Translator's Note:
This file was problematic, in particular Table 9.2 The text in the far left-hand column was incomplete.
Also, there were many codes in the document such as in section 9.2.2: Activity 1.1: Hire the health care workers in the remote health facilities <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Madagascar

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/21/2012**

Deadline for submission: 5/15/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(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 THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

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 purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a 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 seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment 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 maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will 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 its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) 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 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. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue 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 programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in 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 principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2014
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2014

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant Yes
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

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/or audit reports. The Government further confirms that vaccines, supplies, and funding 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 not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Johanita NDAHIMANANJARA	**Name**	Hery RAJAONARIMAMPIANINA
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
Rakotomanga Louis Marius Herilalao	Head, Immunisation Unit	+261330764716	rakotomariuslouis@gmail.com
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Damoela Razafindratsimaniry	HSS WHO Focal Point	+261337530312	Damoela" <randriand@mg.afro.who.int>,

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. 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 immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of 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
Steven Lawerier – UNICEF Representative	UNICEF/MADAGASCAR		

Dr Céline SEIGNON KANDISSOUNON – Resident Representative	WHO /MADAGASCAR		
Dr RAJOELA Voahirana – Health Specialist	WORLD BANK/MADAGASCAR		
ADRIEN Charlotte	EUROPEAN UNION		
Kolesar ROBERT – Technical Advisor	USAID		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), 14 , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of 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 GAVI Alliance monitoring of country performance. 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
DR John ANDRIANARISATA	African Development Bank		
Steven Lawerier – UNICEF Representative	UNICEF		
Dr Céline SEIGNON KANDISSOUNON - Resident Representative	WHO		
Dr RAJOELA Voahirana – Health Specialist	World Bank		

ADRIEN Charlotte	EUROPEAN UNION		
Kolesar ROBERT – Technical Advisor	USAID		
RAZAFIMANDIMBY Andriamandrato - General Manager	VOAHARY SALAMA		
Dr MARCIENNE Jocelyne Aimée	ONM		
RATSIMBAZAFY Fanja	MADAGASCAR RED CROSS		
Dr Henri RANDRIAPARAZATO	CRS		
Dr RAKOTOMALALA Jean Claude	ASOS		
Dr ANDRIANANDRAINA Gustave Victorien - Managing Director	SALFA		
Dr RAHARISON Mirana – Programming Director	Ministry of Decentralization		
Dr Hanta BARAKA Charlotte - DAMS	Ministry of Population		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

Madagascar is not reporting on CSO (Type A & B) fund utilisation in 2012

3. Table of Contents

This APR reports on Madagascar's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	787,310	793,057	809,355	809,355	832,017	832,017	855,314	855,314	877,668	877,668
Total infants' deaths	45,664	46,002	46,943	46,943	48,257	48,257	49,608	49,608	50,905	50,905
Total surviving infants	741646	747,055	762,412	762,412	783,760	783,760	805,706	805,706	826,763	826,763
Total pregnant women	999,884	793,057	1,027,881	1,027,881	1,056,662	1,056,662	1,086,248	1,086,248	1,105,908	1,105,908
Number of infants vaccinated (to be vaccinated) with BCG	708,589	648,960	727,226	727,226	747,588	747,588	811,216	811,216	833,784	833,784
BCG coverage	90 %	82 %	90 %	90 %	90 %	90 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	667,338	658,870	686,023	686,023	705,232	705,232	765,255	765,255	785,424	785,424
OPV3 coverage	90 %	88 %	90 %	90 %	90 %	90 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	741,646	717,487	761,162	761,162	783,760	783,760	805,706	805,706	826,763	826,763
Number of infants vaccinated (to be vaccinated) with DTP3	667,338	666,111	686,023	686,023	705,232	705,232	765,255	765,255	785,424	785,424
DTP3 coverage	95 %	89 %	89 %	90 %	90 %	90 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	741,646	717,487	751,326	751,326	783,760	783,760	805,706	805,706	826,763	826,763
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	704,564	666,111	681,718	681,718	705,232	705,232	765,255	765,255	785,424	785,424
DTP-HepB-Hib coverage	95 %	89 %	89 %	89 %	90 %	90 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	25	25	10	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.33	1.33	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)	0	0	570,872	570,872	782,475	782,475	804,384	804,384	826,763	
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)		0	456,698	456,698	704,228	704,228	764,165	764,165	785,424	
Pneumococcal (PCV10) coverage	0 %	0 %	60 %	60 %	90 %	90 %	95 %	95 %	95 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	5	0	5	5	5	5	5	5	5	
Wastage[1] factor in base-year and planned thereafter	1.05	1	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1

Maximum wastage rate value for Pneumococcal(PCV10), 2 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0		0		782,475		804,384		
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		0		0		704,228		764,165		
Rotavirus coverage		0 %		0 %		90 %		95 %		0 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5		5		5		
Wastage[1] factor in base-year and planned thereafter		1	1.05	1.05		1.05		1.05		1
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	667,338	633,248	686,023	686,023	705,232	705,232	765,255	765,255	785,424	785,424
Measles coverage	90 %	85 %	90 %	90 %	90 %	90 %	95 %	95 %	95 %	95 %
Pregnant women vaccinated with TT+	534,405	492,295	595,149	595,149	658,875	658,875	725,704	725,704	884,726	884,726
TT+ coverage	53 %	62 %	58 %	58 %	62 %	62 %	67 %	67 %	80 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	3,279,202	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	10 %	7 %	10 %	10 %	10 %	10 %	5 %	5 %	5 %	5 %

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in 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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

  no change
- Justification for any changes in **surviving infants**

  no change
- Justification for any changes in **targets by vaccine**

  no change
- Justification for any changes in **wastage by vaccine**

  no change

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

In 2011, of the 747,055 surviving children, 666,111 (89%) were immunised with DTP Hep Hib B3, versus the 672,350 (90%) that were planned, but 86% of the districts exceeded 80% coverage for all antigens, except the TT, which is 62%. (JRF 2011)<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

For this reason, the target was only partially achieved, due mainly to financial, material, logistical and personnel constraints: the consequence of the political-financial crisis that has now lasted for more than three years;

The comparative analysis of the 2010 and 2011 data showed a clear improvement in the indicators, for both routine (with a decrease in the number of unvaccinated children from 104,253 to 89,250), and surveillance (despite the greater financial restriction this year).

The principal activities carried out are as follows:
- Implemented the "RED" approach (Reach Every District) in the districts of Fianarantsoa II, Brickaville, Faratsiho, Ambalavao and Antananarivo Renivohitra, Miarinarivo, Antanifotsy, Ifanadiana, Mananjary.

- Conducted the first African Immunisation Week in April 2011

- Conducted the 10th and 11th editions of the Mother and Child Health Week (SSME) in April and October 2011

- Strengthened control and epidemiological surveillance activities for vaccine-preventable diseases by analysing the risk of polio emerging and the improvement plan.

- "LID": (Local Immunisation Day)
- ETMN (immunisation campaign): 1st and 2nd rounds in the 39 nonperforming districts;
- Supplementary FAV polio immunisation campaign: 1st round in the 17 districts in the regions of Androy, Anosy, Atsimo Andrefana and Antananarivo Renivohitra.
Implemented the “city approach” strategy in the districts of Antsirabe1, Toliara1 and Toamasina 1
- Social mobilisation: prepared the action plan to strengthen social mobilization activities between rounds.

- Conducted formative supervision in x regions

- Conducted the National EPI Review 02

- Improved data quality by training the regional managers in computerized data management. Held a weekly data

harmonisation meeting and there was a formative supervision of computerised regional and district data management
- High-level commitment in monitoring the performance of the SSDs from the EPI standpoint: Completeness of reports, silent districts, good governance, and EPI monitoring letter of recommendation.

- Improved and strengthened availability, supply and management of quality vaccines and other inputs.
Through the contribution of the government of Madagascar, and with support from GAVI and UNICEF, vaccines were purchased and regularly distributed to the districts. Annual requirements were covered and no stock-outs were observed during the course of 2011.

We were able to pay the government's share to purchase the PCV 10 scheduled for 2010.

However, different obstacles that interfered with the proper implementation of the activities were noted. These include:
- Insufficient funding for making the RED approach universal (UNICEF, GAVI ISS), so that many community health centers (CSBs) were unable to carry out advanced strategies for immunising children who were either lost to follow-up or had not been immunised.

- No financing to maintain the cold chain

- Decreased government funding: problem with oil (a four-month gap) leading to a decrease in immunisation sessions

- Predominance of certain habits and customs in some regions. For example, the incubation period, which lasts three months in the regions of the South, ban on injections with steel, prohibited days, etc.
- Rumors about immunisation that led the people to shy away;
- Problem with human resources: insufficient health care workers, newly hired health care workers not trained in EPI, and some are on the verge of retiring;

-Poor health coverage in certain remote zones (more than 60% of the people live more than 10 km away from a health center; Posts are closed, destroyed or abandoned (insecurity);

- No financing for regional and district supervision;

Measures have been taken to overcome these problems:

-Advocacy with community and traditional leaders and the authorities.
-Hubs were created for immunisation sessions.
-Hiring was strengthened in cooperation with the DRH.

-Request for funding for regional supervision and SSD in the poorly performing zones
There are plans to further train the health care workers and train the newly hired employees in. Now that supervision has been integrated, training for the pool of supervisors in their terms of reference should be planned.

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

For the measles vaccine in 2010 there was a measles campaign with a rate of 88% and in 2011 there was no campaign, which lowered the rate to 85%.

