Annual Progress Report for 2007

Submitted by

the Government of

MADAGASCAR

to

Final deadline for submission: May 15, 2008
(Excel spreadsheets attached)

Please return a signed copy of the document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, rajkumar@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

Date of submission: _____
Annual progress report (this report provides an account of the activities performed in 2007 and also enumerates requests for the period of January – December 2009

Signatures Page for ISS, INS and NVS

For the account of the Government of: …**Madagascar**…….

Ministry Of Health, Family Planning, And Social Welfare:	**Ministry of Finance:**
Title: ……..	Title: ……..
Signature: ……..	Signature: ……..
Date: ……..	Date: ……..

We, the undersigned members of the Interagency Coordinating Committee, endorse this report. Signature of the endorsement page of the present document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the requirement for regular government audits, as detailed in the banking form.

The ICC Members hereby confirm that the funds received from the GAVI Funding Entity have been audited and that their use has been accounted for in accordance with official government or partner requirements.

Name/Title	Agency/Organization	Signature	Date

Signatures Page for HSS Support

For the account of the Government of ……

Ministry of Health:

Title: ……

Signature :……

Date : ……

Ministry of Finance :

Title: ……

Signature :……

Date : ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the Health Systems Strengthening Programme. Signing the endorsement page of the present document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the requirement for regular government audits, as detailed in the banking form.

The HSCC members hereby confirm that the funds received from the GAVI Funding Entity have been audited and that their use has been accounted for in accordance with official government or partner requirements.

Name/Title	Agency/Organization	Signature	Date

Progress Report Form: Table of Contents

The text boxes in this report are provided only as guides. Please feel free to add text beyond the space provided.

1. Report on progress made in 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (do they appear in Ministry of Health and Ministry of Finance budget): **Yes**/No
If yes, please explain in detail how they appear in the Ministry of Health budget in the box below.
If not, explain whether it is intended to get them on-budget in the near future?

They appear within the framework of the 2006-2008 Public Investment Program (PIP) / Three-year financial and physical planning under outside funding.
The program is listed under the PIP code: 500 71 06906 1, which is entitled "EPI Support" However, since no agreement exists between the Government and GAVI for EDT (Export duties and taxes) and VAT (Value added tax), the Minister listed it with the code for UNICEF.

1.1.1 Management of ISS Funds

Please outline the mechanism for the management of ISS funds, including the role of the Interagency Coordinating Committee (ICC).
Please report on any possible problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

1 653 756 854,40

In 2007, the country received the grants for the additional children immunized in 2005 and 2006, given that results of Data Quality Audit conducted in 2005 were satisfactory; likewise, a remaining balance from the funding received in 2006 was in the GAVI/EPI account at the beginning of the year. The grant funds and this balance were managed jointly by the Deputy Minister of Health, Family Planning and Social Welfare and the Head of the Immunization Department. The Deputy Minister is the co-signatory (having been the former Director of Family Health), along with the Head of the Immunization Department. The overall coordination of the EPI is provided by the Interagency Coordinating Committee (ICC) chaired by the Minister of Health, Family Planning and Social Welfare. The ICC brings together senior officials from various departments (Finance and Budget, Population, Education, Communication, National Defense, etc.) and agency heads. The ICC senior was replaced by the National Committee for Child Survival (CNSE) senior, given that members of the ICC senior are also members of the CNSE. It meets every 3 months and validates the annual Work Plan of the EPI as well as the use of funds. The report on the use of funds is presented to the members of the ICC. However, members of the technical EPI subcommittee meet monthly. This year, the funds were used at the central and regional levels. (DRSPF: Direction Régionale de la Santé et du Planning Familial or Regional Directorate of Health and Family Planning) and the districts. The procedures for managing funds require two signatories for project management. The funding is directly transferred to bank accounts at the peripheral level: DRSPF and districts. Those are notified of this by letter.
Audits are conducted on the consolidated budgets out at least once per year by officials of the Ministry of Health and Family Planning.

Once the work is completed, the original supporting documents are sent to the Immunization Department; users keep a copy for 4 years. A reminder by letter or SSB radio is sent by the Immunization Department or the Directorate of Maternal and Child Health if these documents fail to arrive 6 months after the end of work. No requested release of funds may be released as along as the audit is not done.

1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance ***Immunization Services Support*** *resources.*

Funds received during 2007: 1,653,756,854.40 Ariary, or 918,753.80 USD (exchange rate: 1 USD = 1800 Ariary
Remaining funds (carry over) from 2006: 1,103,866,791.32 Ariary or 613,259.32 USD
Balance to be carried over to 2008: *2,153,583,382.40 Ariary 1,196,435.21 USD*

USE OF GAVI FUNDS IN 2007

Balance on January 1, 2007:	**1,103,866,791.32**	**Ariary**
Amount received:	**1,653,756,854.40**	**Ariary**
TOTAL	***2,757,623,645.72***	***Ariary***

Title	Level	Amount received	Total	
Overall service	Central	127533472		
	Regional			
	District	1216600		
	TOTAL		***128750072***	
Supplies vaccines and equipment	Central	134845377		
	Regional	6071800		20% per diem
	District	16100110		
	TOTAL		***157017287***	
Petrol	District	290801991		
	TOTAL		***290801991***	
Vehicles	Central	10304000		
	District			
	Regional			
	TOTAL		***10304000***	
Training/Microplanning	Central	1119983		for the District Health Departments
	Regional	24720723		
	District	46370250		
	TOTAL		***72210956***	
Cold-chain maintenance	Central			
	Regional	47290854		
	District	51233711		
Procurement of spare parts	for district / CSB	196520000		
for the cold-chain	TOTAL		***295044565***	
Advanced Strategies	District	118014286		
Mobile Strategies	District	10923010		
	Region	5017080		
			133954376	
Social mobilization	Central	85317345		
	Region	2 109 300		
	District	360000		
	TOTAL		***87786645***	

Supervision	Central	16621050	
	Region	16108490	
	District	89507775	
	TOTAL		***122237315***
Coordination Monitoring and evaluation	Central	51700045	
	Region	45412922	
	District	25640505	
	TOTAL		***122753472***

TOTAL ***1,420,860,679***

Other Expenditures

Checking account fee: 44,436 Ariary

TOTAL expenditures : ***1,420,905,115 Ariary***

Other credits (in addition)

Interest from January to December 2007: 8,663,258.68 Ariary

Balances transferred: 24,056,514 Ariary

2006 wired grants: 784,145,079 Ar December 07

Balance on December 31, 2007: ***2,153,583,382.40 Ariary***

Table 2: Use of funds during 2007
Funds received during 2007: 1,653,756,854.40 Ariary or 918,753.80 USD (exchange rate: 1USD = 1800 Ariary
Remaining funds (carry over) from 2006: 1,103,866,791.32 Ariary or 613,259.32 USD
Balance to be carried over to 2008: 2,153,583,382.40 Ariary 1,196,435.21 USD

