x4 cars and for the payment of healthcare workers' wages from September to December, 2014. Wages for November and December 2014 were disbursed in February 2015.	
	Act 1.4. Contributions for upgrading Basic Healthcare Service Cold Chains Facilities to secure the premises (painting, roofing, metal cabinets, window bars, locks etc.)	42,125	0		Funds for the renovation of the Ambodimahabibo BHC2, for which the contract was terminated and is being reissued. Funds used to offset the problems of wages for healthcare workers and MU staff.	

	Act 1.6. Provide central supervisors with one 4X4 vehicle, and the Districts with three 4x4 vehicles and 50 motorcycles for the BHCs and SSD	172,302	36,525		15 Motorcycles were paid for in February 2015 and a portion of the funds were used to pay healthcare workers' wages.	
	Act 1.7. Ensure the renovation and operation of the Cold Chain	-28,464	3,207		The budget used for kerosene for BHCs and the installation of 13 cold rooms exceeded the budget allowance, due to the requirements for the introduction of new vaccines.	
	Act 2.1. Improve the administrative and financial management of the project at the peripheral level, in accordance with the HSS Project manual of administrative and financial procedures	340	0			
	Act 2.2. Implement innovative strategies for reducing the number of non immunized children: monitoring the implementation of RED approach and National Policy for Community Health	419	0			
Objective 4. Improve data management for decision-making	Act 4.1. Institutionalize the utility and use of data (UDD+ DQS) for planning, implementation and decision-making in all 74 districts	2,255	0			
	Act 4.2. Prepare data and recommendations on the inconsistency of data to identify bottlenecks	261	0			

	Management Cost	-12,727	8,548		The payment of the MU staff wages is expected to be financed by the 4th tranche from January 2014. Use of part of the funds earmarked for the rehabilitation of the Ambodimahabibo BHC2 to ensure the payment of the MU staff wages.	
The fourth tranche of funds	Act 1.1. Contract health workers in remote healthcare facilities	512,901		Act 1.1. Contract health workers in healthcare facilities that are close to the marginalized population		537,940
Obj 1. Improve access for the general population to quality primary healthcare in health facilities currently unavailable to the marginalized populace	Act 1.4. Renovate 15 BHCs a year in order to improve their physical appearance and make them more welcoming	1,708,983		Act 1.4. To contribute to the upgrading of BHCs, to secure healthcare and cold chains facilities (painting, roofing, window bars, locks, etc.)	The third tranche has been reallocated in the 2012 - 2013 program in order to secure the cold chain facilities, in particular, in addition to improving the Welcome centers Activity retained in the reprogramming of the fourth section. A decrease of 1,578 982.60 USD on the budget initially approved following the 2011 FMA: the unit cost of the renovation was revised downward to take into account only the securing of the facilities (roofing , painting, doors, window bars, etc). A revised budget of 130,000 USD reserved for the renovation of 12 BHCs and monitoring of the work carried out. 10 BHCs will be paid for by a refund from the Madagascar Government, due to overcharging for the purchase of 120 motorcycles in May 2013, in accordance with the CPA, for an amount of 110,000 USD	130,000
	Act 1.5. Carry out missions to validate the 2011 AWP (22 regions), a bottom-up process	84,119			This work is no longer relevant, if we refer to the recommendations of the EPI external review, and the introduction of the new vaccine. In this way, the Cold Chain has been improved (Act 1.7	0