Regarding the achievement of the TT 2+ targets, many women received the TT 5 vaccine and are not counted at antenatal consultations, hence the under-reporting.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

In certain zones, given the provisional results of the 2011 Vaccine Coverage Survey, three reasons for not being immunised were mentioned for pregnant women and children: various obstacles related to behavior, physical obstacles and obstacles related to habits and customs.

- Existence of family problems (husband, family leadership, etc.)

- Mothers are too busy

- Lack of information

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your

country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Yes**

What action have you taken to achieve this goal?

We will incorporate the data by sex into the useful information during the next update of the EPI management tools.

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

The JRF 2011 data are used in the country currently..<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

They were produced jointly with WHO and UNICEF.

There should be no discrepancy if the sources are the same.

We conducted a vaccine coverage survey in November 2011, the results of which are now being validated.

The data are not too different from the official coverage and we will submit them after validation.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Train the district managers in: <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Strengthening data computerisation
- Training managers in 40 districts in data usage
- Using data for action
- Use DVD-MT

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

- Data harmonisation plans <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Train all the managers in DQS
- Data monitoring commitment plan

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 2000	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	**Expenditure Year 2011**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**			
Traditional Vaccines*	1,074,845	393,880	0	680,965	0	0	0	0
New and underused Vaccines**	5,025,625	387,625	4,638,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	533,657	36,103	116,063	381,491	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	0	0	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
To be completed by the country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	6,634,127							
Total Government Health		817,608	4,754,063	1,062,456	0	0	0	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

No noteworthy difference

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Fluctuating vaccine prices (the dollar exchange rate)

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

The government cofinancing fund for 2012 and 2013 is already programmed in the cMYP, signed by the authorities from the Ministry of Health and those of the Ministry of the Budget;

And, since 2002, Madagascar has always honored its commitments for cofinancing the vaccines.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	**Budgeted Year 2012**	**Budgeted Year 2013**
Traditional Vaccines*	1,112,360	1,174,106
New and underused Vaccines**	11,932,103	24,298,055
Injection supplies (both AD syringes and syringes other than ADs)	521,395	572,535

Injection supply with syringes other than ADs	0	0
Cold Chain equipment	657,186	250,091
Personnel	1,245,908	1,301,389
Other routine recurrent costs	5,656,963	6,068,114
Supplemental Immunisation Activities	0	4,969,129
Total Expenditures for Immunisation	21,125,915	38,633,419

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

1-The 2012 government budget was down by half compared to the 2011 budget <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- The shortfall is primarily due to the purchase of oil for the refrigerators
- Purchases of fuel for the supervisions
- Maintenance for vehicles, computer hardware
- Rehabilitation

2- Insufficient partner financing for:

- Supporting the scaling up of the RED approach
- Implementing the EPI communication plan

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

Yes, we are still projecting gaps due to the global financial crisis and the political crisis in Madagascar, which has an impact on partner financing, because we are still too dependent on foreign sources.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

And so we advocate for sustainable financing for immunisation:

- There is an advocacy paper that stipulates finding sustainable financing for immunisation, mainly local. In this paper, there is an explanation of the benefits of immunisation, the drawbacks and consequences of failing to immunise in terms of children's health, family economics, and achieving the MDGs.

It should be noted that despite the country's economic situation, the government of Madagascar has always put the immunisation of children and pregnant women first and has made it a priority, and for this, the cofinancing has always been honored.

- A draft law to implement a National Immunisation Fund, now being validated by the staff at the Ministry of Health. In this draft law, the statement of reasons points out the right of children to be protected, the obligation of those responsible for children, free immunisation services, and the government's obligation to seek funding for immunisation, because protecting its children is a matter of national sovereignty.

It should be noted that there is always a budget line item for immunisation in the government budget.

- Hold advocacy sessions at all levels:

a) in the Ministry of Public Health to comply with the immunisation priority in the budget breakdown,

b) in the Ministry of Finance and the Budget, Parliament and the Administration, to increase funding for immunisation according to the cMYP

c) in the private sector and Office of the President, to participate in the implementation and financing of the National

Immunisation Fund

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Yes, partially implemented**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
Governing the financial management of GAVI funds for Health System Strengthening (HSS) and Immunisation Support Services (ISS) in Madagascar.	Yes
This Aide-mémoire sets forth the terms and procedures for the financial management by the Ministry of Health of the funds approved by the GAVI Board of Directors for ISS since 2001 and for HSS since 2007. – For all future disbursements of funds approved by the GAVI Board of Directors with the recommendation of the Independent Review Committee (IRC) for the Republic of Madagascar, there will be a requirement to comply with the terms of this Aide-mémoire. – The parties to this Aide-mémoire acknowledge that any noncompliance with the terms of this agreement will lead to the suspension or interruption of disbursements of funds for the current programs. Support management in cash for HSS and ISS 1- Planning, budgeting and coordination - The effectiveness of the operation of the HSCC as a decision-making body should be reinforced through quarterly meetings with the high-level involvement of the Ministry of Public Health (MPH) and the technical and financial partners. – The Ministry of Public Health will take steps to make the operation of the HSCC/ICC effective by ensuring parity, both in terms of forming these committees and in the decision-making meetings such as programming and budget execution for GAVI funds. – The GAVI HSS program as approved in 2007 must be reprogrammed due to the new GAVI requirements in terms of support for improving the immunisation indicators. The reprogramming must be submitted to GAVI for approval before it is implemented. 2- Budget execution – The WHO will be consulted to pre-validate the HSS GAVI activities before they are carried out, and the same will be true for UNICEF with regard to the GAVI ISS activities. – For HSS, the signature of the WHO resident representative or his alternate will always be required, in addition to the signature of a MSP official; for ISS, the additional signature of the UNICEF representative will be required. 3- Procurement: The Ministry of Public Health will take the measures to shorten lead times, in particular by enlisting a partners such as UNICEF if the use of national procedures does not ease the burdens observed in procurement using GAVI funds 4- Accounting and financial communication: The Ministry of Public Health will take the steps necessary to set up in the EPI the same accounting management system as the system set up in the HSS program. 5 – Internal audit: A review, at least annual, of these programs by the MSP's Office of Internal Auditing will be conducted routinely. 6 – External audit: The GAVI Alliance Secretariat will send the MSP the Terms of Reference for the annual External Audit of GAVI funds as well as a list of three auditing firms approached to carry out the assignment. 7 – The arrangements for the GAVI bank accounts, after this Aide-mémoire is signed, regarding the GAVI bank accounts, will disburse the tranches of funds for HSS in the account entitled HSS GAVI MG, account No. 00001 072317 011 35 USD, with Banque Malgache de l'Océan Indien, and for the tranches approved for Immunisation Services Support (ISS), the funds will be disbursed into the account entitled GAVI / PEV No. 05004-00056-7, with BFV / Société Générale.	Yes

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

1- Planning, budgeting and coordination <?xml:namespace prefix = o />

The terms of reference for the merged HSCC/ICC approved and signed by the committee

Reprogramming for the HSS funds submitted and approved by GAVI, with a few clarifications

2- Budget execution, procurement and audit

The accounting management procedures, administrative and financial manual is entering the tender phase for consultancy

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **15**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.5 Overall Expenditures and Financing for Immunisation

The meetings of the technical ICC were held irregularly in 2011. Discussions focused on the following concerns: <?xml:namespace prefix = o />

- Planning and organization of the first rounds of the ETMN (elimination of maternal and neonatal tetanus) campaign.
- Strategies to reduce the number of children not immunised.
- Plan to introduce the new PCV vaccine in 2012.
- WHO resolutions: Strategic plan for the Africa Region for the eradication of poliomyelitis in Madagascar and the elimination of measles, with the organization of the Africa Immunisation Week, combined with the Maternal and Child Health Week in April 2011.
- Organise the local immunisation days against poliomyelitis in the 16 districts of the South region of the former province of Toliary and the Antananarivo renivohitra district after cases of VDPV were discovered in Toliary.
- Measures to be taken for the silent districts under AFP surveillance and suspected cases of measles.
- Reprogramming activities financed by GAVI HSS.
- 2011 EGF (Financial Management Evaluation) and recommendations.
- EVMA 2011 and the improvement plan.
- Reprogramming HSS funds to improve performance.
- Analyse the immunisation and surveillance data on vaccine-preventable diseases.

On-time and completion rate of EPI reports submitted by the districts

Problem with the immunisation denominators

Identification of the silent districts

- Implement the FDV Strategic Plan (Sustainable financing for immunisation activities) FDV: workshops to prepare an advocacy paper and draft laws on immunisation.
- Strengthen social mobilisation.
- Rationale for the funds allocated to the districts.

From the recommendations that were made:

- Confirm the choice of the PCV 10.
- Postpone the introduction of the new PCV vaccine in 2012.
- Use the data on vaccine inventories in the EPI reports.
- Update the EPI documents (Standard Operating Procedure).
- Update the EPI management tools: Time-punch cards, children's cards, monthly report outline, inventory log, order/delivery form. To be reproduced and distributed at the central level.
- Review the distribution structure and observe the standard supply structure.

- Implement the recommendations from the GEV.
- Reprogram the HSS funds according to the EGF survey.
- Implement the feedback system at every level.
- Prepare an EPI communication plan.

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
National Order of Physicians, SALFA

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

1- Strategic objectives:

Improve the performance of, access to, and the coverage of EPI services

Improve the vaccine and input management system

Provide waste management and ensure injection safety

Strengthen epidemiological surveillance of the EPI target diseases

Introduce the new vaccines

Strengthen monitoring and evaluation

Advocacy and communication for immunisation (strengthen social mobilisation and communication)

Carry out supplemental immunisation activities

Incorporate immunisation services into other health projects (improving maternal and child health)

Operations and coordination of the central level.