USE OF GAVI FUNDS IN 2007

Area of Immunization Services Support	Total amount in USD	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	N/A	N/A	N/A	N/A	-
Injection equipment	N/A	N/A	N/A	N/A	-
Staff	17,446.30	14,982.8	674.6	1,788.9	-
Transportation	69,785.4	59,931.2	,2698.5	7,155.6	-
Maintenance and overhead	71,527.8	70,851.92	-	675.88	-
Training	40,117.19	622.2	13,733.7	25,761.25	-
Social mobilization and IEC	48,770.35	47,398.52	1,171.83	200	-
Outreach activities for hard-to-reach groups	74,419.09	-	2,787.26	71,631.83	-
Supervision	67,909.6	9,233.91	8,949.16	49,726.54	-
Monitoring and evaluation	68,196.37	28,722.24	25,229.40	14,244.72	-
Epidemiological surveillance	-	-	-	-	
Vehicles (maintenance)	5,724.4	5,724.4	-	-	-
Cold chain equipment	109,177.7	-	-	109,177.7	-
Other petrol to purchase for refrigerators…… (*specify*)	161,556.66	-	-	161,556.66	-
Preventive and curative maintenance of the cold chain (maintenance)	54,735.77	-	28,463.17	26,272.6	
Total:	***789,366.63***	**237,467.19**	**83,707.62**	**468,191.68**	

Balance of funds for next year	(with the interests and the grants from 2006 received in December 2007) **1,196,435.21**				

If no information is available because of block grants, please indicate these amounts in the cells reserved for "other" areas of support.

Please attach the minutes of the ICC meeting(s) when the allocation and use of funds were examined: February 22, 2007; August 29, 2007

Please report on major activities conducted to strengthen immunization, as well as any problems that arose relating to your multi-year plan.

Madagascar is committed to achieving the Millennium Development Goals, which include the reduction of maternal and child mortality. In Commitment 5 of the Madagascar Action Plan (MAP), challenge No. 5, the country is determined to reduce under-five mortality. The 2006 data analysis showed that in general the state of immunizations against and surveillance of vaccine-preventable disease was satisfactory as reflected in the indicators.
However, it was noted during the 2nd national review in December 2006 that districts still face difficulties in promoting immunizations. This situation is reflected by the irregular operation of the cold chain in some districts, the lack of community participation, the unavailability of necessary resources, the poor timeliness of immunization reports, and the existence of populations not covered by immunization activities.

The results of the epidemiological surveillance of the period from January to March 2007 indicate that the levels of good performance are acceptable; however, the timeliness and completeness of active surveillance are still poor: more than 60% of health districts are silent. Although the rate of AFP cases with adequate stool samples is quite satisfactory at 81%, those districts that have reported suspected cases of measles with blood samples are few. There is still insufficient reporting of social mobilization activities undertaken to promote vaccine-preventable disease surveillance.

How departments are operating points to certain failures. The Surveillance Focal Points and the EPI managers of some regions have been replaced by new components. Roughly 40% of the new regions have untrained Surveillance Focal Points.

In addition, as a remedy for this situation, guidelines on immunization and surveillance have been distributed to regional officials during reviews; this information should be shared with those service providers at the regional and district levels.

- The results of the **evaluation of the "Reaching Every District" strategy, conducted in July 2007**, identified the following major limitations: insufficient technical staff in the districts and health centers, chronic job instability among staff, insecurity in certain outreach sites, inadequate cold chain equipment, budget cuts on State funding resulting in the cancellation of certain activities included in the Annual Work Plan.

➔ In order to achieve the objectives targeted in 2007 and to increase immunization coverage, different strategies have been implemented:

1. Strengthening the routine EPI

- Strategies to revive the EPI:
  - availability of vaccines and injection equipment at all levels
  - outreach and mobile strategies strengthened at health centers by targeting isolated and remote populations with no access to health services with the support of regional mobile health teams in some districts

- searching for those lost to follow-up, which enables the dropout rate to be reduced; this is carried out with the assistance of community mobilizers and the community itself
- implementation of the "Reaching Every District" (RED) strategy, which is now widespread in 2007, 12 new districts have introduced the RED strategy; this makes a total of 101 districts that have implemented this RED strategy since 2003
- regularly providing management tools such as preliminary report forms, fact sheets, and monthly EPI report forms at all levels implementation of EPI data management software at the regional and district level along with training and follow-up after the implementation. In all, the software was set up in 20 regions along with their districts.
- supervisory training was conducted at all levels.

- Integrating other interventions with immunization activities on behalf of child survival, including 1. **the institutionalization of the Mother and Child Health Week (MCHW).** Effective October 2006 and held twice a year in April and October, the MCHW targets interventions that have an impact on the reduction of under-five mortality. For the October 2007 version, child survival interventions have focused – among other interventions – on immunizing children against measles (follow-up campaign) coupled with the distribution of long-lasting insecticide-treated mosquito nets (LLIN), vitamin A supplementation, and deworming. For the maternal package, interventions have focused on anti-tetanus immunization, the prevention of mother-to-child transmission in the fight against HIV/AIDS, malaria prevention, as well as deworming as a part of the interventions for pregnant women, vitamin A supplementation for women who have recently given birth, and family planning for women of reproductive age.

2. **The "Mendrika Community" approach,** which is a community approach initiated by USAID that focuses on the continuum of mothers/child health care. These activities are mainly focused on the activities of the PNC package (pre-natal consultations) for pregnant women, IMCI and post-natal consultations for children under 5 years (including immunization activities). Each municipality is working with local NGOs in the planning and implementation of social mobilization activities. The supervision, monitoring and evaluation are done by CSB health workers on a periodic basis. Since 2005, the areas of intervention have covered 13 regions located in 4 Faritany (Provinces): Toamasina, Antananarivo, Fianarantsoa and Toliara, which includes 41 SSDs and 303 communities.

- Strengthening the cold chain as well as renovating part of the equipment at the central, regions, districts and health care facility level thanks to a UNICEF grant of 802 refrigerators and 60 freezers. Granting of oil and spare parts were granted for the refrigerators in those health centers and districts that immunize, training of officials in the maintenance of the cold chain, as well as the heads of districts from the DIANA and Betsiboka regions, preventive maintenance at all levels.
- Strengthening the abilities of health workers with:

✓ Training in the management of computerized EPI data and in the management of vaccines for EPI managers, the managers of statistical health data in the regions of Melaky and Betsiboka, along with the districts heads therein, making a total of 20 managers from 20 regions who have been trained since 2003

✓ Training in EPI management / senior course for the managers from five regions as well as their districts (Vakininkaratra,

Analamanga, Menabe, Itasy, Bongolava)

- ✓ Holding a DQS (Data Quality Self-Assessment) in a few districts of the regions of Sava, Diana, and High Matsiatra
- ✓ Introducing the MLM course for those in charge of the 2 Schools of Medicine (Antananarivo and Mahajanga) and of the Training Institutes (INSPC and IOSTM) with support of a facilitator from the regional WHO office
- ✓ Training of trainers in EPI management / senior course for the teachers from the IFRP (Regional Allied Health Care Training Institutes) with facilitation by an expert from the regional WHO office
- ▪ Renewal by UNICEF of a portion of the fleet: allocation of 4 4x4 vehicles to the central level and 3 regions (Itasy, Sofia and Anosy), allocation of motorcycles to 41 districts
- ▪ Strengthening coordination at all levels by holding quarterly meetings of the National Committee for Child Survival (the ICC is incorporated therein).

