The GAVI Alliance

Annual Progress Report 2013

Submitted by:

the Government of

Madagascar

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **21/05/2014**

Deadline for submission: 22/05/2014

Please submit the 2013 Annual Report 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 the general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Please 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 for this application will be used and applied for the sole purpose of fulfilling the program(s) described in this application. Any significant change from the approved program(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the program(s) description in this 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 program(s) described in this application. The Country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (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. Any funds repaid will be deposited into the account or accounts designated 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 programs described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programs described in this application if a misuse of GAVI Alliance funds is confirmed. ANTICORRUPTION

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 this 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 government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to perform the programs described in this application.

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 will comply with its requirements.

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 this 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 programs described in this 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 programs described in this 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. 1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & Injection Supplies 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 schedule - doses	Rotavirus 2 schedule - doses	2014
NVS Demo	HPV bivalent, 2 dose(s) per vial, LIQUID		2014

DTP-HepB-Hib (Pentavalent) vaccine: based on the current preferences for your country, the vaccine is available through UNICEF in liquid form in one- or ten-dose vials and in two-dose liquid/lyophilized form to be used with a three-injection schedule. Other presentations have also been preselected by the WHO and the complete list can be consulted on the WHO web site, however, the availability of each product must be specifically confirmed.

1.2. Extension of the program

Type of Support	Vaccine	Start Year	End year
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015	2016
Routine New Vaccines Support	Rotavirus, 1 dose(s) per vial, ORAL	2015	2016

1.3. ISS, HSS, CSO

Type of Support	Reporting fund utilization in 2013	Request for Approval of	Eligible For **2013** ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of ISS grant: Yes	N/A
VIG	Yes	N/A	N/A

VIG: GAVI Vaccine Introduction Grant; COS: Operational support for campaign

1.4. Previous Monitoring IRC Report

The IRC Annual Progress Report (APR) for the year 2012 is available here. The French version is also 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 & the Minister Finance or their delegated authority.

Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual (or delegated authority)		**Minister of Finance (or delegated authority)**	
Name	ELEONORE JOHASY	**Name**	ANDRIAMBOLOLONA Vonintsalama
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):

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2.2. ICC Signatures Page

If the country is reporting on Immunization 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 two copies of the attached documents section the signatures pages signed by committee members, one for HSCC signatures and one for ICC signatures.

The GAVI Alliance Transparency and Accountability Policy 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 immunization Inter-Agency Coordinating Committee (ICC), endorse this report. Signature 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
Dr. SEIGNON Céline, Resident Representative	WHO		
Mr. STEVEN Lauwerier, Representative	UNICEF		
Dr. BELLAS Christine Cabane, Health Representative	French Embassy		
Dr. RAMIHANTANIARIVO Herlyne, Director General of Health	Ministère de la Santé Publique		
Dr. RAJOELA Voahirana, Health Specialist	World Bank		
RAKOTOMALALA Jean Claude,, Executive Secretary	ASOS		
Dr. AGNONA René, Assistant DAMS Technician	Ministry of Population		
Dr. Jaurès Churchill RABEMANANTENA	JSI-GAVI		
RAKOTOVAO Gisele	Ordre National des Médecins		
RAPATSALAHY Sahondra	DHR Ministry of Health		
RAVELOARIJAO Noeline	Ministry of Finance		
RAZAFIMANDIMBY	OSC VOAHARY SALAMA		
ANDRIAMIADANA Jocelyne	USAID		

ANDRIANARISATA John	African Development Bank		
HAZEN James	CRS		
RAMAROKOTO Fenosoa	Primature		
RAZAFIMBELO Clovis	CISS Ministry of Health		
VOLOLONTSOA Tiana	DEP Ministry of Health		
RABEAFARA Gosteur	DAF Ministry of Health		

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) 18, endorse this report on the Health Systems Strengthening Programme. Signature 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
RAHANTANIARIVO	Ministry of Public Health		
VOLOLONTSOA Tiana Lalaoarijaona	Ministry of Public Health		

RAPATSALAHY Sahondra	Ministry of Public Health		
RAZAFIMBELO Clovis	Ministry of Public Health		
RABEAFARA Gosteur	Ministry of Public Health		
RANARISON Mirana	Ministry of Decentralization		
AGNONA René	Ministry of Population		
RAMAROKOTO Fenosoa	Office of the Prime Minister		
RAKOTOMALALA Jean Claude	ASOS		
MARCIENNE Jocelyne	ONM		
BELLAS Cabane Christine	French Embassy		
JAURES Churcill	JSI-GAVI		
RAZAFIMANDIMBY Andriamandranto	VOHARY SALAMA		
CHUA OON Chuanpit	JSI/MAHEFA		
SARAH BORDAS Eddy	UNICEF		