2- Related activities

-Implement the RED approach at the target and priority district level.
-Strengthen the computerisation of EPI DVDMT management data and vaccine management data at the district and region level.
-Conduct a twice-yearly performance review of the surveillance system with the regional managers.
-Prepare the national strategic plan to eliminate measles.
-Update and reproduce the management tools with the introduction of the new vaccine.
-Prepare the transition plan from absorption to solar technology for the cold chain.
-Conduct retrospective studies of congenital rubella and implement the sentinel sites.
-Prepare a migration plan from TT to the TD immunisation in schools and for pregnant women.
-Evaluate the risk and plan to eliminate MNT.
-Update the national plan and carry out activities to achieve/maintain the validation status (annual risk analysis, improve the coverage of routine TT, AVS TT if necessary, and immunisation against tetanus in schools and the surveillance of NT).
-Conduct a post-introduction survey of the PCV vaccine.
-Prepare and validate an EPI communication plan.
-Introduce Rotavirus (2013)
-Organise the measles immunisation campaign (2013).

Are they linked with cMYP? **Yes**

5.9. 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 funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	0.05 ml AD syringe	UNICEF, GVT
Measles	0.05 ml AD syringe	UNICEF, GVT
TT	0.05 ml AD syringe	UNICEF, GVT
DTP-containing vaccine	0.05 ml AD syringe	GAVI, GVT

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

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

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

Madagascar has a national waste management policy paper, but no funding to implement it to scale up the construction of incinerators <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Secure burial pits are not used

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Sharps waste will be burned and buried in a secure burial pit in the community health centers.

In the hospitals where there is an incinerator, the waste will be burned in the incinerator.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	384	805980
Total funds available in 2011 *(C=A+B)*	384	805980
Total Expenditures in 2011 *(D)*	0	0
Total Expenditures in 2012 *(D)*	384	805980

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

ISS funds are not included in the national health sector budget.

We have not received any funding since 2008.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

The ISS fund is transferred into a commercial account with Banque BFV/SG.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The country has received no GAVI financing since 2008. However, a remaining balance of financing received previously was in the GAVI/EPI account at the beginning of the year.

The Director of Children's Health and the Head of the Immunisation Unit should jointly manage this remaining balance; both will be co-signers of the account.

In September 2011, GAVI sent a mission to evaluate financial management. The mission issued new recommendations on the funds management procedure.

The funds management procedure will also require the signature of the UNICEF Representative or his proxy for managing the projects.

The financing is directly transferred into the bank accounts for the peripheral level: districts, based on requests for financing the activities scheduled in their annual work plan. The managers are advised by letter of the amount that is transferred.

At the conclusion of the activities, the receipts with the financial and technical reports are sent to the Immunisation Unit, and the users retain a copy for four years. A reminder by letter or BLU is sent by the Immunisation Unit or by the Directorate of Children's and Maternal Health and Reproduction (DSEMR) if these documents do not arrive within six months of the end of the activities.

The EPI general coordination office function is provided by the Interagency Coordinating Committee (ICC), chaired by the Minister of Public Health or his representative. In theory, the ICC members meet every three months and validate the Annual Work Plan for the EPI and the use of funds. The funds usage report is submitted to the ICC members.

Since 2009, the political-social crisis that has prevailed in the country has prevented all the members of the ICC from meeting, as opposed to the members of the EPI technical committee, who were able to hold their periodic meetings.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

We had no more funds, but the scheduled activities to strengthen immunisation would have been to:

- implement the RED approach in the districts

- support the provision of oil for the refrigerators

- support cold chain maintenance

- support supervision at every level

- support DQS training.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number).

6.3. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			571390	666111
2	Number of **additional** infants that are reported to be vaccinated with DTP3				94721
3	Calculating	$20	per additional child vaccinated with DTP3		1894420
4	**Rounded-up estimate of expected reward**				1894500

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		2,663,500	535,500
Pneumococcal (PCV10)		0	0
Rotavirus		0	0

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

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

  The doses received differ slightly from the initial doses because there is a slight delay in placing the orders and hence in delivery.
- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  adjust the plan for shipping vaccines

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	PCV 10	
Phased introduction	No	21/05/2012
Nationwide introduction	Yes	21/05/2012
The time and scale of introduction was as planned in the proposal? If No, Why?	No	In the proposal, the introduction date was scheduled to be in April 2011. However, because of insufficient storage capacity in the cold chain at the central level, UNICEF gave two cold chambers to the central level and an EVMA was conducted in September 2011 for verification. As a result, introduction was postponed to July 2012.

7.2.2. When is the Post introduction evaluation (PIE) planned? **February 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **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? **No**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	384	805,986
Total funds available in 2011 (C=A+B)	384	805,986
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	384	805,986

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available 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. Programmatic Reporting

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 introduction was postponed to 2012, so that the activities that should be carried out were cancelled.

Nevertheless, we planned the following: training for health care workers in practical immunisation, MEV surveillance, vaccine management etc., social mobilisation, strengthening AEFI surveillance, formative supervisions, and post-introduction evaluation (PIE).

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

Implementation was postponed until 2012.

Currently we are awaiting transfers of funds for introduction and especially for training and social mobilization.

A few problems:

- The vaccines have not yet arrived.

- The funds to be provided are based on the old rate for compensation, so that other activities will be curtailed or cancelled.

-The purchase of cold chambers for the regions and solar refrigerators for the districts and CSBs (HF) are late as the decision was made to purchase the items based on a private agreement between HSS GAVI and the manufacturer.

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

In 2013, the rotavirus vaccine will also be introduced. The planned activities are:

Train the health care workers, conduct social mobilization and implement the surveillance sentinel site; conduct supervision, post-introduction evaluation, AEFI surveillance, vaccine catch-up activities, and the national evaluation review.

7.4. Report on country co-financing in 2011

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	239,750	137,000
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL		
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	GVT	
Donor	GAVI	
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	109,474	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	June	GVT
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	June	GVT
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	June	GVT
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

Until now, the country has always honored its cofinancing commitments despite the financial situation.

Is GAVI's new vaccine support reported on the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

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 EVM tool can be found at
http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2011**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
There is no PON at any level	Make the PON available	Update the PON
Procurement plan is not in effect	Provide the regions with resources	Lack of funding
No equipment to destroy waste	Provide waste destruction equipment	No funding
No temperature control	Provide the indicators	No funding
Poor EPI management capacity	Provide training in EPI	Training done
Insufficient management tools	Produce management tools	Tools updated
No standby generators	Provide them to the regions and districts	No funding
No voltage regulators	Provide them to the depots	No funding
Insufficient regional storage capacity	Provide a cold chamber	Implement this in 2012 through GAVI HSS funds

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Madagascar does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Madagascar does not require changing any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Madagascar is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don’t confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB, 2 dose(s) per vial, LIQUID	2					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.470	2.320	2.030	1.850
DTP-Hib, 10 dose(s) per vial, LIQUID	10					
HepB monoval, 1 dose(s) per vial, LIQUID	1					
HepB monoval, 2 dose(s) per vial, LIQUID	2					
Hib monoval, 1 dose(s) per vial, LYOPHILISED	1					
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.219	0.219	0.219	0.219
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB, 2 dose(s) per vial, LIQUID	2	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.850
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.850
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.850
DTP-Hib, 10 dose(s) per vial, LIQUID	10	
HepB monoval, 1 dose(s) per vial, LIQUID	1	
HepB monoval, 2 dose(s) per vial, LIQUID	2	
Hib monoval, 1 dose(s) per vial, LYOPHILISED	1	
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.219
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	Vaccine Types	No Threshold	200,000$		250,000$		2,000,000$	
			<=	>	<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %						
DTP-HepB-Hib	HEPBHIB				15.00 %	3.50 %		
Measles	MEASLES	10.00 %						
Meningogoccal	MENINACONJUGATE	9.99 %						
Pneumococcal (PCV10)	PNEUMO	1.00 %						
Pneumococcal (PCV13)	PNEUMO	5.00 %						
Rotavirus	ROTA	5.00 %						
Yellow Fever	YF		20.00 %				10.00 %	5.00 %

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	747,055	762,412	783,760	805,706	826,763	3,925,696
	Number of children to be vaccinated with the first dose	Table 4	#	717,487	751,326	783,760	805,706	826,763	3,885,042
	Number of children to be vaccinated with the third dose	Table 4	#	666,111	681,718	705,232	765,255	785,424	3,603,740
	Immunisation coverage with the third dose	Table 4	%	89.16 %	89.42 %	89.98 %	94.98 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.33	1.11	1.11	1.11	
	Vaccine stock on 1 January 2012		#	1,074,670					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.47	2.32	2.03	1.85	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.50 %	3.50 %	3.50 %	3.50 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,942,700	2,392,600	2,444,200	2,481,300
Number of AD syringes	#	2,706,700	2,610,000	2,703,300	2,772,600
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	30,050	28,975	30,025	30,800
Total value to be co-financed	$	5,105,000	5,879,000	5,274,000	4,893,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	164,900	217,400	257,200	289,500
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	$	422,000	522,000	540,500	554,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	7.82 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	717,487	751,326	58,779	692,547
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	2,152,461	2,253,978	176,337	2,077,641
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	2,260,085	2,997,791	234,528	2,763,263
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		184,427	14,429	169,998
H	**Stock on 1 January 2012**	*Table 7.11.1*	1,074,670			
I	**Total vaccine doses needed**	*F + G – H*		2,107,548	164,881	1,942,667
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2,706,630	0	2,706,630
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		30,044	0	30,044
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		5,205,644	407,257	4,798,387
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		125,859	0	125,859
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		175	0	175
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		182,198	14,254	167,944
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		12,604	0	12,604
T	**Total fund needed**	*(N+O+P+Q+R+S)*		5,526,480	421,511	5,104,969
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		421,510		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		7.82 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	8.33 %			9.52 %		