	Act 1.6. Equipping 10 PHDS with a 4x4 vehicle, 2 cars for the central supervisors and 120 Basic motorcycles for the BHCs	120,788		Act 1.6. Supply the Districts with 4X4 vehicles and motorcycles for the BHCs and DHS following the Public Procurement procedure	To resolve the main obstacles to the delivery of immunization and to reach the most vulnerable and remote sections of the population	330,000
	Act 1.7. Introduce and test, in 5 PHDS, different strategies to increase the affordability of healthcare for the general public: A mutual health insurance scheme through the Communes Champions Project, vouchers for malaria	79,149		Act 1.7. Ensure the renovation and operation of the Cold Chain	In compliance with the recommendations of the 2011 FMA, on improving the immunization system, Activity 1.7 in the initial proposal on mutual healthcare insurance, was not selected and was reallocated for the reconstruction and functional requirements of the cold chain. The aim is to: provide refrigeration equipment to improve the routine immunization system, which will automatically be beneficial to the introduction of new vaccines, including Rota, with reference to the 2012 Rehabilitation Plan and the criteria for the selection of equipment. An increase of 978 491,20 USD, from Act 1.4 For the purchase of 100 solar-powered refrigerators at 5. 000 USD per unit, at a total cost of 500,000 USD * For the purchase of 2 refrigerated trucks to a value of 160,000 USD Provision of spare parts for refrigerators for the BHCs at a cost 100,000 USD * Kerosene provided for the 2,400 BHCs at a cost of 252,000 USD Transportation, installation and training costs for the maintenance of the Cold Chain and the purchase of five inverters from 45 640.40 USD	1,057,640

Obj 2. Improving financial management and promote good governance for the availability of resources at the operational level	Act 2.2. Monitor priority healthcare activities at the EPI entry point in target districts, focused on the continuous care for mothers and children in targeted areas. The development of corrective strategies to improve program management	576,577			Activity not retained because the DQS is already a monitoring activity	0
				Act 2.3. To bring the members of EMAR and EMAD back up to speed on using the HSS/GAVI Project Procedure Manual	Following the recommendations of the 2013 CPA to improve financial management, training on the Procedures Manual is required	54,000
				Act 2.4. Check the effectiveness of programs in the Districts (Internal Audit)	One of the recommendations of the 2011 FMA demanded the involvement of the Ministry's internal review body	41,000
				Act 2.5. Conduct a study of financing, based on the performance of the Health Districts (SARA , technical assistance, etc.)	To have high-quality data on the performance of the districts that will serve as a benchmark document for the evaluation of the performance required for obtaining funding for the new application in 2016 - 2018	20,000
Obj 3. Reduce the number of unvaccinated children	Act 3.1: Prepare a regional map of NGOs and Associations working at the community level	0		Act 3.1. Implement RED at District level to reduce the number of unvaccinated children	RED (Reach Every District) is a strategy to reduce the number of unvaccinated children	343,150
	Act 3.2. Hold meetings with the municipalities to carry out reviews of targeted areas. Targets proposed: 100 Communes	132,604		Act 3.2. Draw up service contracts for HSS/GAVI projects with CSOs (CCSD, Communes, NGOs etc.)	Community organizations and CSOs have been established in the municipalities in accordance with the National Community Health Policy	206,604

Obj 4. Make quality data available at all levels	Act 4.1. Train healthcare workers on the utility and use of data for planning and decision-making in the targeted areas.			Act 4.1. Train health workers on the usefulness and use of data and conduct quality control of data in the Districts and BHCs	This aims to improve EPI data quality by introducing DQA (Data Quality Audit) and self-assessment techniques into the training curriculum together with improvements in data utilization	479,096
	Act 4.2. Assess the performance of healthcare data transfer from the BHC to the central level to identify any bottlenecks	9,224		Act 4.2. Evaluate the healthcare data transfer process of the BHCs to identify any bottlenecks	Already carried out in 2012	
	Act 4.3. Conduct periodic reviews and monitoring and supervision in the districts	105,415		Act 4.3. To produce action plans for Districts and BHCs, through regular reviews and twice yearly meetings	To be able to highlight the importance of developing action plans at the meetings In 18 regions , there will be reviews for 74 districts but only 11 districts will be paid for from the GAVI grant (20,240 USD) and 63 Districts will be paid for using a refund, result from overcharging for 120 motorcycles, according to the CPA (169,480 USD)	189,720
	Act 4.4. Support coaching in the targeted areas	140,690			Already included in Act 4.3	0
				Act 4.5. Evaluate the performance of the Regions and Districts on the activities supported by HSS/GAVI during the 1st Proposal	Programs supported by the GAVI Alliance. The initial budget will be transferred to the Activity 1.4 “The Upgrading of Basic Health Care Centers (security) "	0