Céline SEIGNON KANDISSOUNON	WHO		
ANDRIANARISATA John	ADB		
ANDRIANARISATA John	World Bank		

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

All comments will be treated confidentially

Comments from Partners:

None

Comments from the Regional Working Group:

None

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

Madagascar is not submitting a report on the use of CSO funds (Type A and B) in 2014

3. Table of Contents

This APR reports on Madagascar's activities between January - December 2013 and specifies the requests for the period of January - December 2015

Sections

4. Baseline and Annual Targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative and maximum wastage values as shown in the **Wastage Rate Table** in the guidelines for support requests. Please describe the reference wastage rate for the pentavalent vaccine available in 10-dose vials.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	832 017	829 771	855 314	862 549	877 668	886 700		911 528
Total infants' deaths	48 257	48 127	49 608	41 402	50 905	42 562		43 753
Total surviving infants	783760	781 644	805 706	821 147	826 763	844 138		867 775
Total pregnant women	832 017	829 771	855 314	855 314	877 668	877 668		0
Number of infants vaccinated (to be vaccinated) with BCG	747 588	640 395	811 216	811 216	833 784	833 784		0
BCG coverage	90 %	77 %	95 %	94 %	95 %	94 %		0 %
Number of infants vaccinated (to be vaccinated) with OPV3	705 232	691 711	765 255	765 255	785 424	785 424		0
OPV3 coverage	90 %	88 %	95 %	93 %	95 %	93 %		0 %
Number of infants vaccinated (to be vaccinated) with DTP1	783 760	748 217	805 706	805 706	826 763	826 763		0
Number of infants vaccinated (to be vaccinated) with DTP3	705 232	700 172	765 255	765 255	785 424	785 424		0
DTP3 coverage	90 %	90 %	95 %	93 %	95 %	93 %		0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	10	0	0	0	0		0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.11	1.00	1.00	1.00	1.00		1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	783 760	748 217	805 706	805 706	826 763	826 763		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	783 760	700 172	805 706	805 706	785 424	785 424		
DTP-HepB-Hib coverage	100 %	90 %	100 %	98 %	95 %	93 %		0 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	10	10	10	10	10	10		
Wastage factor [1] in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1.11	1.11		1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal vaccine (PCV10)	978 094	742 169	804 384	804 384		0		0
Number of infants vaccinated (to be	978 094	717 756	804 384	804 384		0		0

vaccinated) with 3 doses of Pneumococcal vaccine (PCV10)								
Pneumococcal (PCV10) coverage	125 %	92 %	100 %	98 %	0 %	0 %		0 %
Wastage[1] rate in base-year and planned thereafter (%)	10	5	5	5		0		5
Wastage factor [1] in base-year and planned thereafter (%)	1.11	1.05	1.05	1.05	1	1		1.05
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus vaccine		0	804 384	804 384		0		0
Number of infants vaccinated (to be vaccinated) with 2 doses of Rotavirus vaccine		0	804 384	804 384		0		0
Rotavirus vaccine coverage	0 %	0 %	100 %	98 %	0 %	0 %		0 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5		0		0
Wastage factor [1] in base-year and planned thereafter (%)		1	1.05	1.05	1	1		1
Max. wastage rate for the Rotavirus vaccine, 2 sched. doses	5 %	5 %	5 %	5 %	5 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	705 232	668 426	765 255	765 255	785 424	785 424		0
Measles coverage	90 %	86 %	95 %	93 %	95 %	93 %		0 %
Pregnant women vaccinated with TT+	658 875	525 615	725 704	725 704	884 726	884 726		0
TT+ coverage	79 %	63 %	85 %	85 %	101 %	101 %		0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0		0
Vit A supplement to infants after 6 months	0	3 540 981	0	0	0	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	10 %	6 %	5 %	5 %	5 %	5 %		0 %

* 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 procurement 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.

2 GAVI would also appreciate receiving comments from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine (single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.

5. General Programme Management Component

5.1. Updated Baseline and Annual Targets

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

The figures for 2013 should match the figures that the country included in the joint **WHO/UNICEF** reporting form for notification of immunization activities for 2013. The 2014-2015 figures in Table 4 - Baselines and Annual Objectives must line up with those that the country provided to GAVI in the previous annual status report or in a new GAVI support request, or in the CMYP.