2. Strengthening the activities for the control and epidemiological surveillance of the EPI target diseases

- ✓ **Polio Eradication**
  - ▪ Capacity building of health workers by upgrading the regional focal points (RFP), districts focal points (DFP), and health workers
  - ▪ Strengthening active surveillance in the sentinel sites
  - ▪ Strengthening the level of functioning of various committees
  - ▪ Supervisory training
  - ▪ Monitoring and evaluation with reviews held at the central and peripheral level (regional and district)

- ✓ **Measles control**
  - ▪ Strengthening the case-by-case surveillance activities for measles with serological confirmation in the laboratory at all districts
  - ▪ Holding the monitoring campaign and integration with other child survival child survival interventions. The results of quality monitoring showed that: 95% of children 9 to 59 months have been vaccinated against measles; 97% of children 6 to 59 months have received vitamin A; 97% of children aged 12 to 59 months have been dewormed; 80% of children aged 0 to 59 months in the targeted districts have received long-lasting insecticide-treated nets (LLINs).
  - ▪ Strengthening the routine EPI

- ✓ **Elimination of maternal and neo-natal tetanus**
  - ▪ Anti-tetanus immunization campaign with 3 visits to 23 districts classified as high risk, priority 2 (2 visits in 2006 and 1 visit in 2007). The campaign's target population consists of women of childbearing age (WCBA) from 15 to 49 years of age. 85% of the WCBAs of these districts are thus protected against tetanus at the end of the 3 visits.
  - ▪ Strengthening the routine EPI

3. Monitoring and evaluation

- Monitoring and evaluation with quarterly and monthly reviews along with supervisory training at all levels.
- Outside evaluation of the RED strategy in July 2007
- Evaluation of vaccine management in September 2007 in 6 regions (Betsiboka, Melaky, Boeny, Atsinanana, Atsimo Andrefana and Amoron'Imania)
- Participation in regional workshops.

➔ <u>The problems encountered in the implementation of the multi-year plan are:</u>

1. Regarding logistics: * Vehicular equipment outdated and inadequate and functionality of the cold chain: problem with petrol at the beginning of the year, problems supplying the spare parts for refrigerators. Problems solved by the purchase of petrol and spare parts with the operating budget from the State, with GAVI funds, and through the donation of cold-chain equipment, vehicular supplies, and spare parts by UNICEF
   * Out of stock of BCG and DTP-Hep B, resolved by re-orders through UNICEF / Supply of Copenhagen.
2. Isolation of certain districts and 40% of the population over 10 km from health facilities, hence the introduction of outreach and mobile strategies, support of mobile health teams from the regions to the districts that need them, and the involvement of community mobilizers
3. Delay in implementation of certain activities: Introduction of RED, training and updating of regional officials, supervision due to inadequate human resources, and overlapping activities (celebration of the mother and child health week) – this problem has been solved through the involvement of regional supervisors for the RED, integrated supervision at the peripheral level, and the rescheduling the activities planned for early 2008 as trainings for regional officials
4. Problem of data completeness/timeliness, solved by sending the monthly EPI report by e-mail, telephone and SSB radio before sending the letter through the post, especially for isolated and remote districts

1.1.3 Immunization Data Quality Audit (DQA)

The 1st DQA was conducted in the country in July 2003. The results showed a verification factor of 62%, while the quality of system index is 49%. The quality of system index is average at the district level (53.5%) and the level of the CSBs (45.2%).

The 2nd DQA was conducted in the country on October 10-26 2005. The results showed a verification factor of 1.002 nationally. Recommendations were issued. The plan of action intended to improve the reporting system according to these recommendations was included in the annual work plan for 2006 and 2007

Next DQA * scheduled for **_2010_** (last DQA in 2005)_____

**If no DQA has been passed, when will the DQA be conducted?*
**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA.*

**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

- Introduction of a standardized scoring sheet.
- Standardization of the denominators at the national and peripheral levels and introducing the use of the denominator recommended by the WHO.
- Accounting for the EPI data from the District Hospitals (CHDs) and the Regional Hospitals (CHRs) in the district reporting system.
- Permanently supplying the lower levels to support the EPI.

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?

YES [v] *NO* [ ] *off word] reports*

If yes, please report on the degree of its implementation and attach the plan.

-- The plan is part of the 2007 action plan of the Immunization Department (see attachment)

- State progress of its implementation: **Objectives required for the new plan**

- 1. Providing standard management tools to the peripheral centers / **Achievements**:
  - ✓ Increased supply of scoring sheets, preliminary report forms, storage forms, etc.
  - ✓ Allocation of standard management tools to health centers that immunize and sending directions for use, monitoring use during supervisory sessions
- 2. Using the denominator recognized by the WHO (surviving children). **Achieved at all levels** (Central, Regional and District Health Centers)
- 3. Integrating data from the CHRs and CHDs in district reports. **Achievement**: the system of sending monthly reports from the CHRs (Regional Hospitals) and CHDs (district hospitals) does not conform with that of the base health centers, who send their monthly activity reports (MAR and the monthly epi report) directly to the district health departments, who send it the central level, whereas those from the CHRs and CHDs are sent directly to the central level. The Immunization Department receives data from the CHRs and CHDs from the Health Statistics Department, which is responsible for the data management of all programs.
- 4. Ensuring the availability of EPI support at the peripheral level.

✓ The standard management tools were distributed at the district level, which in turn provide for their health centers.

Please attach the minutes from the ICC meeting during which the plan of action for the DQA was discussed and adopted by the ICC.
November 17, 2005
Please give an account of the studies conducted in 2007 on EPI topics (for example, coverage studies).

1. Outside evaluation of the RED strategy in July 2007

This was conducted in July 2007 by an international and national team in 3 regions: DIANA, Anosy and Atsimo Andrefana and 7 districts.

The District Health Departments visited were those of Ambilobe, Antsiranana I and II, Bekily, Betroka, Toliara II and Ambohidratrimo of the Analamanga region for the questionnaire pre-test.