B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	783,760	65,281	718,479	805,706	76,696	729,010
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	2,351,280	195,843	2,155,437	2,417,118	230,087	2,187,031
E	Estimated vaccine wastage factor	*Table 4*	1			1		
F	Number of doses needed including wastage	*D X E*	2,609,921	217,386	2,392,535	2,683,001	255,397	2,427,604
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	0	0	0	18,270	1,740	16,530
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	2,609,921	217,386	2,392,535	2,701,271	257,136	2,444,135
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	2,609,921	0	2,609,921	2,703,281	0	2,703,281
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	28,971	0	28,971	30,007	0	30,007
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	6,055,017	504,334	5,550,683	5,483,581	521,986	4,961,595
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	6,055,017	0	121,362	5,483,581	0	125,703
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	169	0	169	175	0	175
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	211,926	17,652	194,274	191,926	18,270	173,656
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	12,154	0	12,154	12,588	0	12,588
T	Total fund needed	*(N+O+P+Q+R+S)*	6,400,628	521,986	5,878,642	5,813,973	540,255	5,273,718
U	Total country co-financing	*I x country co-financing per dose (cc)*	521,985			540,255		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	8.33 %			9.52 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	10.45 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	826,763	86,358	740,405
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	2,480,289	259,073	2,221,216
E	Estimated vaccine wastage factor	*Table 4*	1		
F	Number of doses needed including wastage	*D X E*	2,753,121	287,571	2,465,550
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	17,530	1,832	15,698
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	2,770,651	289,402	2,481,249
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	2,772,580	0	2,772,580

L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	30,776	0	30,776
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	5,125,705	535,393	4,590,312
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	128,925	0	128,925
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	179	0	179
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	179,400	18,739	160,661
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	12,911	0	12,911
T	**Total fund needed**	*(N+O+P+Q+R+S)*	5,447,120	554,131	4,892,989
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	554,131		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	10.45 %		

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	747,055	762,412	783,760	805,706	3,098,933
	Number of children to be vaccinated with the first dose	Table 4	#	0	570,872	782,475	804,384	2,157,731
	Number of children to be vaccinated with the third dose	Table 4	#	0	456,698	704,228	764,165	1,925,091
	Immunisation coverage with the third dose	Table 4	%	0.00 %	59.90 %	89.85 %	94.84 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		1.00 %	1.00 %	1.00%	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Low

	2011	2012	2013	2014
Minimum co-financing	0.15	0.20	0.20	0.20
Recommended co-financing as per APR 2010			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**)

		2012	2013	2014
Number of vaccine doses	#	2,120,700	2,482,600	2,406,800
Number of AD syringes	#	2,400,100	2,790,700	2,697,800
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	26,650	31,000	29,950
Total value to be co-financed	$	7,619,500	8,919,000	8,646,000

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

2012	2013	2014

Number of vaccine doses	#	127,200	148,900	144,400
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by country	$	450,000	526,500	510,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.66 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	570,872	32,299	538,573
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	1,712,616	96,895	1,615,721
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	0	1,798,247	101,740	1,696,507
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		449,562	25,435	424,127
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		2,247,809	127,175	2,120,634
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2,400,018	0	2,400,018
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		26,641	0	26,641
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		7,867,332	445,111	7,422,221
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		111,601	0	111,601
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		155	0	155
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		78,674	4,452	74,222
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		11,176	0	11,176
T	**Total fund needed**	*(N+O+P+Q+R+S)*		8,068,938	449,563	7,619,375
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		449,562		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.66 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	5.66 %			5.66 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	782,475	44,271	738,204	804,384	45,510	758,874

C	**Number of doses per child**	*Vaccine parameter (schedule)*	3			3		
D	**Number of doses needed**	*B X C*	2,347,425	132,811	2,214,614	2,413,152	136,530	2,276,622
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	2,464,797	139,452	2,325,345	2,533,810	143,356	2,390,454
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	166,638	9,428	157,210	17,254	977	16,277
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	2,631,435	148,879	2,482,556	2,551,064	144,332	2,406,732
J	**Number of doses per vial**	*Vaccine Parameter*	2			2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	2,790,610	0	2,790,610	2,697,751	0	2,697,751
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	30,976	0	30,976	29,946	0	29,946
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	9,210,023	521,077	8,688,946	8,928,724	505,162	8,423,562
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	9,210,023	0	129,764	8,928,724	0	125,446
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	180	0	180	174	0	174
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	92,101	5,211	86,890	89,288	5,052	84,236
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	12,995	0	12,995	12,562	0	12,562
T	**Total fund needed**	*(N+O+P+Q+R+S)*	9,445,063	526,287	8,918,776	9,156,194	510,213	8,645,981
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	526,287			510,213		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.66 %			5.66 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2012**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*

M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(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 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	747,055	762,412	783,760	805,706	3,098,933
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	782,475	804,384	1,586,859
	Number of children to be vaccinated with the second dose	Table 4	#	0	0	704,228	764,165	1,468,393
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	89.85 %	94.84 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Low

	2011	2012	2013	2014
Minimum co-financing			0.20	0.20
Your co-financing			0.20	0.20

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

		2012	2013	2014
Number of vaccine doses	#	0	1,900,600	1,573,700
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	22,800	18,900
Total value to be co-financed	$	0	5,089,000	4,214,000

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

		2012	2013	2014
Number of vaccine doses	#	0	153,500	127,100

Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by country	$	0	411,000	340,500

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	0	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		0	0	0
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 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	7.47 %			7.47 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	782,475	58,449	724,026	804,384	60,085	744,299
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2			2		

D	**Number of doses needed**	*B X C*	1,564,950	116,897	1,448,053	1,608,768	120,170	1,488,598
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	1,643,198	122,742	1,520,456	1,689,207	126,178	1,563,029
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	410,800	30,686	380,114	11,503	860	10,643
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	2,053,998	153,427	1,900,571	1,700,710	127,038	1,573,672
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	22,800	0	22,800	18,878	0	18,878
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	5,237,695	391,239	4,846,456	4,336,811	323,945	4,012,866
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	5,237,695	0	0	4,336,811	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	133	0	133	110	0	110
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	261,885	19,562	242,323	216,841	16,198	200,643
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	14	0	14	11	0	11
T	**Total fund needed**	*(N+O+P+Q+R+S)*	5,499,727	410,800	5,088,927	4,553,773	340,142	4,213,631
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	410,800			340,142		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	7.47 %			7.47 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2012**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*

N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(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)*

8. Injection Safety Support (INS)

Madagascar is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems 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 January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

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 all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   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 tranches of HSS funding:

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

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

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

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (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 tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme 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 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **3,549,250** US$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)		810516	3408945	3446898	3549250	
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)		811834	180	1704500	5151500	
Remaining funds (carry over) from previous year (*B*)			690893	75493	1461026	5810374
Total Funds available during the calendar year (*C=A+B*)		811834	691074	1779992	6612526	5810374
Total expenditure during the calendar year (*D*)		120941	615581	318966	802152	
Balance carried forward to next calendar year (*E=C-D*)		690893	75493	1461026	5810374	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	3408945	5151398	3549250	3549250	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets		1480382428	622633632	6893795200	7098499600	

(*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)		1482789953	329513	3409000000	10303000000	
Remaining funds (carry over) from previous year (*B*)			1261904875	150984902	2922052600	11620748743
Total Funds available during the calendar year (*C=A+B*)		1482789953	1262234388	3559984902	13225052600	11620748743
Total expenditure during the calendar year (*D*)		220885078	1124340566	637932302	1604303857	
Balance carried forward to next calendar year (*E=C-D*)		1261904875	137893822	2922052600	11620748743	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	6226336322	9408873174	7098499600	7098499600	0

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January		1826.47	1826.47	1927.86	2240.47	2078.45
Closing on 31 December		1826.47	1927.86	2240.47	2078.45	

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 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 Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

The GAVI HSS Program opened a bank account with a commercial bank. This account has an

account in national currency (Ariary) and an account in foreign currency (Dollars). <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The financing from the GAVI Alliance and the credit interest is deposited into this account in foreign currency.

On the one hand, the account in national currency is used to receive funds transferred in from the account in foreign currency. On the other hand, this account in national currency is used to pay the expenses that are incurred at the regional and district level for the HSS activities that are described in the proposal and use plan.

Under the supervision of the General Secretariat and the General Directorate for Health, the Project Manager manages the funds for the HSS Program after setting up the Program Management Unit (UGP) based in the Health District Directorate (DDS) from the outset (October 2008).

For the central level: For each activity request, HSS funds are released only after validation by the Director of Health Districts, who is in charge of coordinating the implementation of the HSS program in cooperation with the project manager.

There are three co-signers for checks to release funds. Administrative staff is in charge of managing the funds used for each activity.

For the peripheral level: Opened the account entitled “GAVI/HSS Project” for each Regional Public Health Directorate (DRSP) that is supported (from 2010 until the first quarter of 2012). A system of two co-signers for checks to release the funds in each region was set up.

Each request for an activity that is prepared and signed by each DRSP is validated by the Director of Health Districts before any transfers are made into their account.