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

- Justification for any changes in births

For 2014, 2015 and 2016, there is a change in figures related to the number of live births, because we updated the 2012-2016 cMYP, with the projections of the GCPH, and taking into consideration the Demographic Health Survey for the mortality rate.

- Justification for any changes in surviving infants

For 2014, 2015 and 2016, there is a change in the number of surviving infants because we updated the cMYP according to the results of the EDS 2008-2009 demographic survey, with the infant mortality rate = 48 per 1,000 live births.

Previously, we used figures from the 2004 EDS = 58 per 1,000 live births

- Justification for any changes in targets by vaccine **Please note that targets that surpass the previous years' results by more than 10 % must be justified.**

No change for 2013, but for 2014, however given the situation of the country post-current crisis, we decided to change the TCV target for DTC-Hep-Hib3 for 2014 to 90% in order to maintain the efforts made in 2013, instead of 95% as specified in the previous cMYP.

- Justification for any changes in wastage by vaccine

No change

5.2. Immunization achievements in 2013

5.2.1. Please comment on the achievements of immunization program against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2013' and how these were addressed:

In 2013, out of the 781,645 surviving infants, 700,172, i.e. 90%) (JRF 2013) were immunized for DTC-Hep-Hib3 compared to 86% in 2012. Thus the 90% objective was attained.

An increase in coverage was noted for immunization for measles (86%) in 2013 compared to 84% in 2012.

A slight decrease was observed for BCG: 77% in 2013 compared to 78% in 2012.

In regards to surveillance of diseases that can be avoided by immunization, we noted an improvement in comparison to 2012: The non-polio AFP was 3.78 in 2013 compared to 3.16 in 2012. However the rate of adjustment of stool samples decreased slightly from 92% in 2912 to 90% in 2013.

No case of wild polio virus or of VDPV was identified in 2013.

In regards to surveillance on a case by case basis of measles, the annualized rate of suspected cases of measles was 2.68/100,000 residents in 2013, compared to 2.2 in 2012. However 6 isolated cases of measles were identified.

A – The primary strategies implemented and activities carried out

1. Strengthening of routine immunization

1. Strengthening of routine immunization

1.1 Strengthening of the skills of immunizers at the level of health centers

Nearly 3100 health agents (immunizers) from public and private health centers were trained for the EPI practice including the 5 operational components of the EPI and other related subjects.

Introduction of new vaccines

Implementation of the ACV'[reach every village] approach.

Use of community immunization records

Search for dropouts through the system of 3 card files.

1.2 Financing of the implementation of the Reach Every Community approach at the level of the CSB by RSS-GAVI, WHO and UNICEF:

With support, all the districts enjoyed financial and technical support from RSS/GAVI, UNICEF, and the WHO for the implementation of the 5 components of the Reach Every Village approach. In this regard, the districts prepared micro plans in cooperation with the basic health centers. The latter have collaborated with the communities to identify and locate difficult to reach, unvaccinated and dropped out children, and to organize the fixed strategy, advanced and mobile immunization activities.
The search for dropouts in cooperation with commercial agents has allowed the dropout rate to be decreased by 4 points (from 10% in 2012 to 6% in 2013).

1.3 Contribution to specifications for recording and monitoring of children and mothers

With the technical and financial support of UNICEF, 50,000 community immunization records were produced and distributed to all community Agents of the 21,000 Fokontany (villages) within domestic territory.
.
1.4 Implementation of two annual editions of Mother and Child Health Week (SSME) the first of which is integrated into African Immunization Week. This has allowed the country to rediscover 50,200 children less than one year of age that were not or were incompletely immunized, of the 139,000 to be sought out.

2. Availability of vaccines and equipment
Thanks to the contribution of the Malagasy State with the support of GAVI, and UNICEF, that vaccines were acquired and distributed quarterly to the districts. Annual needs were covered for traditional vaccines and under-utilized vaccines, and no interruption was observed at the central warehouse or in the regions and districts during 2013.

Three (3) regions received GAVI financial support for maintenance of trucks that they made available to the Immunization Services for periodically transporting vaccines and supplies at the peripheral level, in addition to the 2 old trucks used at the central level.

3. Cold chain operational readiness

3.1 Procurement / Installation of new cold equipment

44 solar refrigerators, of which 37 were supplied by GAVI and 7 by UNICEF, were installed by the technical team of the Immunization Service at 44 CSBs and 14 districts.

13 positive pressure cold chambers were procured and installed at 11 Regional Offices and 2 were installed at the central warehouse. The installation, which was late, included training users in system maintenance.

3600 new vaccine carriers equipped with foam were distributed in 100% of the districts, with 1 or 2 vaccine carriers being delivered per health center.