	Management Cost	78,780			Following the recommendations of the 2013 CPA for the recruitment of two assistant accountants, their salaries will be taken into account in the Management Costs as well as any compensatory payments for staff involved in the GAVI project. in accordance with the Procedures Manual as approved by the ICC/HSCC Coordinating Committee	160,100
		3,678,830	84,965			3,549,250

8.6. HSS activities planned for 2016

Please use **Table 8.6** to outline the activities planned for 2016. If you are proposing changes to your activities and budget (rescheduling) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in the budget is more than 15% of the approved allocation for the specific activity during the current financial year, these proposed changes must be submitted to the IRC for approval with the required proof.

Table 8.6: HSS Activities planned for 2016

Major Activities Major Activities (insert as many rows as	Activity planned for 2016	Original budget for 2016 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2016 (if relevant)
Proposal No 2, 1st year					
Objective 1: Strengthen the coverage of quality primary health care and immunization services in Health Facilities	Activity 1.1: Renovate/rehabilitate the dilapidated PHCs subject to contractual agreements (painting, opening, roofing, ceiling, protective grating, etc.) and the EPI locality	65,000			
	Activity 1.2: Enhance the skills of persons in charge at all levels in bottom-up planning and management	1,206,625			
	Activity 1.3: Improve the quality of healthcare through training/refresher training on practical immunization of public and private health workers (HW) and through strengthening of supervisory training of HW	101,640			
	Activity 1.4: Invest in waste management by bringing the incinerators up to standards at the health facilities level	80,480			
	Activity 1.5: Strengthen the skills of persons in charge of EPI Management/Leadership (Middle Level Management or MLM, practical immunization) at all levels	73,036			

	Activity 1.6 : Help the retention of staff by contributing to the application of incentives for State healthcare workers in remote areas and through continuing to contract healthcare workers to increase the number of staff in the healthcare facilities.	572,295			
Objective 2: Increase the capacity of the cold chain and storage for EPI supplies at the Central, Regional, District and PHC levels	Activity 2.1: Invest in cold chain equipment and supplies at all levels by providing spare parts, through the implementation of the cold chain improvement plan and by providing the BHCs with kerosene for the refrigerators.	1,727,600			
	Activity 2.2: Invest in transport by purchasing refrigerated trucks for the RHD and the Central level	200,000			
Objective 3: Improve the healthcare information system to produce high quality data and its use at all levels to facilitate monitoring and evaluation	Activity 3.1: Improve the technical skills and equipment of the IT and monitoring and evaluation systems	682,885			

	Activity 3.2: Improve the monitoring systems for vaccine-preventable diseases (VPD) by improving the data feedback process from the CW to the BHC level using the REC approach	120,000			
	3: Increase and improve the quality of data through evaluations, training and the use of tools by introducing tools and supporting materials to make it possible to evaluate the availability and state of preparation of each service on a regular basis (e.g. using the SARA software)	258,180			
Objective 4: Increase the use of healthcare services by stimulating demand	Activity 4.1: Improve IEC programs by implementing the EPI Communication Plan and improving access to immunization services for the section of the population which is difficult to reach	321,000			
	Activity 4.2: Provide technical and financial support to the CSOs and associations working at the community level for spreading awareness to the general public and for advocacy	484,170			

	Activity 4.3: Collecting information on behavior in order to adapt communication strategies accordingly	61,750			
Management Cost	Management fee (including financial audits)	445,340			
		6,400,001			

8.7. Revised indicators in case of rescheduling

Countries planning to request rescheduling can do it at any time of the year. Please ask the your country's program managers at the GAVI Secretariat for guidelines on rescheduling or send an email to gavihss@gavi.org

8.8. Other sources of funding for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please indicate the amount and the links to inputs mentioned in the report:

Table 8.8: Sources of funds for HSS in your country

Donor	Amount in US$	Duration of support	Type of activities funded
French Agency for Development (PACSS)	4,728,070	2011 -2014	4,728,070 Euros but none in Dollars Support for the State budget to improve the system in 112 Districts and 2,559 Basic Health Care Centers
World Bank (PAUSENS)	3,512,949	2013 -2016	842,517 USD: Provision of basic facilities, especially for mother and child healthcare, in 347 BHCs in 5 regions 2,316,522 USD: Provision of 296 solar-powered refrigerators for BHCs (delivery forecast for Q1, 2016) 353,910 USD: 347 Motorcycles provided for BHCs in 5 regions
UNICEF	4,000,000	2013 - 2014	For financing EPI programs
European Union (PASSOBA)	259,890	2013 - 2015	Re-opening of BHCs and increasing their effectiveness, especially in rural and remote areas, in 9 regions
USAID (MIKOLO in the South and East and MAHEFA in the West and North, PSI nationally)	6,450,000	2011 - 2016	Increase the use of the MAHEFA community approach: for 6,000 Community health workers in 6 regions and 24 health districts MIKOLO: 6 Regions

8.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

8.9. Reporting on the HSS grant

8.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How the information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these questions were dealt with or solved.

Table 8.9.1: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
Periodic monitoring and evaluation reporting Mission report Training report Meeting Reports Delivery receipt Technical activities report Financial report	Collaboration with technical and financial partners and other Ministry of Health Departments to promote the APR. Technical data from the DDS, DSFaSV, DEP/SSS. Financial data with the PTFs By drawing up a draft of the APR by the select technical committee, composed of technicians from the Directorate of Health Districts, the Directorate of Family Health, the MSP 's Immunization Service and the HSS Project Management Unit. A technical pre-validation is organized before presenting the pre-validated draft to the members of the decision-making body for approval and signature of the final report.	Inconsistency and data harmonization problems between the different directorates and MSP Services The overlapping of activities due to certain members of the Technical Committee of the ICC/HSCC not being available

8.9.2. Please describe any difficulties faced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

No major problems.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?

Please attach:

1. The minutes from all the HSCC meetings held in 2015, endorsing this report **(Document Number: 6)**
2. Latest health sector review report **(Document number: 22)**

9. Strengthen the involvement of Civil Society Organizations (CSOs): type A and type B

9.1. TYPE A: Support to improve coordination and the representation of CSOs

Madagascar **has NOT received GAVI Type A support to CSOs**

Madagascar is not submitting a report on GAVI support for the Type A CSOs in 2014

9.2. TYPE B : Support for CSOs to help implement the GAVI HSS proposal or CMYP

Madagascar **has NOT received GAVI Type B support to CSOs**

Madagascar is not submitting a report on GAVI support for the Type B CSOs in 2014

10. Comments from ICC/HSCC Chairs

You can submit observations that you may wish to bring to the attention of the monitoring IRC and any comments or information you may wish to share in relation to the challenges you have faced during the year under review. These are in addition to the approved minutes, which should be included in the attachments.

11. Appendices

11.1. Annex 1 - ISS instructions

INSTRUCTIONS:

FINANCIAL STATEMENTS **FOR THE ALLOCATION OF NEW VACCINE INTRODUCTION** UNDER **IMMUNIZATION SERVICES SUPPORT (ISS)**

I. All countries that have received ISS/ new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Reports.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires **at least** a simple statement of income and expenditure for activities conducted during the calendar year 2014, containing the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. Funds carried forward from the 2013 calendar year (opening balance as of January 1, 2014)

b. Income received from GAVI in 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own economic classification system, and relevant cost categories (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of December 31, 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the financial year 2014. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.2. Annex 2 - Example of income & expenditure of ISS

MINIMUM REQUIREMENTS FOR ISS FINANCIAL STATEMENTS AND FOR THE ALLOCATION OF A VACCINE INTRODUCTION 1

An example of income & expenditure statement

Summary Table of income & expenditure – - GAVI-ISS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 **(as of 31 December 2013)**	25,392,830	53.000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120.000
Interest based income	7,665,760	16.000
Other incomes (fees)	179.666	375
Total Income	38,987,576	81.375
Total expenditure in 2014	30,592,132	63.852
Closing Balance on 31 December 2014 **(Balance carried over to 2015)**	60,139,325	125.523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification** – GAVI ISS						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages and salaries	2,000,000	4.174	0	0	2,000,000	4.174
Payment of daily allowances	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-Salary expenditure						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overheads	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenses						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTAL FOR 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

** The expense categories are indicative and included only as an example Each Government will provide financial statements in compliance with their own economic classification system.