2 Basic health care centers (CSB) per district were selected.

The strengths that have been identified relate to the following points: **1. Planning and resource management**

- Existence of AWP, health maps representing catchment areas / coverage in all districts and visited CSBs
- Inventories for the cold chain and equipment are current in most districts
- Availability of funding for the implementation of immunization activities at all levels
- Presence of different sources of funding

2. Supervisory training

- Supervisory sessions conducted in an integrated fashion using a supervision template
- Immediate and written feedback in the supervision notebook
- Financial resources permanently available

3. Strengthening immunization activities as part of outreach strategies

- Practice outreach in the CSB
- Integration of Vitamin A supplementation during immunization sessions as part of outreach
- Allowances received by health personnel engaged in the outreach strategy

4. Monitoring the work

- Institutionalized monthly reviews in every district
- Good knowledge of target populations
- Graphs of immunization coverage displayed throughout districts and CSBs
- Tools for collecting data (standardized scoring sheets, MARs, child health card) available and used

5. Strengthening ties between departments and communities

- Organizing of the Mother and Child Health Week, 2 times per year: has strengthened ties with the community (census of children, training of mobilizers, etc.)
- Community involvement in the search for those lost to follow-up
- Organizing a health festival in the Toliara II SSD

- Using local radio stations to raise community awareness

However, there are still many *things that need improvement*, such as:

1. ***Planning and resource management***
   - ✓ No community involvement in the process of drafting AWPs
   - ✓ Existence of two planning cycles (the State starting in May/ CRESAN II and other partners starting in August)
   - ✓ Out of stock of certain vaccines (BCG, MCV)
   - ✓ No training over the past 3 years for the majority of personnel involved in immunization activities
   - ✓ Insufficient resources: Human, vehicular equipment, cold chain
2. ***Supervisory training***
   - ✓ Low rate of planned/finished supervision
   - ✓ The EPI part of the supervision template does not take into account the 5 components of the RED strategy
   - ✓ SSD-level supervision and recommendation monitoring not effective
3. ***Strengthening immunization activities as part of outreach strategies***
   - ✓ Outreach strategy sites for the population difficult to access and not shown on the health map
   - ✓ Planning of outreach strategies not always very inclusive (outreach strategies and mini catch-up campaign)
   - ✓ Data on immunized children for fixed and/or outreach strategies not disaggregated in the monthly report
   - ✓ Low rate of planned/finished outreach strategies
4. ***Monitoring for action***
   - ✓ Graphs of immunization coverage (IC) not used for decision making and corrective measures
   - ✓ Goals for immunization coverage of DTP-Hep B3 and MCV not calculated or shown on the graph
   - ✓ Remote populations not shown on the map
   - ✓ File trays not properly used to actively search for those lost to follow-up
5. ***Strengthening ties between departments and communities***
   - ✓ Community not involved in the planning process
   - ✓ Mobilizers active only during supplementary immunization activities
   - ✓ Insufficient number of community health workers (mobilizers, village health workers)
   - ✓ Technical staff not trained in interpersonal communication

Recommendations were issued relating to:

- Planning process at the district and CBS level: To reflect the 5 components of the RED strategy and to involve the community
- Establishing a system of integrated management of various funds related to immunization at all levels
- Training of all personnel involved in immunization activities (communication techniques and social mobilization)
- Improving the distribution of resources (refrigerators, transport resources for outreach/mobile strategies)

- Strengthening the training and integrated supervision of health workers at the district and CSB levels (integration of the 5 components of the RED strategy in the supervision template, carrying out one supervisory session at least per quarter in the districts and at least 1 per month supervision in the CSBs).
- Perfecting the mobile and outreach strategies Indicating on the health map the immunization sites (outreach and mobile strategies) and carry out immunizations at least 1 time per month per site as part of the outreach strategy and achieve at least 4 contacts for mobile strategies
- Using data collected monthly for corrective action
- Proper use of file trays for identification and active pursuit of those lost to follow-up

1.1.4. ICC Meetings

How many times did the ICC meet in 2007? Please attach the minutes. **Senior ICC Meetings:** February 22, 2007; July 13, 2007; October 3, 2007; and December 13, 2007
Are any Civil Society Organizations members of the ICC and if yes, which ones?

The ICC, who are all members of the National Committee for Child Survival (CNSE) met 4 times in 2007; however, the technical subcommittee met 8 times
The civil society organizations that are members of CNSE are non-governmental and faith-based organizations that are involved in health, for example: Voahary Salama, Marie Stoppes International (MSI), SALFA, SAFF/FJKM, PENSER Madagascar, ASOS, National Order of Doctors, Order of Midwives, etc.

1.2. Support from the GAVI Alliance for New and Under-used Vaccines (NVS)

1.2.1. Receipt of new and under-used vaccines in 2006

When was the new and under-used vaccine introduced? Please specify any changes in the doses per vial and in the vaccine presentation (e.g. – DTP + Hep mono to DTP-Hep B) and dates of receipt for the vaccines received in 2006.

Vaccine	Vial size	Doses	Date introduced	Date received (2007)
DTP-HepB	10 doses	182530	December 2001	March 8, 2007
DTP-HepB	10 doses	267970		March 8, 2007
DTP-HepB	10 doses	311110		April 6, 2007
DTP-HepB	10 doses	269890		April 6, 2007
DTP-HepB	10 doses	347520		July 5, 2007
DTP-HepB	10 doses	172980		July 5, 2007
DTP-HepB	10 doses	150460		December 21, 2007
DTP-HepB	10 doses	401540		December 21, 2007

Please report any problems encountered.

The DTP-HepB vaccines were received in 4 shipments at the central level in 2007: for a total of 2,104,000 doses
Receipt of shipments was determined by the vaccine stock situation at the central level.

- There was a stock-out at the central level for one month (from February 8 to March 3, 2007)
- This stock-out caused a **delay in providing supplies to the regional warehouses**
- Some Regional Health Directorates do not yet have warehouses (cold chambers)
- The lack and/or obsolescence of vehicles meant that in certain DRSPFs, vaccines had to be supplied through the central level

- **During shipments by air to** isolated districts, flight cancellations sometimes occur, resulting in a delay in the shipments. Because of this, aircraft must be leased from a private company.

1.2.2. Principal activities

Please outline the principal activities that have been or will be undertaken, in relation to introduction, phasing-in, service strengthening, etc., and describe any problems encountered.

The main activities undertaken to implement the introduction of the hepatitis B vaccine as well as for the strengthening of services are

included in the 2007 EPI action plan.

- The outreach and mobile strategies have been strengthened with the support of mobile health teams at the low-performing district level.
- The functionality of the cold chain has been strengthened by renovating a portion of the cold chain, a UNICEF cold chain equipment grant (refrigerators and freezers) for the central level, the regions, districts and immunization centers, the petrol and refrigerator spare parts grant, by updating the skills of the EPI managers and maintenance managers at the regional and district levels with an emphasis on preventive maintenance.
- The community approach has been strengthened in the districts implementing the "Reaching Every District" (RED) strategy and as part of the "Kaominina Mendrika" approach, where one of the major criteria to become "common champion" is high immunization coverage.
- Activities involving the active searching for the lost to follow-up were carried out with the participation of community networks and the community in general.
- Monthly or quarterly reviews were conducted at the district level, gathering the heads of the CSBs. These reviews have helped conduct sessions on upgrading the EPI and graph the progression of immunization coverage at the CSB and districts level.
- Monitoring and evaluation activities are carried out nationally and regionally during the semi-annual reviews, bringing together all the heads of districts.