Moreover, for securing the wages of contractors in the remote areas, these accounts are replenished with funds every three months after each adjustment of the receipts for two months by the managers at the peripheral level.

Each region is required to submit to the UGP a technical and financial report with all relevant receipts after each activity is performed. Accounts are not replenished with funds until the expenses are accounted for with technical and financial reports.

Status in 2011:

Of the ten regions that receive HSS funds, four have balances of unused funds (wages for contractor health care workers and for purchasing oil) because the contractor health care workers have become part of the civil service.

These procedures were adopted to prevent delays in having the Public Health Regional Directorates (DRSP) and the Public Health District Services (SDSP) submit receipts and reports.

At the end of the activities, the original receipts are verified and filed by the Project Management Unit (UGP). The UGP is in charge of retaining them and preparing the expense reports, indicating the use of the funds by activity and by expense category, as well as the corresponding receipts.

The HSS fund is incorporated into the annual work plan (PTA) and the budget of the Health District Directorate, which is incorporated into the PTA of the General Health Directorate of the Ministry of Public Health.

Has an external audit been conducted? No

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

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Objective 1: Strengthen the provision of services	Activity 1.1: Hire health care workers in the remote health facilities (52% physicians and 142% paramedics)		Activity report with receipts for expenses Contractors for contractors
Objective 2: Increase and improve mobilisation	Act.2.1: Train the HCWs in financial and program management in the target districts (Budget increased to carry out Act 1.5)		
Objective 3: Stimulate demand and use	Act.3.1: Prepare a regional map of the NGOs and associations working at the community level	90	Written consultancy report Software updated for the Madagascar health map Software updated for the Madagascar health map
Objective 4: Strengthen and institutionalize a sy	Act 4.1: Perform formative monitoring of the health care workers in the usefulness and use of data (UDD) for planning and decision-making in the target districts involved	23	3 regions and 13 districts have performed the formative monitoring of the community health centers Technical and financial reports for each facility with the relevant receipts available

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Activity 1.1: Hire the health care workers	Progress: 26 physicians and 57 paramedics were hired Obstacles: Lack of applicants for the physician positions
Act 1.5: Carry out annual work plan (PTA) validation missions	Progress: 80 PTAs have been validated in 13 regions Obstacles: Insufficient budget despite the improvement
Act.1.6: Equip 10 health districts with a car	Act.1.6: Equip 10 health districts with a 4x4 car Progress: Acquired: -10 4x4 cars for the 10 health districts, - 1 liaison car for the Project Obstacles: Administrative delays in the MSP's procurement procedures that resulted in a delay in acquiring the vehicles. The EGF has already made this comment
Act. 2.1: Provide training in financial and program management training	Act. 2.1: Provide financial and program management training for the peripheral managers of the target districts Progress: Since the managers have already been trained, the budget for carrying out this activity was used to validate the PTAs (Act 1.5)

Act.3.1: Prepare a regional map of the NGOs and associations	Progress: Had a national consultant update and fine-tuned the Madagascar Health Map software to prepare a regional map of the NGOs and associations that are working at the community level Trained the peripheral managers how to use the updated software. Obstacles: Need to purchase a user license for the ArcGis software to have the consultant finalise the tool.
Act.3.4: Train the community health workers in PAC	Act.3.4: Train the community health workers in PAC in the target districts Progress: Increased the budget because the requirements were underestimated during the budgeting process in the initial proposal Obstacles: The needs for an increase in the budget for programming the use of the remaining funds that were suspended after the EGF in September 2011.
Act 4.1: Perform follow-up of the health care workers	Act 4.1: Perform follow-up of the health care workers in data usefulness and use (UDD) for planning and decision-making in the relevant target districts Progress: Followed up on community health centers in 3 regions and 13 districts. Obstacles: An increase in the budget is required in programming the use of the remaining funds that were suspended after the EGF in September 2011.
Act 4.2: Conduct research on consistency	Act 4.2: Conduct research on the consistency of the health data to identify bottlenecks Progress: Field survey performed by the MSP resource persons Obstacles: Budget increases required in programming the use of the remaining funds that were suspended after the EGF in September 2011.
Act 4.3: Perform the annual monitoring/evaluation reviews	Act 4.3: Perform two annual monitoring/evaluation reviews with the target regions and districts Progress: One annual review performed Obstacles: Suspension of the use of the remaining budget after the EGF in September 2011, coinciding with the programming of the 2nd review.
Act 4.4: Purchase computer hardware for the 40 target districts	Act 4.4: Purchase computer hardware for the 40 target districts as part of coaching support in the target zones Progress: Acquired 40 laptop computers for the districts being supported Obstacles: Administrative delays in the MSP procurement procedures caused a delay in acquiring the hardware. The EGF already made this comment.

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

Activity 1.1: Hire the health care workers in the remote health facilities <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The objective was to hire 50 physicians and 50 paramedics. We were able to assign 26 physicians and 57 paramedics. This was due to the fact that the number of applicants for physician positions was less than the demand based on the number of paramedics that applied.

Due to this situation, and in conjunction with the DRSPs and inspector physicians, the alternative solution that was adopted was to hire paramedics instead of physicians to be able to make the community health centers that had closed operational before the two annual Mother and Child Health Weeks (SSME) that have been institutionalised in Madagascar.

Act 1.5: Carry out 2011 PTA validation missions

In view of the insufficient budget for performing this activity in the 22 regions and 111 districts, the budget was increased. Thus, the funds allocated to Act 2.1 for training the financial management officers in financial and program management were transferred to this Activity (1.5). Thus, we were able to cover 13 regions to validate the 2011 PTAs.

Act.1.6: Equip 10 health districts with a 4x4 car, 40 community health centers with all-terrain motorcycles, and the

GAVI/HSS Project with a liaison car

For this activity, the tenders for purchasing the 10 4x4 cars, the 40 all-terrain motorcycles and the liaison car for the Project were already submitted to the Procurement Contracting Officer (PRMP) in November 2010. However, given the slow administrative procurement procedures in the MSP, the acquisition of the 11 cars was delayed and occurred only in November 2011. We also noted a delay in acquiring the 40 all-terrain motorcycles due to a change in the Procurement Contracting Officer (PRMP).

Act. 2.1: Provide financial and program management training to the managers of the targeted districts

Since the managers have already been trained, the budget for carrying out this activity was used to validate the PTAs (Act 1.5).

Act.3.1: Prepare a regional map of the NGOs and associations working at the community level

For this activity, the consultant has already updated the CSM software. The managers at the peripheral level have already been trained to use this updated software. As for the finalisation of the work tool by the consultant before it is implemented in the districts, this depends on the acquisition of the license to use the ArcGis software by the HSS Project. Delays in administrative procurement procedures in the MSP have caused a delay in purchasing this license. This coincided with the suspension of the use of the remaining funds in the budget after the EGF in September 2011.

Act.3.4: Train the community workers in PAC in the target districts

The budget was increased to be able to implement this activity (because the requirements were underestimated during the budgeting process in the initial proposal) and the startup of this activity coincided with the suspension of the use of the remaining funds in the budget by the EGF in September 2011.

Act 4.1: Perform formative follow-ups of the health care workers in data usefulness and usage (UDD) for planning and decision-making in the relevant target districts.

3 regions and 13 districts were able to perform formative follow-ups of the community health centers in their respective jurisdictions. Nonetheless, the continuation of the activities was suspended after the EGF.

Act 4.2: Perform research on health data consistency to identify the bottlenecks

The resource persons from the MSP have already conducted the field survey. The data are available in the DDS and the consultant has already prepared the TORs to finalize the study. This activity was also suspended after the EGF in September 2011.

Act 4.3: Perform two annual monitoring/evaluation reviews with the target regions and districts

In reality, support for the periodic reviews of the districts has been programmed for this activity. However, since no reliable baseline is available, and to establish the objectives by indicator and by district, it was decided to hold two meetings in the year.

The first meeting is a coordination meeting, while the second one was scheduled to monitor the trend in the indicators by district and to evaluate the performance by district focused on the EPI.

The second meeting was not held due to the EGF.

Act 4.4: Purchase computer hardware for the 40 target districts as part of coaching support in the targeted zones

This activity is one of the sub-activities described in the coaching support in the target zones. The tender for the purchase of the 40 laptop computers for the districts being supported was already submitted to the PRMP in November 2010. However, the acquisition of this computer hardware has been delayed due to the slow administrative procurement procedures in the MSP. (The EGF already made this comment.)

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

The GAVI HSS funds were not used to provide incentives to the staff. The use of these incentives is still relevant in seeking better performances from the national human resources.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
Obj 1 – Act 1.1: Number of CHWs hired	50 Physicians 40 paramedics	2011	50 Physicians 100 midwives and/or nurses (male or female)	26 Physicians 57 paramedics						Hiring report by region	Insufficient number of applicants for the physician positions compared to paramedics. The compensation offered to the physicians is insufficient for them now that the salaries for physicians in the civil service have been increased. Based on the desiderata of the relevant DRSPs and SDSPs, the decision was made to hire paramedics instead of physicians as an appropriate alternative.
Obj 1 - Act 1.5: # of PTAs validated	133 PTAs validated (111 Districts and 22 Regions) per year	2011	133 PTAs validated (111 Districts and 22 Regions) per year	80 PTAs were validated in the 13 Regions						PTAs of 13 regions	Done after using the remaining funds in the 2010 budget
Obj 1 - Act 1.6: # of SSDs equipped with cars	10 SSDs	2011	10 SSDs	10 SSDs						Tenders	Slow procedures
Obj 1 - Act 1.6: # of SSDs equipped with motorcycles	40 CSBs	2011	120 CSBs	40 motorcycles awaiting delivery						Tenders	Slow administrative procedures in the PRMP
Obj 2 - Act 2.1: # of mgrs. trained in FM and prog				Not applicable							Since the managers were already trained in 2010, the budget was used to validate the PTAs
Obj 3 - Act 3. 1: List of NGOs and associations	Software is available for updating the Madagascar health map	2011	List of NGOs and associations working at the community level by target region	The new version of the CSM software is available at the UGP/DDS						Report written by the consultant	Training sessions have taken place for the managers in the use of the new version of the CSM software.