11.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEM STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit a financial statement for these programs as part of their Annual Progress Reports.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires at least a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. Funds carried forward from calendar year 2013 (opening balance as of January 1, 2014)

b. Income received from GAVI in 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, as per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of December 31, 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these financial statements shall be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS funds are to be submitted to the GAVI Secretariat 6 months following the close financial year in respective countries.

11.4. Annex 4 - Example of income & expenditure of HSS

MINIMUM REQUIREMENTS FOR THE HSS-SUPPORT FINANCIAL STATEMENTS:

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-HSS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Interest based income	7,665,760	16,000
Other incomes (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on 31 December 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-ISS						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages and salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-Salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** The expense categories are indicative and included only as an example Each Government will provide financial statements in compliance with their own economic classification system.

11.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR **SUPPORT TO CIVIL SOCIETY ORGANIZATIONS (CSOs)** TYPE B

I. All countries that have received CSOs - Type B grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSOs - Type B grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Report.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

III. GAVI requires at least a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) to (f), below. A sample basic statement of income and expenditure is provided on the following page.

a. Funds carried forward from calendar year 2013 (opening balance as of January 1, 2014)

b. Income received from GAVI in 2014

c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each partner of the civil society, per your government's originally approved Type B support to CSOs, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of December 31, 2014 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular exchange rate has been applied, and any additional notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these financial statements shall be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for the Type B support to CSOs funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.6. Annex 6 - CSOs income & expenditure example

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON TYPE- B CSO SUPPORT:

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-CSO		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Interest based income	7,665,760	16,000
Other incomes (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on 31 December 2014 (Balance carried over to 2015)	60,139,325	125,523

*Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

Detailed Analysis of Expenses by economic classification ** - GAVI-CSOs						
	Budget in CFA	Budget in US$	Actual Expenses in CFA	Actual Expenses in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages and salaries	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-Salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenses						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

**The expense categories are indicative and included only as an example Each Government will provide financial statements in compliance with their own economic classification system.

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1	✓	Signature Ministre de la Santé et Ministre des Finances.pdf **File desc:** **Date/Time:** 27/05/2015 04: 29: 35 **Size:** 354 KB
2	Signature of the Finance Minister (or delegated authority)	2.1	✓	Signature Ministre de la Santé et Ministre des Finances.pdf **File desc:** **Date/Time:** 27/05/2015 04: 29: 58 **Size:** 354 KB
3	Signatures of the ICC members	2.2	✓	Signatures CCIACCSS - Validation RSA 2014.docx **File desc:** **Date/Time:** 27/05/2015 09: 04: 40 **Size:** 4 MB
4	Minutes of the ICC meeting in 2015 endorsing the Annual Progress Report 2014	5.4	✓	PV CCIA CCSS 21 MAI 2015 - Validation RSA 2014.docx **File desc:** **Date/Time:** 27/05/2015 08: 24: 09 **Size:** 3 MB
5	Signature of the HSCC members	2.3	✓	Signatures CCIACCSS - Validation RSA 2014.docx **File desc:** **Date/Time:** 27/05/2015 09: 06: 24 **Size:** 4 MB
6	Minutes of the HSCC meeting in 2015 endorsing the Annual Progress Report 2014	8.9.3	✓	PV CCIA CCSS 21 MAI 2015 - Validation RSA 2014.docx **File desc:** **Date/Time:** 27/05/2015 08: 25: 15 **Size:** 3 MB
7	Financial statement for the ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✗	RSA Signée.rar **File desc:** **Date/Time:** 27/05/2015 07: 59: 30 **Size:** 1 MB
8	External audit report on the allocation of ISS funds (fiscal year 2014)	6.2.3	✗	SSV 2013 DEFINITIF.rar **File desc:** **Date/Time:** 27/05/2015 02: 45: 41 **Size:** 1 MB