Problems encountered:

1. the cold chain issue, insufficient quantity of petrol, which was solved by an petrol grant to the districts. A portion was also taken care of by the State in the operating budget (DAAF) and some CSB received a contribution from their affiliated community. Insufficient cold chain solved by a UNICEF grant to all levels.
2. overlapping activities, in particular carrying out the Mother and Child Health Week as well as the Elimination of Maternal and Neo-natal Tetanus Week: the implementation of the RED in certain districts was thereby delayed.
3. Inadequate human resources especially in isolated or remote CSBs, reducing the number of immunization sessions.

1.2.3. Use of the financial support from the GAVI funding entity (100,000 USD) to introduce the new vaccine

These funds were received on: __2002_____

Please report on the proportion of the 100,000 USD used, activities undertaken, and problems encountered such as a delay in availability of funds for program use.

All these funds were entirely used up in 2002, the year of the effective introduction of the new hepatitis B vaccine. Against the backdrop of the social crisis in 2002 with the petrol and fuel shortage, this money helped to secure a supply of vaccines, not only to the regional warehouses and the distribution centers at the district level but also to certain remote districts. Likewise, these funds were used to pay for part of the fuel needed to operate cold chain equipment in the basic health centers (CSBs). This petrol was then transported by land and by helicopter to remote and isolated districts.
GAVI's financial support was also used in connection with the polio National Immunization Days for the transport of vaccines, EPI supplies, and management tools by private airplane and helicopter and to transport senior State officials and the press for high-level social mobilization events.

1.2.4. Vaccine Management Assessment / Effective Vaccine Store Management

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted on __**November 2007**____

Please summarize the principal EVSM/VMA recommendations.

The main recommendations from the 2007 vaccine management assessment are***:***
For all levels:
- Compliance with the vaccine distribution plan
- Applying standards for the management and enhancement of the knowledge of health workers
- Better management of the procurement and supply of basic spare parts for the cold chain
- Better management of the information regarding cold chain equipment and management of equipment renovation

For the intermediate and peripheral levels:
- Capitalizing on good management practices for the EPI

Was an action plan prepared following the EVSM/VMA: **Yes/**No
It is reflected in the 2008 AWP
Please summarize the principal activities within the framework of the EVSM plan and the activities targeting the implementation of the recommendations.

The principal activities of vaccine management are***:***

- Ensuring uninterrupted availability of vaccines
- Strengthening injection safety and waste management in accordance with standards
- Establishing high-quality and effective data in the monitoring systems at the regional and district level

The activities aimed at implementing the recommendations for the evaluation of vaccine management are***:***

- ✓ Implementing the distribution plan for vaccines and other inputs
- ✓ Advocating for the provision of resources to supply spare parts to the cold chain
- ✓ Monitoring the availability of the fact book and EPI logistics reference manual as well as management tools at all levels
- ✓ Strengthening support through the coaching strategy and the use of the supervisory training system to coach and train regional EPI managers so that they can acquire new skills

The next EVSM/VMA* will be conducted on: _ **during the 3rd quarter of 2009**_____

**During GAVI Phrase 2, all countries are to conduct an EVSM/VMA in the second year of new vaccine support.*

1.3 Injection Safety (INS)

1.3.1 Receipt of support for injection safety

Received in cash/**kind in 2007**

Please report on the receipt of injection safety support provided by the GAVI Alliance in 2006 (add rows if necessary).

Supplies for injection Safety	Quantity	Date received
Auto-disable (AD) syringes, 0.05 mL	163200 128000 49600 67400 235200	March 5, 2007 June 5, 2007 June 5, 2007 June 5, 2007 August 24, 2007
AD syringes, 0.5 mL	89700 191100 226200 348400 322400	January 17, 2007 January 17, 2007 June 5, 2007 June 5, 2007 June 5, 2007
Dilution syringes, 2 mL		
Dilution syringes, 5 mL		
Safety boxes	16875 9875	February 5, 2007 June 28, 2007

Please report any problems encountered.

The problems encountered are related to the difficulties in delivering syringes to isolated areas, in particular those that require transportation by air, which results in an issue of freight (bulky volume)

- They are also related to limited storage capacity at the peripheral level, especially those [areas[that are isolated from the supply center
- Insufficient stock of the 0.05 mL AD syringes / BCG (BCG coverage> 100%)
    - GAVI's support for injection safety ends in 2008; the purchase of injection supplies and safety boxes for the coming years will be carried out according to the plan to supply vaccines through UNICEF. The Government's share will be taken care of in the operating budget of the Department of Immunization or in the investment budget / PIP: Public Investment Program (purchase of AD syringes intended for new vaccines and AD syringes for traditional vaccines); according to the 2007-2011 cMYP, a portion will be borne by the EPI partners (UNICEF, possibly the World Bank).

1.3.2. Status of the transition plan for safe injections and safe management of sharps

If support has ended, please report how injection safety supplies are funded.

TRANSITION PLAN: Injection Safety: Since 2003, auto-disable syringes have been used exclusively

Indicators	Objectives	Achievements	Constraints	Updated objectives
- Low utilization rate of AD syringe as part of the fixed and outreach strategies in Immunizing Health Units - Utilization rate of AD syringes during SIAs	- Ensuring the safety of injections in 100% of the Immunizing Health Centers in the outreach and fixed strategies - Develop and implement a national policy on injection safety and waste management	1. Using syringes within the fixed and outreach strategies for DTP / Hep, TT, MCV, and BCG in the Immunizing Health Centers. The AD syringes/ BCG, MCV, and TT were provided by GAVI 2. Exclusive use of auto-disable syringes for the tetanus toxoid vaccine during the vaccination campaign in targeted districts (SIA), syringes supplied by UNICEF 3. Validation and dissemination of the national policy on injection safety and waste management in health facilities in September 2005	1. problems delivering AD syringes to isolated regions, particularly in the remote Northern region and the region of Melaky	-- Ensure injection safety in 100% of the Immunizing Health Centers as part of the fixed and outreach strategies during supplementary immunization activities

Please report problems encountered during the implementation of the transitional plan for safe injections and the safe management of sharps waste.