											The license to use the ArcGIS software must still be purchased for finalisation by the consultant.
Obj 3 - Act 3.4: Percentage of CHWs trained	1,200 CHWs trained	2011	2,400 CHWs trained	Not applicable							Underestimated in the budgeting for the initial proposal, which required an increase in the budget. This exercise had to be suspended in accordance with the 2011 recommendations of the EGF 2011 on the use of the budget.
Obj 3 - Act 3.5: Report that includes a plan	Survey done	2011	A plan to strengthen the Equity Fund								Activity suspended until the HSS reprogramming is validated as recommended by the 2011 EGF. One survey remains to be conducted in a selected district.
Obj 4 - Act 4.1: Percentage of CHWs	10 Regions and 40 districts	2011	Managers in the 10 Regions and 40 districts trained	3 Regions and 13 districts performed the formative follow-up of the CSBs						Follow-up report	Activities stopped after the September 2011 EGF
Obj 4 - Act 4.2: Data consistency	Survey performed by the resource persons rom the MSP before finalizing the tender for the consultancy	2011	Evaluation report identifying the bottlenecks (report written by the consultant)	Field surveys already performed by the MSP resource persons						Survey questionnaires completed Electronic version of data available	Activity suspended until the HSS reprogramming is validated in accordance with the EGF 2011 recommendations The data must still be processed and used, and the evaluation report is to be finalised by a consultant

Obj 4 - Act 4.3: CSBs that had 4 reviews per year	2 annual monitoring/evaluation reviews of the trends in the indicators	2011	Percentage of CSBs that had 4 reviews per year	An annual review was performed with the districts						Meeting report	An annual monitoring and evaluation review was performed with the districts before providing the support for the periodic reviews of the districts. Activities stopped after the September 2011 EGF recommendations
Obj 4 - Act 4.4: SSDs that received computer hardware	40 laptop computers	2011	100% SSDs	40 laptop computers delivered and dispatched in November 2011						Acceptance report from the actual users	

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

A- Impacts on the health services programs:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Accessibility to care for the population segments that suffered since the CSBs closed has been facilitated by assigning 26 physicians and 57 paramedics (Act1.1) to the 28 beneficiary remote zones. Improved performance for the routine vaccine activities in general and for the SSME campaigns in particular.
- 2011 PTAs validated, (Act1.5) consolidated and focused on the EPIs of 13 regions whose competencies have been strengthened in financial and program management (Act 2.1).

B- Impacts on the organisation program:

- The Ministry of Public Health's proximity policy developed by hiring health care workers (Act1.1). Career plan for contractors from the IFIRP initiated by the GAVI HSS Project in cooperation with the MSP Human Resources Directorate. Retain the position once the contract has expired or the project/financing has been terminated. In 2011, 17 CSBs were reopened and made operational by the CHWs hired by GAVI and 8 CHWs hired through the project are now civil servants. Capitalise on the accomplishments and experiences during their work.
- Improved vaccine performance in the districts that received CHW/CSO training in the use of the PAC guide (Act 3.4). Intensified and more appropriate community awareness. National Community Health Policy distributed and implemented in cooperation with the NGOs /CSOs.
- During the formative follow-ups, it was found that ascendant planning is appropriate and was initiated by the health care workers trained in data usefulness and use (Act 4.1).
- The evaluation of the effect of the HSS activities on vaccine performance in the project zones: 2008 baseline updated again after the trends in the indicators were monitored during the annual review with the regions and districts (Act 4.3).
- Effectively updated the data in real time after the 40 districts received laptop computers (Act 4.4) and the

database is available, easy to consult and response time to requests is faster.

Vaccine performance: DTP3HepB3 coverage rate

2007: 75% (Source: Initial proposal)

2011: 89% (Source: JRF 2011/Immunisation Unit)

In health system research:

- Adapted/updated the “MAP Info” software for the regional mapping of the NGOs and associations working in health at the community level (Act 3.1). This was an opportunity for the MSP to insert their map into the Madagascar Health Map.
- By researching the Equity Fund (Act 3.5), the MSP will be able to identify the reasons why these funds are not being used and then identify new strategies to strengthen it and effectively use it.
- Research on data consistency at the operational level (Act 4.2) to identify the bottlenecks will provide guidance to the MSP on the innovative strategies to be adopted for data reliability, validity, transfer and consistency at every level so that they can be used to make decisions and take action.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

The fact that the funds allocated to the health district were centralized at the regional level is problematic for having the beneficiaries release the funds. Not just for the district managers to travel, but also for having these managers update expenses. Thus, the decision was made to open accounts at the district level (since APRIL 2012) to facilitate the use of the funds and to shorten the delays in carrying out the activities.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

To improve the future results of the HSS funds, the GAVI HSS program will be reprogrammed according to the recommendations and in accordance with the EGF aide-mémoire.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

Scoreboards for monitoring the trend in indicators were prepared to monitor and evaluate HSS activities. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Early in the year, each DISTRICT sets its Objective by indicator for 2011. It is incumbent on each district to submit to the CSBs the Objectives it set at the periodic meetings. The district monitors the trend in the indicators by CSB.

The CENTRAL level will monitor and evaluate the regions/districts during the annual review programmed at the end of the 4th quarter of the year.

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

The HSS activity indicators are incorporated into the MSP National Monitoring/Evaluation Integrated System (SNISE). The monitoring and evaluation of the HSS activities are programmed every year during the “Grand Staff” meetings of the Ministry.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The GAVI HSS funds are entered in the Ministry of Finance and Budget information system with the Office of the Prime Minister.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organization type, name and implementation function.

The representatives of the NGOs and CSOs are part of the merged HSCC/ICC or the National Health Sector

Coordinating Committee (CNCSS). They are essentially involved in strengthening the capacities of the community actors and the CSBs. Moreover, they make an effective contribution to monitoring the implementation of the community activities.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Faith-based NGOs: SALFA

Civil society: ONM

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

GAVI HSS funds are not provided to civil society organisations.

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

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The HSS funds have been managed in terms of support and providing resources to carry out the programmed activities. Nevertheless, there were obstacles in the internal disbursement of the funds due to changes in the persons responsible for co-signing for the account.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Changes planned in the 2012 reprogramming of HSS: Prepare an administrative, accounting and financial PROCEDURES MANUAL for the use of the managers at all levels (Consultancy).

A new lease on life was given to the merged HSCC/ICC as a coordinating and decision-making body. These changes are perfectly aligned with the EGF 2011 recommendations.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Objective 1	Act 1.1 Hire health care workers in the remote health facilities	1,038,660	66,265	Act 1.1 Hire health care workers in the remote health facilities in accordance with the training plan and hiring procedures	Increase the budget allocation following the review of the procedures in order to implement the measures to support and expand the HSS intervention zone by adding target districts based on the data from the Immunisation Unit to support the districts with substandard performance in the EPI, in more than 40 initially targeted districts. A workshop to update the procedures to be followed, support measures and work tools are planned to prepare for hiring	924,960

					Meetings with the coordination offices and the regions and districts are scheduled before implementation.	
Objective 2	Act 2.1 Provide financial management and programming training to the managers at the peripheral level of the targeted districts	1,789	245	Act 2.1 Strengthen the administrative and financial management of the project at the peripheral level in accordance with the HSS Project administrative and financial procedures manual.	It is urgent to have a NATIONAL (Senior) Consultant prepare a manual of administrative, accounting and financial procedures for the project. It is expected that the administrative and financial procedures manual for the HSS Project will provide an improvement in financial management at every level. Training for managers in the use of this procedures manual is programmed into this activity.	22,001
Objective 3	Act 3.1 Prepare a regional map of the NGOs and associations working at the community level	13,634		Act 3.1 Prepare a regional map of the NGOs and associations working at the community level using the ARCGIS software.	Purchase the license to use the “ArcGIS” geographic information software to have the National Consultant improve the tool. Meeting to present the new Madagascar health map software and demonstrate and explain how to use it to the MSP staff and the TFPs. Provide and distribute the software at every level.	7,834
Objective 4	Act 4.1 Train the health care workers in the usefulness and use of data for planning and decision-making in the targeted zones	358,772		Act 4.1 Institutionalize the usefulness/use of data (UDD+ DQS) for planning, implementation and decision-making in the 74 Districts	A workshop to update the training manual and the session guide for introducing DQS and self-assessment techniques will be organised for preparation. Then, practical applications of the simplified UDD+DQS will be carried out in the target regions and districts with the health care workers. Formative follow-ups of the trained health care workers will be carried out by the peripheral-level managers. Requests for financing will come from the districts and the funds will be transferred to the peripheral level.	464,500
Management costs		69,840	10,835	Management Costs		116,840
		5,806,368	247,548			5,806,368

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) 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 budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Objective 1	Act 1.1 Hire health care workers in the remote health facilities	512,901			
Objective 2	Act 2.2 Monitor the priority health activities at the EPI entry point in the target districts, focused on the continuum of maternal and child care in the targeted areas, and develop corrective strategies to improve program management.	576,577			
Objective 3	Act 3.2 Hold meetings with the communes for the reviews in the targeted areas proposal: 100 Communes	132,604			
Objective 4	Act 4.2 Evaluate the performance of health data transfer from the CSBs to the central level to identify the bottlenecks	9,224			
Management costs		78,800			
		4,261,593			

9.6.1. If you are reprogramming, please justify why you are doing so.

The reprogramming of the 2013 HSS will be the result of the EGF recommendations carried out in 2012. It will also be based on the results of the monitoring and evaluation of the previous year.