3.2 Support for the 112 SDSPs with cold chain equipment maintenance

100% of districts received spare parts lots (glass, fuses, burners) for compression or absorption refrigerators.

Pursuant to the recommendations of the EVM in 2011, 3500 fridge tags were procured and distributed in 112 Districts in

order to continuously record temperature at the Health Centers.

Oil:

Contribution by UNICEF: 3 months for 35 Districts (5 regions PASSOBA + Analamanga)

Government: 8 months for 112 districts

RSS/GAVI: Contribution: 12 months for 159 CSBs and 2 months for 74 Districts.

GAVI/EPI Contribution: 2 months for 52 districts

4. Improvement of data quality

At the central level, 12 monthly meetings were held for data analysis and standardization and feedback was delivered to the regions and districts.

22 EPI Regional Supervisors and 112 EPI District Supervisors were trained in Data Quality Self-Assessment (DQS) and in UDDE (Use of Data for Effective Decision-making).

During two semi-annual EPI reviews at the central level, the 22 Regions participated, with support from partners;

(Quarterly EPI Review at the regional level and monthly review at the district level).

18 Districts underwent supervisory training, from the Data Manager of the Immunization Service and WHO (STOP Team) for computerized data management.

112 districts were equipped with an internet modem (USB keys) and credit for on-time delivery of reports for 6 months.

5. Strengthening of technical and administrative skills of supervisors

In the context of practical immunization training, 22 EPI regional supervisors and SMS Chief, 112 EPI District Supervisors and Inspector-Physicians received training from facilitators in practical immunization, surveillance, cold chain equipment maintenance, data management and Rotavirus immunization.

3100 public and private CSB chiefs were trained in practical immunization, including Rotavirus immunization, surveillance, cold chain maintenance and data management.

6. Surveillance of Vaccine-preventable Diseases

112 districts equipped with measles kits, AFP kits and management tools (survey form, etc.)

- Quarterly update of the wild polio virus, measles, maternal and neonatal tetanus epidemic risk analysis.

- Technical, equipment and financial support at the sentinel site (Hôpital Universitaire Mère-Enfant de Tsaralalàna), and support for surveillance of Hib meningitis and Rotavirus diarrhea.

- Preparation, reproduction and distribution of the surveillance guide for vaccine-preventable diseases: 100% of CSBs were provided the Vaccine-preventable Diseases guide.

- 14 districts with poor performance received training in active surveillance of vaccine-preventable diseases;

- Weekly/monthly standardization (analysis) of surveillance data for vaccine-preventable diseases during the year;

- Quarterly standardization (analysis) of surveillance data for vaccine-preventable diseases with committees: National Certification Committee, National Expert Committee and Quarantine Committee (delivery of data to WHO)

7. Fighting vaccine-preventable diseases

A monitoring campaign for elimination of measles was integrated into the Mother-Child Health Week in October 2013, during which nearly 3,316,000 children 9 to 59 months of age, i.e. 91% of targets, received the VAR vaccine.

- In the context of the elimination of MNT in Madagascar, the prevalidation survey was conducted in 6 high-risk districts (September 2013) with support from WHO, UNICEF and UNFPA. These 6 districts were deemed to be low-risk, therefore the validation of elimination of maternal-neonatal tetanus [is anticipated] in 2014.

8. Introduction of new vaccines

In the context of the introduction of the new Rotavirus vaccine, the plan to introduce the new Rotavirus vaccine was prepared and validated. The guide and training media were available for peripheral areas.

- In 2 health districts (Soavinandriana and Toamasina I), the preparation and implementation phases for the demonstration project for HPV immunization were carried out.

For SDSPS Soavinandriana, cervical cancer immunization of girls attending school in Class CM2: 69.31%. 10-year old girls not attending school: 48,36%.

For Toamasina I, cervical cancer immunization of girls attending school in Class CM2: 64.28%. 10-year old girls not attending school: 61,79%.

9. Monitoring and Evaluation

- 1 semi-annual national EPI reviews conducted in 2013,

- 3 quarterly meetings and 4 special meetings of the Senior ICC;

- 2 EPI supervisions integrated with VAR, SAV SSME campaign supervisions;

- 2 series of supervisions in 5 PASSOBA regions and the Analamanga Region supported by UNICEF;

- 6 regions were equipped with the immunization performance monitoring tool.

10. Communication and social mobilisation

- EPI Communications Plan, validated by the technical ICC.