WASTE MANAGEMENT

Indicators	Objectives	Achievements	Constraints	Updated objectives
- Number of CSBs	- Develop and implement a	1. Incinerating waste generated by	1. Delays in the	- *Ensuring the proper*

conducting proper disposal of waste	national policy on injection safety and waste management	the routine EPI and SIAs in safe disposal pits in Immunizing Health Centers as well as using safety boxes 2. Validation and dissemination of the national policy on injection safety and waste management to health facilities in September 2005 3. Training providers on universal precautions and waste management (district-level) 3. Construction of 11 incinerators in 11 districts, a total of 30 incinerators have been built and are functioning in 30 districts (with the Fight against HIV/AIDS Program)	construction of incinerators at the district level 2. Assessing the status of existing incinerators: cracks due to the metal junctions	*disposal of waste in 95% of the Immunizing Health Centers* *- Rehabilitate / Build 22 incinerators in 22 District Hospitals or in the Regional Hospitals of 14 regions*

1.3.3. Statement on the use of GAVI Alliance support in 2007 for injection safety (if received in the form of cash contributions)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Not applicable since the syringes and safety boxes are provided in kind

2. Vaccine co-financing, immunization financing, and financial sustainability

Table 2.1: Total expenditure and the Financing of immunization activities

The purpose of this table is to help GAVI understand the broad trends in immunization expenditures as well as the financial context. The information required in Table 2.1 may be extracted from the updated EPI comprehensive multi-year plan; the update for the reporting year is sufficient.

	2007	2007	2008	2009
	Achieved/ Current	Planned	Planned	Planned
Expenditures by category				
Vaccines	3,34,197.35	3,398,203	9,786,272	8,432,754
Injection supplies	198,422.45	326,263	383,359	417,061
Cold chain equipment	692,739.46	784,129	1,225,743	451,709
Operational costs	2,232,225	7,711,298	3,818,469	3,865,170
Vehicles	115,017.86			63,672
Other costs (including shared)	1,822,418,21	3,110,717	3,172,931	3,236,390
Financing by source				
Government	867,071.78	1,260,582	1,862,715	1,108,505
GAVI Fund	3,999,515.24	3,064,448	9,185,785.41	7,867,751.32
UNICEF	2,312,740.74	3,283,712	1,056,815.80	1,042,707
WHO	1,157,186.11	1,435,025	816,959	433,380
Others (specify) CRESAN II / PDSSP		349,816	273,636	308,803
USAID	71,506.48	185,060	60,000	85,000
JICA			1,225,743	
Total expenditures	***8,408,020.33***	***15,330,610***	***18,386,774***	***16,466,756***
Total financing		***9,578,643***	***14,481,654***	***10,846,146***
Total funding gaps		***5,751,967***	***3,905,120***	***5,629,610***

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination…

I. **For the year 2007**, expenditures are less than in the planned budget. This is because there has been: -- a decrease in the cost of vaccines and injection supplies: 1. existence of stock (routine vaccines, auto-disable syringes, and dilution syringes for tetanus and measles immunization campaigns)

- restored cold chain equipment: the study for the application to the Japan Cooperation was postponed until 2008
- drop in the expenditures for operational costs due to the costs shared with other programs during the measles immunization campaign integrated with vitamin A supplementation, deworming, and distribution of long-lasting insecticide-treated mosquito nets

For 2008 and 2009

1. Broadly speaking, trends of the needs for financial resources increase over the next two years. However, there is a downward trend in 2009 compared to the year 2008.
2. This increase is due to the introduction of the Hib vaccine in 2008. The additional costs affect mainly the following line items:
   - costs of vaccines, injection supplies, and logistics (change in the price of vaccines, quantities of vaccines, storing and transporting vaccines and injection supplies)
   - increased needs relating to the cold chain (rehabilitation of certain cold chain units over 10 years old and newly-built Health Units)
   - Cost of social mobilization with the production of new media messages and intensification of awareness-raising activities to promote the use of new Hib vaccine, cost of training providers

In 2009, there will be a slight decrease in costs due to a decrease in the operational costs related to the introduction of the new Hib vaccine, which will already be effective in 2008.

II. The strategies for financial sustainability and to overcome the funding gaps are those set out in our 2007-2011 cMYP**:**

1. ***Self-sufficiency, to ensure the steady increase in the funding allocated to the immunization program with – lobbying of government policy makers (operating budget, investments, and the various Debt Relief initiatives)***

   - mobilization of other health partners

   - Promotion of community participation in the management of the EPI: the involvement of community mobilizers trained in the management of activities in Health Units will allow communities to self-manage the activities to search for those lost to follow-up, to raise community awareness regarding the importance of immunizations, to accept new vaccines, and to report cases of EPI target diseases.

2. ***Reliable resources*** *with accompanying lobbying of government policy makers so that there is no blocking for resources allocated to the EPI, so that budgeting procedures for immunizations are maintained under the Medium Term Expenditure Framework (MTEF).*
   - Raising awareness of ICC members regarding the timely mobilization of their contribution to the cMYP.
   - Improvement of good governance in the management of mobilized resources

3. ***Appropriate use of the available resources*** *will be guaranteed by regular budgetary audits at all levels, by the monitoring and periodic evaluation of program performances and the scalability of the "RED" (Reaching Every District) strategy.* This RED strategy will enable:
   - planning activities with the participation of the beneficiaries on the ground
   - building the technical capacities of providers at all levels in programme management, planning, coordination, supervisory training, and integrated monitoring
   - reducing the vaccine wastage rate by implementing a computerized system for vaccine management
   - the intensification of supervisory training to ensure high-quality services
   - the extension of the immunization data quality audit system at the regional and district level
   - reducing the drop-out rate by strengthening monitoring and evaluation with the assistance of community health workers
   - implementation of incentive mechanism in order to retain the personnel in charge of immunization

Table 2.2: Co-financing by the country (in US $)
Table 2.2 was designed to help GAVI Alliance to understand the country-level financing of GAVI-awarded vaccines, looking at both the doses as well as the financial amounts. If GAVI Alliance has awarded your country more than one new vaccine as part of Phase 2, please complete a separate table for each new vaccine being co-financed.

For first GAVI-awarded vaccine. Please specify which vaccine: (e.g. – DTP-HepB)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Actual and planned co-financing (in US $ per dose)				
Government	400 000	400 000	262330	N/A
Other Sources (please specify) / UNICEF / WB				N/A
Total Co-financing (US $ per dose)	400 000	400 000	262330	N/A

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI-awarded vaccine.

For the year 2007, the country did not yet have to co-finance the purchase of the DTP-HepB vaccine. However, since the Department of Immunization had at its disposal a sufficient sum in its operating budget to cover the purchase of the vaccines, a portion of this financing was used to co-finance the purchase of these new vaccines. For the year 2008, the purchase of vaccines is still on the budgetary line of the Department. The financing received will therefore play a role in co-financing for the DTP-HepB vaccines planned in the 2007-2011 cMYP.