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The amount of USD 3,549,249.90 (2011 Funds) above has already been approved for Madagascar according to

the initial proposal but has not yet been transferred to the GAVI/HSS Madagascar account.

Changes will be made subsequently in the activities and in the budget in the 2013 utilisation plan as soon as these funds are received. As for the explanations of each change in activity or budget, they will be disclosed with the reprogramming according to the actual 2012 figures.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

Reprogramming development began in September 2011 after the debriefing of the Financial Management Evaluation carried out by the members of the GAVI mission to Madagascar (September 12 to 23, 2011), followed by the different periodic meetings (between the government and the partners). <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The management of the GAVI HSS program (2012-2014) will be dictated by the **procedures manual for administrative, financial, accounting and procurement management** to be produced by the consultant and validated by the Health Sector National Coordinating Committee (CNCSS). A review of the HSCC's TORs has been performed and they have been strengthened by issuing an INTER-MINISTERIAL ORDER appointing the members of the Decision Committee.

Project Management Mechanism

Description

GAVI/HSS leadership

The DDS manages the implementation of GAVI HSS activities under the supervision of the DGS and in accordance with the procedures manual for administrative, financial, accounting and procurement management and the annual utilisation plan.

Given the large number of activities proposed, and thus the considerable additional workload for managing the project and monitoring the implementation of the activities, it will be necessary to assign a full-time "coordinator/technical assistant" [1] to round out the team in the UGP.

Role of the Coordinating Committee (merged HSCC/ICC)

- **The members of the decision-making body from the National Health Sector Coordinating Committee (merged HSCC/ICC) are appointed by INTERMINISTERIAL ORDER.**
- **Validate the GAVI funds utilisation plan**
- **Approve the annual action plans of activities financed by GAVI**
- **Audit the use of GAVI funds**
- **Approve the activity reports**

Implementation coordinating mechanism

GAVI activities are implemented primarily by the DDS with technical cooperation from the Child Health Directorate/Immunisation Unit, the entities involved, and the technical and financial partners.

Coordination will take place through regular meetings with the Coordinating Committee according to the EGF recommendations:

- **pre-validation of the TORs and approval for the activities is the rule and this will be done by a technical partner of the GAVI Alliance in the country before they are hired, and by the WHO in particular for everything that pertains to HSS, and by UNICEF for everything that pertains to Immunisation.**

Because of its strategic role of managing and supervising the districts in the health system, the DDS has broad prerogatives with the DGS in terms of coordinating all HSS activities and others implemented at the district level.

A- Financial Management of the HSS Project

1. **The use of funds is managed by the GAVI HSS/DDS/DGS UDP in accordance with the PROJECT ADMINISTRATIVE AND FINANCIAL PROCEDURES MANUAL**
2. **The funds are transferred to the HSS account that already exists with the BMOI (Banque**

Malgache de l'Océan Indien), especially for GAVI HSS support for Madagascar

3. The funds are transferred by bank transfer into the accounts of the Regional Health Directorates and the District Public Health Units according to an action plan duly validated by the HSCC/ICC's decision-making body.
4. The National Coordinating Committee (merged HSCC/ICC) is required to validate matters related to the budget and the action plans.
5. The receiving entities are required to produce activity reports and financial reports for the funds they receive.
6. No entity that receives GAVI HSS support can under any circumstances receive new and replenished funds without first reporting on the previous allocation with the update of all the supporting documentation for the expenses as required.
7. These reports will be supplemented by evaluations and financial audits of the specialized teams at the central level. Through the DGS, DDS, DSMER, DEP and the Health Services Inspection Unit (CISS), and in cooperation with the GAVI/HSS UGP, the Ministry of Public Health will produce the compilation of these activity and financial reports to forward them to the appropriate entity, and to GAVI in particular, according to the new procedures that are adopted and the required frequency.
8. Currently there are three co-signers for checks: The Director of Health Districts (DDS), the Head of the Immunisation Service, and the Director of Studies and Planning (DEP). For any future change in co-signers, the recommendations in the procedures manual must be followed.
9. The use of the funds will be audited internally by the Health Services Inspection Unit (CISS)/Directorate of Administrative and Financial Affairs in the Ministry of Public Health, and at all the levels by financial audits performed by specialized firms selected through an international tender. External audits will be reprogramed according to the recommendations and in accordance with the EGF aide-mémoire.

[1] **The cost of the technical assistant is included in the proposed budget under the management cost heading.**

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Yes**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
External consultation rate in the CSBs in the targeted zone	Number of external consultations in the CSBs	Population served by the CSBs		31.2% (2010)	Statistical Yearbook (SSS)	56%	40
% of CSBs made operational by paramedics	Number of CSBs made operational by hiring paramedics	Number of CSBs planned		94.35% (2011)	DDS	100 midwives and/or nurses	100
% of CSBs made operational by physicians	Number of CSBs made operational by hiring physicians	Number of CSBs planned		52% (2011)	DDS	50 physicians	52
% of CSBs secured	Number of CSBs brought into compliance	Number of CSBs to be secured			DDS/DAAF/SILOP	45	55

% of the budget allocated to the districts	HSS program budget allocated to the districts	Total HSS program budget		90.27% (2012)	UGP HSS		90
% of COSANs operational in the targeted zones	Number of commune COSANs appointed by order	Total number of communes in the targeted districts		68.94% (2012)	DDS	70	100
National Immunisation Coverage Rate in DTPP3HepHib3 (%)	Number of children immunised with DTPP3HepHib3	Infants to children 11 months old		89% 2011	Immunisation Service	90	90
% of unvaccinated children in the targeted districts	Number of unvaccinated children in the targeted districts	Number of infants and children up to 11 months old in the targeted districts		23.67% (2011)	Immunisation Service	Less than 25%	18
% of CSBs with working cold chains	Number of CSBs with cold chains	Number of CSBs targeted		71% (2011)	Immunisation Service	100%	90

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

Activity revised<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Indicators

proposed

Denominators

Rationale for the changes proposed in the definition, denominator and data sources for the indicators in Table 9.6

Objective 1 – Increase the people's usage rate of the health facilities (and the following services in particular: CE, FP, Immunisation, delivery at the center, and antenatal care)

Act 1.1 Hire health care workers in the remote health facilities

Number of health care workers hired

Number of CSBs made operational

Number of paramedics scheduled

Number of CSBs closed for lack of staff

According to the proposals from the DRSPs and SDSPs, the decision was made to hire paramedics instead of physicians in the HSS reprogramming

Reopening the closed CSBs is one of the challenges for the MSP.

Data sources: DDS and DRH

Hiring report

Act 1.4 Contribute to bringing the CSBs up to standard to make the health facilities and cold chains secure (painting, roofing, metal cabinets, iron security bars, locks, etc.)

Number of CSBs that have been made secure

Number of CSBs to be renovated

HSS contributes to making the health facilities secure and the cold chains in the renovation of the CSBs

Data sources: DDS, SV and DAAF/SILOP

Acceptance report

Act 1.5 Prepare an annual work plan based on introducing the RED approach and the RBM approach at the peripheral level

Percentage of districts supported for the introduction of the new EPI strategies in the annual work plans of the CSBs

Total number of targeted districts

Implement ascendant planning and the culture of Results-based Management.

The objective is to have consolidated annual work plans that focus on the EPI in the targeted districts.

Data sources: DDS, DEP and DSEMR

Mission Report

Annual district work plans validated

Summary documents for the annual work plans of the CSBs

Act 1.6 Provide the central supervisors with a 4X4 vehicle and 120 motorcycles for the CSBs/SDSP using the procurement procedure

Act 1.7 Rebuild and make the cold chains operational using the procurement procedure (UNICEF/EVMA)

Number of regions with a cold chamber

Number of districts with refrigerators

Number of CSBs with refrigerators

Number of CSBs with spare parts

Total number of regions targeted

Total number of districts targeted

Total number of CSBs supported

Total number of CSBs supported

Monitor the reconstruction and functionality of the cold chains in the 18 regions and 74 districts supported;

Purchase spare parts for the refrigerators in the CSBs that are reopened through hiring,

Data sources: DDS and DSEMR

Acceptance report

Delivery voucher

National Immunisation Coverage Rate for DTPP3HepHib3 (%)

Number of districts with unvaccinated children< 25 %

Cold chain availability rate

Total number of districts targeted

Total number of districts targeted

Total number of districts targeted

Improvement in vaccine performance

Purchase 6 cold chambers, 10 RCW50 refrigerators, two solar refrigerators with two uninterruptible power supplies, 70 TCW 3000 refrigerators/freezers + uninterruptible power supplies.

Data sources: DDS/UGP HSS and DSEMR

Activity report

Objective 2 – Improve financial management and promote good governance

Act 2.1 Strengthen administrative and financial management for the project at the peripheral level in accordance with the HSS Project administrative and financial procedures manual

Percentage of managers that were trained in the use of HSS funds

Number of total managers targeted in the districts supported

To improve financial management at every level according to the HSS Project administrative and financial procedures manual.