- Updating, reproduction and dissemination of IEC communication materials during SAV/SSME: Available in 22 regions and 112 districts;

- Survey focused on equity problems related to immunization in two districts: Manjakandriana et Soanieran'Ivongo

- In the context of the preparation for introduction of the new HPV vaccine, communication and social mobilization were strengthened by collaboration with the media in 2 districts and at 4 radio/TV stations (national and local), administrative, traditional, political authorities and several associations;

11. Rehabilitation of the Immunization Service infrastructure

Rehabilitation of the central storage warehouse (EVM recommendation) with financial support from RSS GAVI for the first part, currently operational, where new cold chambers are installed for storing the new vaccines.

12. Updating of EPI reference documents

An EPI guide was updated and shared in hardcopy format and electronic format with 22 regions and 112 districts.

Process of updating the cMYP, in progress.

B – Obstacles encountered

1 Routine immunization:

- Delay in implementation of the RED (ACD) approach, due to the delay in funding

➢ Reminder about the request to sponsors

2. VAR Campaign:

- Insufficient capacity of cold chain equipment at the central level to receive VAR vaccine (because the new central cold chain equipment had not yet been processed through customs at that time)

➢ Transfer of VAR vaccines for the measles campaign to the cold chamber of the central pharmacy of the Ministry of Public Health.

3. Purchase of vaccines

- Regarding cofinancing for vaccine purchases, there was a delay in the government commitment to release the funds.

➢ Lobbying of the Ministry of Finance

4. Management tools

- Frequent interruption of inventory of infant cards.

➢· copying of infant cards updated

➢· adoption of the use of the 3 card files in 2 pilot districts.

5 - Monitoring

- Insufficient analysis of results of action at the peripheral level:

➢· application of the coaching system for 22 regions

➢· Introduction of the use of the 3rd card file in the EPI practical training module for widespread use.

➢· Training of regional and district supervisors in DQS / UDD (performing DQS / UDD in 9 districts)

➢· Standardization of population data and updating of reporting tools and management tools in collaboration with the Health Statistics Service (SSS).

6 - HPV Immunization

- Cf. Result (8. – Introduction of new vaccines)

➢· change of strategy to rural mode and active search and operational implementation of the advanced strategy for immunization of targets having missed the first dose.

➢· lobbying of the religious circle: Toamasina I

7. Cold chain operational readiness

- Frequent interruption of oil and cash power inventory.

➢· Treatment on a case by case basis depending on the requirements sent by the districts. Partial resolution using RSS GAVI, EPI GAVI and UNICEF funds.

- insufficient spare parts for oil-powered refrigerators

➢· 112 districts equipped with spare parts.

8 – Operational Readiness of Health Centers

- closing of health centers based on lack of security in the regions: Atsimo Andrefana, Anosy, Androy and Melaky;

• closed health facility (159) due to insufficient number of Health Agents;

• retirement of certain agents: Not replaced;

➢· Several solutions were planned: Bring CSBs up to standards

❖· RSS GAVI contracts health agents (28) and UNICEF (180) and UNFPA in isolated zones;

❖· Government recruitment of health agents;

9 Geographical access

Difficulty of geographical access: 60% of the population lives more than 10 km from a health facility.

➢· Availability of funds for the Districts to conduct advanced strategies for the REV (ACV) approach, in order to reach every child with community participation. For this reason, during 2013, 100% of Districts in 22 regions received RSS/GAVI and UNICEF funding to carry out catch-up sessions for children that were not or were not fully immunized.

10. Community participation in the EPI

- Immunization refusal by groups of persons in villages in the Districts of Sakaraha, Ambovombe and Tsihombe. Antsiranana I, Maevatanana (after supervision/survey))

• Immunization refusal by school facilities (District of Antsirabe Ii and Toliara I) (after supervision)

• Expansion of rumors against immunization in 112 districts (negative beliefs regarding immunization, vaccines make women sterile, vaccines make children sick, etc.)

➢· Improvement of message distribution: Benefits of immunization by the mass media;

➢· preparation of a routine EPI communications plan, and in the context of the introduction of new vaccines.

➢· Application of the new approach called: “Community Dialogue”: 14 districts in 5 regions were involved

10. Problems related to the socio-political crisis
Failure of potential partners such as JICA and USAID to continue support, suspended during the socio-political crisis.

➢· Continuity of collaboration with WHO and UNICEF through the districts.

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

For BCG, the objective was not reached for the following reasons:

 immunization before the 45th day

home birth

Customs and usual practice: Women’s first departure [from the home] after a child is born does not take place until 3 months after the birth in the Greater Southern region.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. During the last five years, were sex-disaggregated data on immunization service access available in your country from administrative data sources and/or studies on DTP3 coverage? **Yes, available**

If yes, please report the latest data available and the year that is it from.