For the second vaccine awarded by GAVI. Please specify which vaccine: (e.g.–DTP-HepB-Hib)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Actual and planned co-financing (in US $ per dose)				
Government	N/A	N/A	293,528.8	437,843.6
Other Sources (please specify) / UNICEF / WB	N/A	N/A		27,575.4
Total Co-financing (US $ per dose)	N/A	N/A	293,528.8	437,843.6

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI-awarded vaccine.

The country had the GAVI's approval of the introduction of the DTP-HepB-Hib vaccine into the routine EPI in 2008; likewise, a letter was sent to GAVI in 2007 confirming the Government's participation in the purchase of these new vaccines along with the trends during the next three years. The Department of Immunization will therefore have the funds in its operating budget to cover a portion of the purchase of these new vaccines at a cost of $ 0.20 per dose in the year 2008, in accordance with the Finance Law adopted in late 2007. Over the course of the next 2 years, the purchase of vaccines again be reflected in the Department of Immunization's budgetary line with an upward trend between 8% and 10%

Table 2.3: Co-financing by the country (in US $)

The purpose of the questions in Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting mechanisms.

Question 1: What mechanisms are currently used in your country for procuring vaccines?			
	Check if yes	List the corresponding vaccines	Source of funds
Government Procurement – ICB (International Competitive Bidding)			
Government Procurement - Other			
UNICEF	X	BCG, OPV, MCV, TT, DTP-HepB of the routine EPI	STATE, UNICEF, and GAVI
Renewable funds from the social welfare agency (PAHO Revolving Fund)			
Donations			
Other (specify)			

Schedule of co-financing payments	Schedule of proposed payments	Dates of actual payments made in 2007
	(month/year)	(day/month)
1st vaccine awarded (specify) DTP-HepB	October 2007 October 2007 payment to UNICEF ➔ payment to GAVI in November 2007	December 2007
2nd vaccine awarded (specify) DTP-HepB-Hib	April and August 2008 payment to UNICEF ➔ payment to GAVI in October 2008	
3rd vaccine awarded (specify)		

Question 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Check if yes or N/A if not applicable
Budget category for vaccine purchasing	X
National health sector plan	X
National health budget	X
Medium-Term Expenditure Framework	X
SWAp	NA
Analysis of cMYP costs and funding	X
Annual Immunization Program	X
Other	

Question 4: What factors have slowed and/or impeded the mobilization of resources for vaccine co-financing?
1. Delay of the State budget to commit to the purchase of routine EPI vaccines due to procedural issues (carried out in 2 stages)
1.
2.
3.
4.

3. Request for new and under-used vaccines for 2009

*Section 3 is related to the request for new and under-used vaccines and injection safety for **2009**.*

3.1. Updated immunization objectives

Confirm/update basic data approved in your country's proposal: figures must be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. The objectives for future years **MUST** be provided.
In the space below, please provide justification for any changes to baseline, objectives, wastage rate, vaccine presentation, etc. from the previously approved plan, as well as differences between the figures provided and those that were previously declared in the WHO/UNICEF Joint Reporting Form.

Table 5: Updated achievements relating to immunization and annual objectives. Please provide the figures reported in the 2007 UNICEF/WHO Joint Reporting Form as well as projections for 2008 onwards.

	Achievements and objectives									
Number	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	649,701	667,892	686,593	705,818	725,580	745,897	766,782	788,252	810,323	833,012
Infants' deaths	37,683	38,738	39,822	40,937	42,084	43,262	44,473	45,719	46,999	48,315
Surviving infants	612,018	629,154	646,771	664,880	683,497	702,635	722,308	742533	763324	784,697
Children immunized in 2007 (JRF) / to be immunized in 2008 and beyond with 1st dose of DTP (DTP1)*	609,725	657,042	595,029	631,636	649,322	667,503	686,193	705,406	725,158	745,462
Children immunized in 2007 (JRF) / to be immunized in 2008 and beyond with 3rd dose of DTP (DTP3)*	571,390	597,230	595,029	631,636	649,322	667,503	686,193	705,406	725,158	745,462
NEW VACCINES**										
Children immunized in 2007 (JRF) / to be immunized in 2008 and beyond with 1st dose of …..... (new vaccine)										
HepB1 for 2008			309,113							
Hib1 for 2008			337,658							
and from 2009 the same for HepB and Hib	609,725	657,042		631,636	649,322	667,503	686,193	705,406	725,158	745,462
Children immunized in 2007 (JRF) / to be immunized in 2008 and beyond with 3rd dose of …..... (new vaccine)										
HepB3 for 2008			309,113							
Hib3 for 2008			337,658							
and from 2009 the same for HepB and Hib	571,390	597,230		631,636	649,322	667,503	686,193	705,406	725,158	745,462
Wastage rate in 2007 and expected rate in 2008 and beyond *** for……. *(new vaccine)*	15%	15%	10%	10%	5%	5%	5%	5%	5%	5%
INJECTION SAFETY****										
Pregnant women immunized / to be immunized with TT	382,087	585,277	644,641	706,871	726,663	747,010	813,871	834,620	857,989	881,359
Children immunized / to be immunized with BCG	654,335	685,940	617,934	635,236	653,022	671,307	690,104	709,427	729,290	749,711

Children immunized / to be immunized against measles	513,868	614,825	549,755	598,392	615,147	667,503	686,193	705,406	725,158	745,462

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows (as indicated under the heading NEW VACCINES) for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

NB : For the year 2008, the objectives for the Hib vaccine are a fourth of the target population

3.2 Confirmed/revised request for new vaccines (to be shared with the UNICEF supply division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of the supply.

Request to GAVI for the introduction in 2008 of the pentavalent vaccine (DTP-HepB-Hib) in 2-dose vials

Please provide the duly completed Excel spreadsheet for calculating the request for vaccines and summarize it in Table 6 below. For the calculation, please use the same objectives as those in Table 5.

Table 6.a: Estimated quantity of doses of the …DTP-HepB-Hib... vaccine: …10 doses.... (Please create an additional table for each additional vaccine. Number these tables 6a, 6b, 6c, etc.).