9	Post-introduction Evaluation Report	7.2.1	✗	MAD_ RAP_ PIE HPV tiz.docx **File desc:** **Date/Time:** 27/05/2015 08: 08: 41 **Size:** 465 KB
10	Financial statement for grants for introducing a new vaccine (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	RSA ROTA.pdf **File desc:** **Date/Time:** 27/05/2015 08: 00: 56 **Size:** 648 KB
11	External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2014), if the total expenses in 2014 are greater than US$ 250,000	7.3.1	✓	PV CCIA-CCSS 09 octobre 2014.docx **File desc:** **Date/Time:** 22/05/2015 09: 40: 26 **Size:** 5 MB
12	EVSM/EVM/VMA report	7.5	✓	Rapport_GEV_ Madagascar_2014.pdf **File desc:** **Date/Time:** 20/05/2015 04: 09: 42 **Size:** 6 MB
13	Latest EVSM/EVM/VMA improvement plan	7.5	✓	Plan amu00E9lioration GEV HERONS.xlsx **File desc:** **Date/Time:** 20/05/2015 04: 09: 42 **Size:** 68 KB
14	Status of the implementation of EVSM/EVM/VMA improvement plan	7.5	✓	situation CdF 2 février 2015.pdf **File desc:** **Date/Time:** 20/05/2015 04: 09: 42 **Size:** 699 KB
16	The cMYP is valid if the country requests for extension of support	7.8	✓	PPAC 2012- 2016.pdf **File desc:** **Date/Time:** 20/05/2015 04: 19: 36 **Size:** 2 MB
17	The costing tool for the valid cMYP, if the country is requesting an extension of support	7.8	✓	1cMYP_V3_Madagascar_11Juillet14.xlsm **File desc:** **Date/Time:** 20/05/2015 04: 19: 36 **Size:** 1 MB

18	Minutes of the ICC meeting approving the extension of vaccine support, if applicable	7.8	✓	RECAP RSA.pdf **File desc:** **Date/Time:** 27/05/2015 08: 02: 32 **Size:** 336 KB
19	Financial statement for the HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	Etats financiers signé.docx **File desc:** **Date/Time:** 22/05/2015 09: 16: 52 **Size:** 14 MB
20	Financial statement for the HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	Etat financier janvier au avril 2015.pdf **File desc:** **Date/Time:** 27/05/2015 06: 23: 29 **Size:** 2 MB
21	External audit report on the allocation of HSS funds (fiscal year 2014)	8.1.3	✓	RSS 2013 DEFINITIF.rar **File desc:** **Date/Time:** 27/05/2015 02: 46: 44 **Size:** 1 MB
22	Review report of the health sector - HSS	8.9.3	✓	Rapport_Annuel_2014_220515.pdf **File desc:** **Date/Time:** 22/05/2015 09: 22: 27 **Size:** 4 MB
23	Census report - Type A CSOs support	9.1.1	✗	No file downloaded
24	Financial statement for the allocation of Type B support to CSOs (fiscal year 2014)	9.2.4	✗	No file downloaded
25	External audit report on the Type B support to CSOs (fiscal year 2014)	9.2.4	✗	No file downloaded