Source of data	Reference Year for Estimates	DTP3 Coverage Estimate	
		Boys	Girls
EDSMD-IV 2008- 2009	2007	72.6	73

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

On a cultural level, there has never been a distinction between girls and boys, in regards to their consideration and the services offered to them. Data from surveys conducted (EDSMD-IV 2008-2009) confirm this.
These are the data by survey, however in the regular immunization reports, there are no data broken down by sex.

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

5.3.4. How have any gender-related barriers to accessing and delivering immunization services (for example, mothers not having access to such services, the sex of service providers, etc.) been addressed programmatically? (For more information on gender-related barriers, please see GAVI’s factsheet on gender and immunization, which can be found at http://www.gavialliance.org/fr/librairie/)

There are no sex-specific obstacles,

However socio-cultural and geographic inequities exist, reducing accessibility to immunization services, particularly for mothers whose schooling is insufficient.

There are also zones that are never visited except during SSME.

And even in large cities, marginalized

Various programs were also tried on a pilot basis in order to resolve these inequities:
Community dialogues in order to identify reasons and plan corrective activities with the communities.

Actual, bottom-up micro-planning with community contact persons was attempted on a pilot basis in the Southwest regions (UNICEF) in order to implement advanced strategy approaches in the most isolated zones.

These other equity aspects were addressed in the new RSS/GAVI proposal.

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunization 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 Immunization Coverage and the official country estimate are different).

The vaccine coverage survey conducted in November 2013 showed that 71% of children surveyed were immunized against BCG according to their health card; 43.2% for OPV 3; 47.2% or DTC3, and 46.4% for VAR.

The percentage of children immunized with their health card and according to logs was: 83.1% for BCG; 76.1% for Polio 3; 80.1% for DTC3 and 79.2% for VAR.

According to 2012 administrative data, the BCG coverage rate is 78%; VPO3: 86%; DTC3: 86% and VAR: 84%

The difference is that mothers are not accustomed to keeping the health cards and often they forget the vaccines that their children have received.

The denominator for administrative data is not updated (projection based on GPHS of 1993).

Please note that the WHO UNICEF estimates for 2013 will not be available until July 2014 and may entail retrospective changes to the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

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

DQS activities were integrated into supervisions, because the central and regional supervisors have tools from their UDD-DQS training.

5.4.3. Please describe any activities undertaken to improve administrative data systems from 2011 to the present.

In order to improve administrative data quality, several activities were conducted:
1. Training supervision for regions and districts related to the use of:
- Stock Management Tool (SMT) ,
- computerized data management (DVDMT)

2. Implementation of the Coaching system by Region and districts, with the implementation of telephones (funded by WHO and UNICEF) as tools for collecting data and other urgent information such as reminders about late reports.

These coaches are technical and monitoring and evaluation supervisors and the direct supervisors of these regions and districts.

3. Support of a STOP Team 42 member for data management;

4. Equipping with DVD-MT software, new version;

5. Regular supply of standardized management tools at the peripheral level: Children's and mother's cards, updated talking points sheet;

6. Organization of a monthly quality control and data analysis meeting at the central level, with feedback given to the regions and districts;

7. Organization of a monthly quality control and data standardization meeting at the central level, with feedback given to the regions and districts;

8. Training supervision for the regions and districts with low compliance and on-time rating.

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.

- equipping with a modem and credit for sending reports by e-mail;

- intensification and improvement of the quality of supervision at all levels (surveillance and EPI);

- training of health agents in the use of data for action;

- monthly data quality analysis meeting at all levels;

- DQS-UDD trainings of supervisors for waterfall data;

- high-level commitment to the performance criteria in the evaluation of supervisors (promptness and completeness of the

reports by reminder and financing letters based on the results in terms of surveillance of target diseases);

5.5. Overall Expenditures and Financing for Immunization

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

Exchange rate used	1 US$ = 2200	Only enter the exchange rate; do not list the name of the local currency

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

Expenditures by Category	Expenditure Year 2013	Funding source						
		Country	GAVI	UNICEF	WHO	Church of Latter Day Saints	Lions Club	x
Traditional Vaccines*	949 617	427 525	0	522 092	0	0	0	0
New and underused Vaccines**	19 310 421	617 293	18 693 128	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	258 862	22 022	116 677	120 163	0	0	0	0
Cold chain equipment	268 700	0	268 700	0	0	0	0	0
Staff	256 009	0	60 000	0	196 009	0	0	0
Other routine recurrent costs	1 213 509	767 007	446 502	0	0	0	0	0
Other capital costs	473 533	0	473 533	0	0	0	0	0
Campaigns costs	3 544 264	25 217	25 000	2 499 589	964 231	15 227	15 000	0
Surveillance of vaccine-preventable		0	482 774	0	209 063	0	0	0

diseases, modem, children's cards, practical EPI training								
Total Expenditures for Immunization	26 274 915							
Total Government Health		1 859 064	20 566 314	3 141 844	1 369 303	15 227	15 000	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.