Rational use of funds

Training for managers in the use of this procedures manual is programmed for this activity.

Data sources: DDS/UGP HSS, CISS and DEP

Training report

Monitoring report

Act 2.2 Implement innovative strategies to reduce the number of unvaccinated children: monitoring, follow-up the implementation of the RED approach and the National Community Health Policy

Number of districts monitored

Total number of districts selected for monitoring

EPI activities will be monitored in the 42 districts with poor performance out of the 74 that were supported.

Improve vaccine performance

Data sources: DDS/UGP HSS and DSEMR

Activity report

Objective 3 – Increase the use of health services by the people

Act 3.1 Using the ARCGIS software, prepare a regional map of the NGOs and associations working at the community level

Act 3.2 Organise twice-yearly coordination and partnership development meetings with the Communal Commissions to Develop Health (CCDS) and the Commune Health Committees (Commune COSANs) in the targeted districts

Number of meetings held

Number of meetings scheduled

This is a meeting to coordinate, share and provide guidance. It will be held at the beginning of each year with the community immunisation actors in the districts.

Action plans will be prepared after these meetings by the Commune COSANs in cooperation with the CCDSs, local partners, and the districts.

Data sources: DDS, DEP and DSEMR

Activity report, meeting report

Act 3.4 Prepare an action plan for the COSAN/CAs trained in PAC/CIP/CRIS in 20 SSDs with poor performance

Number of ACs trained

Number of NGO representatives trained

Number of CAs targeted

Number of NGO representatives targeted

To effectively make the COSAN/CAs and CSOs operational;

Strengthen the partnership with the CSOs;

The implementation of these microplans is monitored/supervised by the heads of the CSBs.

Data sources: DDS, UGP HSS and DSEMR

Activity report

CA (community agent)/COSAN and NGO action plan

Act 3.5 Prepare data and recommendations on the non-use of the Equity Fund

Objective 4 – Improve data management for decision-making

Act 4.1 Institutionalize data usefulness/use (UDD+ DQS) for planning, implementation and decision-making in the 74 Districts

Percentage of health care workers who have been trained

Percentage of health care workers who have had formative follow-up after they were trained

Number of health care workers targeted

Generate the UDD+DQS culture at the targeted region and district level for planning, implementation and decision-making.

Data sources: DDS, UGP HSS and DSEMR

Activity report

Act 4.2 Prepare data and recommendations on data inconsistency to identify bottlenecks

Act 4.3 Provide technical and financial support for the reviews (periodic for the CSBs/targeted districts and annual reviews with the regions and targeted districts)

Percentage of districts that receive support for the periodic reviews

Number of districts targeted

Use a scoreboard to monitor trends in the indicators and to evaluate HSS activities.

Monitor the trend in indicators by CSB (done by the district).

The CENTRAL level monitors and evaluates the regions/districts during the annual review, scheduled for the end of the 4th quarter of the year.

Data sources: DDS, UGP HSS and DSEMR

Activity report

Evaluation report

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

In response to the problems observed and in accordance with the recommendations of the EGF, the objectives and activities and the changes in the indicators in reprogramming HSS were made to:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- reorganise HSS program management;
- Improve program governance and management;
- Strengthen project coordination with highly specific TORs that clearly identify the roles and responsibilities of each relevant structure and actor;
- Create and appoint the members of the National Health Sector Coordinating Committee (merged HSCC/ICC) by INTERMINISTERIAL ORDERS under the management of the Ministry of Public Health;
- Increase the usage rate by the people of the community health centers (CSBs), and the following services in particular: CE, FP, immunisation, delivery at the center, and antenatal care.
- Expand the intervention zone to support the districts with poor EPI performance
- Strengthen Results-based Management
- Rebuild the cold chains and ensure that they are working. Make the beneficiary health facilities secure.
- Increase the use of health services, especially in the remote areas, by developing innovative activities through the introduction of new strategies to stimulate demand
- Improve data management by implementing a culture of data usage for decision-making, planning and action

- Develop methods of monitoring the trend in project results indicators to measure the progress of implementation.
- The Objective of the monitoring and evaluation plan is to link the activities to strengthen the system that the project supports with the objectives of the EPI. This monitoring and evaluation plan will provide the information necessary for decision-making, planning and implementation in order to achieve the Objectives and to make the necessary adjustments in time, and particularly for the EPI.

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded

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

9.9. Reporting on the HSS grant

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

- How 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 were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Weekly monitoring/evaluation report Mission report Training report Meeting report Delivery voucher Technical activities report Financial report	By having the restricted technical committee, comprised of technicians from the DDS, DSEMR, the MSP Immunisation Service and the HSS UGP, prepare a draft of the RSA (annual status report). Before being presented to the decision-making body of the CNCSS (HSCC+ICC), the draft RSA was presented in the different meetings to the members of the expanded technical committee comprised of representatives from the TFPs and the MSP. After inserting the amendments and recommendations, each improved draft was exchanged by email with the members of the expanded technical committee. Improvements are made up to the date of the next meetings. A pre-validation technical meeting is held before presenting the pre-validated draft to the members of the decision-making body for approval and signature of the final report.	Delay in receiving the standard outline for the RSA Difficulty completing the HSS outline using "INFO LINE." There are inconsistencies between the tables to be completed and the information to be researched.

9.9.2. Please describe any difficulties experienced 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.

If possible, please send the OUTLINE for the report for the 4th quarter of the year.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 11

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

10. Strengthened Involvement of Civil Society Organisations (CSOs): Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Madagascar is not reporting on GAVI TYPE A CSO support for 2012

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Madagascar is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, 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 31 December 2011 (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 have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *December 31, 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	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 & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. 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 31 December 2011 (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 have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *December 31, 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	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 & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. 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 31 December 2011 (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 have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *December 31, 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	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 & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature des Ministres.jpg File desc: Description du fichier… Date/time: 5/21/2012 7:53:28 AM Size: 1170994
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature des Ministres.jpg File desc: Description du fichier… Date/time: 5/21/2012 7:58:50 AM Size: 1170994
3	Signatures of members of ICC	2.2	✓	Signature des Membres ICC.jpg File desc: Description du fichier… Date/time: 5/21/2012 8:05:24 AM Size: 1433902
4	Signatures of members of HSCC	2.3	✗	Signature des HSCC.docx File desc: Description du fichier… Date/time: 5/21/2012 8:11:20 AM Size: 1469675
5	Minutes of ICC meetings in 2011	2.2	✓	PV réunion 26 04 2012 VF.docx File desc: Description du fichier… Date/time: 5/21/2012 9:51:51 AM Size: 1351363
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	PV réunion 26 04 2012 VF.docx File desc: Description du fichier… Date/time: 5/21/2012 9:52:23 AM Size: 1351363
7	Minutes of HSCC meetings in 2011	2.3	✗	PV 23 Sept 2011.doc File desc: PV de réunion après d'EGF (les autres PV joints dans le document AUTRES) Date/time: 5/8/2012 9:00:33 AM Size: 3585536
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	PV des réunions HSCC approuvé le RSA 2011.docx File desc: Description du fichier… Date/time: 5/7/2012 8:21:02 AM Size: 3233190
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	Etats financiers 2011.doc File desc: Description du fichier… Date/time: 5/7/2012 6:06:26 AM Size: 2768896
10	new cMYP APR 2011	7.7	✓	PPAC 2011 2015 (3.doc File desc: PPAC mis à jour 2011-2015 Date/time: 4/24/2012 9:42:38 AM

				Size: 1518592
11	new cMYP costing tool APR 2011	7.8	✓	Copie de cMYP_Costing_Tool_MADA.xlsx File desc: cMYP_costing_Tool_MADA Date/time: 4/24/2012 9:42:38 AM Size: 1151866
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Etat financier SV.jpg File desc: Description du fichier… Date/time: 5/9/2012 6:54:59 AM Size: 1065340
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Etat financier allocation NV en 2011.docx File desc: Description du fichier… Date/time: 5/21/2012 11:50:35 AM Size: 14250
15	EVSM/VMA/EVM report APR 2011	7.5	✓	Rapport Evaluation GEV_Madagascar_2011.doc File desc: Rapport GEV 2011 Date/time: 4/24/2012 9:42:39 AM Size: 676864
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	Plan Utilisation Fonds HSS 2012 validé.xls File desc: reprogrammation HSS pour l'amélioration situation en Chaine de froid Date/time: 4/24/2012 9:42:39 AM Size: 334848
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	Situation plan d'amélioration GEV.docx File desc: situation actuelle du plan d'amélioration GEEV dans la reprogrammation HSS GAVI Date/time: 5/21/2012 11:16:40 AM Size: 28105
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	Rapport d'Audit externe SSV er HSS.docx File desc: Description du fichier… Date/time: 5/21/2012 11:54:26 AM Size: 12037
20	Post Introduction Evaluation Report	7.2.2	✓	Rapport post in troduction NV.docx File desc: Description du fichier… Date/time: 5/21/2012 11:55:28 AM Size: 12113
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	PV des réunions ICC approuvé le RSA 2011.docx File desc: section 1 APR prolongation SNV Date/time: 5/21/2012 11:14:07 AM Size: 3233190
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	Rapport d'Audit externe SSV er HSS.docx File desc: Description du fichier… Date/time: 5/21/2012 11:56:19 AM

				Size: 12037
23	HSS Health Sector review report	9.9.3	✕	HSS Health sector Revue.docx File desc: Description du fichier… Date/time: 5/21/2012 12:01:03 PM Size: 12007