26	Bank statements for each program funded in cash or a cumulative bank statement for all programs funded in cash, if funds are kept in the same bank account, where the opening and closing balance for the year 2014 as of i) January 1, 2014 and ii) as of December 31, 2014 are given	0	✓	Relevé bancaire USD et Ariary RSS.docx **File desc:** **Date/Time:** 22/05/2015 09: 29: 22 **Size:** 1 MB
27	Minutes of ICC meeting endorsing change of vaccine presentation	7.7	✗	No file downloaded
28	Explanation for changes in target population	5.1	✗	No file downloaded
	Other documents		✗	5-3 financement PEV.pdf **File desc:** **Date/Time:** 20/05/2015 04: 31: 44 **Size:** 111 KB
				5-résumé exécutif PPAC vf.pdf **File desc:** **Date/Time:** 20/05/2015 04: 19: 37 **Size:** 428 KB
				Budget revisé 4ème tranche.xls **File desc:** **Date/Time:** 27/05/2015 04: 22: 49 **Size:** 172 KB
				état financier HPV.pdf **File desc:** **Date/Time:** 20/05/2015 04: 32: 56 **Size:** 241 KB
				état financier IPV.pdf **File desc:** **Date/Time:** 20/05/2015 04: 34: 31 **Size:** 232 KB
				état financier PCV.pdf **File desc:** **Date/Time:** 20/05/2015 04: 35: 39 **Size:** 240 KB

				état financier PRIME.pdf **File desc:** **Date/Time:** 20/05/2015 04: 37: 31 **Size:** 242 KB
	Other documents		✕	état financier ROTA.pdf **File desc:** **Date/Time:** 20/05/2015 04: 39: 11 **Size:** 247 KB
				Etats financiers RSS 2014 et 2015.xls **File desc:** **Date/Time:** 27/05/2015 08: 22: 54 **Size:** 143 KB
				GEV InsuffisancesCausesSolutions_CSB_02 Dec14.pdf **File desc:** **Date/Time:** 20/05/2015 04: 45: 13 **Size:** 361 KB
				GEV InsuffisancesCausesSolutions_District_0 2Dec14.pdf **File desc:** **Date/Time:** 20/05/2015 04: 44: 21 **Size:** 366 KB
				GEV InsuffisancesCausesSolutions_Regional_01Dec14.pdf **File desc:** **Date/Time:** 20/05/2015 04: 41: 23 **Size:** 359 KB
				GEVInsuffisancesCausesSolutions_Central_01Dec14.pdf **File desc:** **Date/Time:** 20/05/2015 04: 56: 45 **Size:** 267 KB
				Intégration des AS dans la fonction publique.doc **File desc:** **Date/Time:** 27/05/2015 02: 21: 26 **Size:** 61 KB
				PV 02 réunions Mob soc.rar **File desc:** **Date/Time:** 20/05/2015 04: 55: 26 **Size:** 2 MB

				PV 05 réunions polio.rar **File desc:** **Date/Time:** 20/05/2015 05: 11: 31 **Size:** 8 MB
				PV CCIA-CCSS 09 juillet 2014.docx **File desc:** **Date/Time:** 22/05/2015 09: 38: 54 **Size:** 4 MB
				PV CCIA-CCSS 09 octobre 2014.docx **File desc:** **Date/Time:** 22/05/2015 09: 42: 07 **Size:** 5 MB
	Other documents		×	PV CCIA-CCSS 15 juillet 14.docx **File desc:** **Date/Time:** 22/05/2015 09: 37: 29 **Size:** 6 MB
				PV CCIA-CCSS 20 janv 2014.pdf **File desc:** **Date/Time:** 22/05/2015 09: 34: 01 **Size:** 847 KB
				PV CCIA-CCSS 20 mai 2014.docx **File desc:** **Date/Time:** 22/05/2015 09: 35: 34 **Size:** 5 MB
				PV CCIA-CCSS 24 novembre 2014. ([A-Z])OCX **File desc:** **Date/Time:** 22/05/2015 09: 42: 51 **Size:** 1 MB
				PV de réunion CCIACCSS Validation du plan d'utilisation 4ème tranche.pdf **File desc:** **Date/Time:** 27/05/2015 04: 24: 07 **Size:** 1 MB
				recommandations GEV 2014.pdf **File desc:** **Date/Time:** 20/05/2015 04: 46: 11 **Size:** 386 KB
				RSA HPV.pdf **File desc:** **Date/Time:** 27/05/2015 08: 01: 49 **Size:** 436 KB