5.5.1. If there is no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

Madagascar has always succeeded in honoring its purchases of traditional vaccines, however in the event of a delay in availability due to difficulty in processing the Government budget commitment, negotiations are conducted with UNICEF in order to advance their purchase schedule for traditional vaccines, or to lobby for UNICEF to buy them.

Supplement explaining Table 5.5a:
- The amount on the last line, "Total public health expenses" is not available, but THESE REPRESENT THE SUM OF EXPENSES FOR IMMUNIZATION"

5.6. Financial management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, totally 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?
- Planning, budgeting and coordination remobilization and merger of the ICC and the HSCC, high-level involvement of the Ministries of Planning, Budgeting and Coordination: Remobilization and merger of the ICC and the HSCC, high-level involvement of the Ministry and Partners, reprogramming of activities of the proposal for priority activities of the EPI, […] partners, reprogramming of activities of the proposal for priority activities of the EPI. Planning, budgeting and coordination: Remobilization and merger of the ICC and HSCC, high-level involvement of the Ministry and Partners, reprogramming of activities of the proposal for priority activities of the EPI.	Yes
2. Budget execution – initiation of co-signatures representing WHO and UNICEF - The involvement of partners of the Ministry of Public Health in the technical pre-validation of RSS and SSV activities will be strengthened.	Yes
. Approval of contracts – In order to offset the delays observed in approval of contracts, the Ministry of Public Health must take measures to allow terms to be shortened, particularly by using a partner such as UNICEF if the use of national procedures did not allow the delays observed in regards to procurement with GAVI funds to be resolved. – The Ministry of Public Health and the Ministry of Finance will make a joint decision that will confirm the exemption of all duties and taxes for GAVI funds.	Yes
Accounting and financial communication – establish the same accounting management device through the EPI as that implemented in the context of the RSS program.	Yes
. Internal audit: At least one annual review of these programs by the Internal Audit Bureau of the Ministry of Public Health will be systematic, and the reports from such missions will be conveyed to the ICC/HSCC and to the GAVI Alliance Secretariat	Yes
External Audit: The GAVI Alliance Secretariat will communicate the Reference Terms and Conditions for the annual External Audit of GAVI funds to the Ministry of Public Health, as well as a list of 3 auditing firms approved for performing the task and fulfilling the criteria defined in the reference terms and conditions.	Yes
Arrangements regarding the GAVI bank accounts will, after the execution of this report, carry out the disbursement of installments of funds relative to the RSS in the bank account sent to GAVI	Yes
Compliance with the Terms and Conditions of GAVI: The Government of the Republic of Madagascar represented by its Minister of Public Health is responsible for ensuring that the	Yes

implementation and management of the programs are in accordance with the Terms and Conditions of the GAVI Alliance.	

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

1. Merger of the ICC [and] HSCC with appointment of the members by ministerial decree

- Effective high-level involvement of the Ministry of Public Health as well as the Technical and Financial Partners

Rescheduling of RSS activities for improvement of the EPI

2-

Technical pre-validation by WHO and UNICEF before the funds are used

Change of co-signatories:

For RSS: General Secretary and Chief of Immunization Service or Director of the Health Districts

For SSV: Secretary General and Chief of the Immunization Service or Director of Children's, Mothers, and Reproductive Health

Regularly share financial reports with the members of the ICC/HSCC.

3. Purchase of cold chain equipment by UNICEF;

4. Use of the same accounting and financial device: GAVI procedures manual and Accounting Software

But accounting personnel are not paid by GAVI, but by the Government in order to ensure continuity;

5 - Internal and external audit pf the programs conducted;

- APS conducted.

6. Issue and implementation of the Advisory Report of the Government for customs exemption for immunization-related purchases;

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

Co-signatures by UNICEF and WHO were not implemented because this is not their responsibility, which is limited to the validation of the action plan.

5.7. Inter-Agency Coordinating Committee

How many times did the ICC meet in 2013? **29**

Please attach the minutes (Document Nº 4) from the ICC meeting held in 2014 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 Immunization.