Vaccine:	2008	2009	2010
Total number of doses requested	1311650	N/A	N/A
Doses to be provided by GAVI	1 039 320		
Doses to be purchased by the country	262330		
Co-payment in USD / dose	262330		
Total co-payment	262330		

*** According to GAVI's co-financing policy, the grouping of countries, and the order in which vaccines are introduced**

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.
- **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement
- **Anticipated vaccines in stock at start of year 2009:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Vaccine: DTP-HepB-Hib 2 doses / vial	2008	2009	2010
Total number of doses requested	1 405 400	2 189 045	2 793 899
Doses to be provided by GAVI	1 313 672	2 038 500	2 601 757
Doses to be purchased by the country	91728	150 545	192 142
Co-payment in USD / dose	$ 293 528.8	$503 480	$642 597
Total co-payment	$ 293 528.8	$503 480	$642 597

NB: In the requests addressed to GAVI, the requested doses of DTP-HepB and Hib are for the entire year of 2008; however, the introduction of Hib would only begin in the last quarter. Thus, the country must contribute to the purchase of DTP-HepB

Table 7: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

3.3 Confirmed/revised request for injection safety support for 2009

Table 8: Estimated vaccination safety supplies for the next two years with… *(Use one table per vaccine: BCG, DTP, measles, and TT and number them: 8a, 8b, 8c, etc.) Please use same objectives as in Table 5.*

8a

	Formula	2009	2010
Target if children for BCG Vaccination (for TT: target of pregnant women) (*1)*	#	**705 818**	**725 580**
Number of doses per child (for TT: target of pregnant women)	#	1	1
Number of doses	A x B	705 818	725 580
AD syringes (+10% wastage)	C x 1.11	783 458	805 394
AD syringes buffer stock *(2)*	D x 0.25	195 864	201 348
Total AD syringes	D + E	979 322	1 006 742
Number of doses per vial	#	20	20
Vaccine wastage factor (*3)*	Either 2 or 1.6		
Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	10 870	11 175

Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

8b	Formula	2009	2010
Target if children for VAR Vaccination (for TT: target of pregnant women) (*1)*	#	664 880	683 497
Number of doses per child (for TT: target of pregnant women)	#	1	1
Number of doses	A x B	664 880	683 497
AD syringes (+10% wastage)	C x 1.11	738 017	758 682
AD syringes buffer stock *(2)*	D x 0.25	184 504	189 670
Total AD syringes	D + E	922 521	948 352
Number of doses per vial	#	10	10
Vaccine wastage factor *(3)*	Either 2 or 1.6		
Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	10 240	10 527

Target if children for DTC HepB Hib Vaccination (for TT: target of pregnant women) (*1)*	#	664 880	683 497
Number of doses per child (for TT: target of pregnant women)	#	3	3
Number of doses	A x B	1 994 640	2 050 491
AD syringes (+10% wastage)	C x 1.11	2 214 050	2 276 045
AD syringes buffer stock *(2)*	D x 0.25	553 513	569 011
Total AD syringes	D + E	2 767 563	2 845 056
Number of doses per vial	#	2	2
Vaccine wastage factor *(3)*	Either 2 or 1.6		
Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	30 720	31 580

Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

Only for lyophilized vaccines. Write zero for other vaccines.

8d	Formula	2009	2010
Target if children for TT Vaccination (for TT: target of pregnant women) (*1)*	#	**644 641**	**726 663**
Number of doses per child (for TT: target of pregnant women)	#	2	2
Number of doses	A x B	1 289 282	1 453 326
AD syringes (+10% wastage)	C x 1.11	1 431 103	1 613 192
AD syringes buffer stock *(2)*	D x 0.25	357 776	403 298
Total AD syringes	D + E	1 788 879	2 016 490
Number of doses per vial	#	10	10
Vaccine wastage factor *(3)*	Either 2 or 1.6		
Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	19 857	22 383

Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

Only for lyophilized vaccines. Write zero for other vaccines.

If the quantity of the current request is different from that which is specified in the GAVI approval

letter, please provide the reasons for this.

4. Health System Strengthening (HSS)

Only those countries whose HSS request for support has been approved are required to fill out this part. This will serve as an initial report to enable the release of funds for 2009. Countries are therefore required to report on activities undertaken in 2007.

Not applicable. The HSS request was sent to GAVI in May 2007 along with additional information in February 2008. Subsequently, our request was accepted and the funds are to be wired in the 2nd quarter of 2008.

Health Systems Strengthening started in: _2008_____

The current Health Systems Strengthening will end in: __2010_____

Funds received in 2007: Yes/**No**
If yes, total amount: USD _____
Funds disbursed to date: USD _____
Balance of disbursement still due: USD _____

Amount requested for disbursement in 2008: USD _____

Are the funds on-budget? (Are they reflected in Ministry of Health and Ministry of Finance budget): Yes/No
If not, please provide the reasons for this. How will you ensure that the funds will be on-budget?

Please provide a brief summary of the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (above all the impact on health service programs, particularly the immunization program), problems encountered and solutions found or proposed, and any other significant information that you would like to communicate to GAVI. You may provide more detailed information, such as whether activities were implemented according to the implementation plan in Table 10.

Do civil society organizations participate in the implementation of the HSS proposal? Explain how.

In the event that you wish to change the disbursement schedule as per the proposal, please explain in the section below and justify the change in your disbursement request. You may provide a more detailed breakdown of expenditures in Table 9.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2008.

Table 9. HSS Expenditures in 2007 (Please fill in the boxes with expenses related to HSS activities and your 2008 request. If the 2008 request is changed, please give the reasons for this in the summary above).			
Area of support	**2007 (Expenditures)**	**2007 (Balance)**	**2008 (Request)**
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
Support costs for M&E			
Technical assistance			
TOTAL COSTS			

Table 10. HSS Activities in 2007 (Please report on activities performed in 2007)	
Principal activities	**2007**
Objective 1	
Activity 1.1	
Activity 1.2	
Activity 1.3	
Activity 1.4	
Objective 2	
Activity 2.1	
Activity 2.2	
Activity 2.3	
Activity 2.4	
Objective 3	
Activity 3.1	
Activity 3.2	
Activity 3.3	
Activity 3.4	

Table 11. Please update the indicators used as baselines						
Indicator	**Source of data**	**Baseline value**	**Source[1]**	**Baseline date**	**Objective**	**Deadline**
1. National DTP3 coverage (%)						
2. Number / % of districts with ≥ 80% DTP3 coverage						
3. Under 5 child mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether objectives have been met, what kind of problems you have encountered while measuring indicators, how the monitoring process has been strengthened, and whether any changes have been proposed.

[1] The source is important to facilitate access to data as well as to verify their consistency.

5. Checklist

Verification that the form has been completed:

Necessary items from the form:	**Completed**	**Comments**
Date of submission	May 2008	
Period for which the report was drafted (previous calender year)	January-December 2008	
Government signatures	X	
ICC endorsement	X	
Table 1 completed	X	
DQA reported	X	Achieved in 2005
Use of the 100,000 USD reported on	X	Funds received and used in 2002
Injection safety reported on	X	Supplies provided for 2006-2008
Financial sustainability plan reported on (progress made in country FSP indicators)		2003-2013 FSP, reported in previous progress reports
Table 2 completed	X	
Request for new vaccines completed	X	DTP-HepB-Hib: to be introduced in 2008
Revised request for injection safety completed (where applicable)	-	Support for 2006-2008
HSS support reported on	N/A	Proposal accepted, funds to be wired in 2008
Minutes of the ICC attached to report	X	Senior ICC Meetings
HSCC minutes, audit report of account for HSS funds, and annual health sector evaluation report attached to report	N/A	Fund be wired in the 2nd quarter of 2008

6. Comments

ICC/HSCC comments:

~ End ~