During 2013, 9 meetings of the ICC – HSCC for decisions, and the Technical ICC was able to hold 20 meetings, of which:

11 monthly data presentation and analysis meetings for the 22 regions related to routine

immunization, EPI logistics (SMT) and surveillance of vaccine-preventable diseases in particular Hib Meningitis, Rotavirus diarrhea at the sentinel site level. This was intended for making a decision for the problematic districts, in particular silent districts or districts that had many non-immunized children.

The primary concerns for these meetings of the technical ICC relate to:

- Completion of the JRF 2012 and RSA 2012 reports;
- Preparations for the ICC/HSCC meeting;
- Monitoring and reprogramming of the annual and quarterly work plan;
- Reallocation of GAVI EPI/WHO funds;
- Finalization and validation of the EPI practical training curriculum and guide and the VPD surveillance guide;
- Proposed resolution for the financing problem following the release of Government funds:
- Preparation and organization of the 2013 measles campaign, national vaccine coverage survey (VCS) and post-introduction evaluation of PCV-10;
- Demonstration project for the rotavirus vaccine;
- Proposal for the approval of the plan to use financing to introduce the new Rotavirus vaccine;

The recommendations made during these meetings:

- Strengthen REV activities to reduce the number of non-immunized children.
- Improve the promptness of reports received at the central level through the coaching system.
- Research innovative strategies for improving communication and awareness.
- Analyze the performance of the regions and districts with the support of the Coaches.
- Make sure that VPD surveillance kits are available.
- Support the less-effective and/or silent districts for VPD surveillance.
- Accelerate the process of transferring RSS GAVI funds for the purchase of oil and the implementation of the RED approach.
- Follow up on EVM recommendations and the cold chain rehabilitation plan.
- Increase the HPV1 vaccine coverage rate through advanced strategies at the level of academic institutions and searching for targets not in school.

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

If Yes, which ones?

List CSO member organizations:
Ordre National des Médecins, Association Médicale Inter entreprise, Croix Rouge Malagasy, SALFA, SANTENET, VOAHARY SALAMA , ONG Mahefa, AKBARALY Foundation, JSI, RTI

5.8. Priority activities in 2014 through 2015

What are the country's main objectives and priority actions for its EPI program for 2014 to 2015?

What are the country's main objectives and priority actions for its EPI program for 2014 to 2015?

- achieve a national coverage rate of 95% for all antigens and in particular DTC-Hep-Hib3 and of at least 90% of the districts will attain 90% coverage for DTC-Hep-Hib3;

- reduce the number of children not immunized to less than 50% in relation to the number of children not immunized in 2013;

- reduce the percentage of districts having a dropout rate higher than 10% to less than 50%;

- maintain the Zero Polio situation;

- maintain the absence of a measles epidemic;

The priority activities are:

a) implement the plan to reduce the number of children not immunized by implementation of the RED/REV Approach;

b) strengthen active measles and AFP surveillance activities with the participation of traditional healers and clinicians;

d) implement a communications plan for the EPI;

e) carry out two SSMEs related for the first (in April) the introduction of the new rotavirus vaccine;

f) carry out the neonatal mortality survey in the context of the validation of elimination of MNT in May 2014;

g) implement DQS/UDD in the districts in order to improve data quality;

h) plan and implement the effective supervision plan at all levels;

i) install cold equipment (solar panel) acquired before the introduction of new vaccines in 2014;

j) introduce the new Rotavirus vaccine (integrated into the SAV/SSME) in May 2014;

k) Carry out the HPV demonstration phase in 2 districts selected in 2013-2014: Toamasina 1 and Soavinandriana and post-introduction evaluation during the 3rd dose;

l) Equip the districts with children’s and mothers’ health cards

m) Equip the districts with a community register book;

n) Apply the "community dialogue" approach in 22 regions;

o) Use the various strategies / Communications channels (IEC materials, media, etc.);

p) Update the national immunization policy;

r) train the community in VPD surveillance;

s) train clinicians in VPD surveillance;

t) train EPI supervisors from the regions and districts in MLM;

u) introduce the VPI vaccine in 2015.

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 2013.

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	SAB 0.05ml	UNICEF - Government
Measles	AD Syringe 0.5 ml and 5 ml dilution syringe	UNICEF - Government
TT	SAB 0.5ml	UNICEF - Government
DTP-containing vaccine	SAB 0.5ml	GAVI - Government

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 an injection safety policy/plan? (Please report in the box below)

The obstacles relate to the absence of funding for the construction of incinerators to burn and destroy used immunization materials.

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

The national policy for waste management was implemented and validated in 2005. This play was updated in 2013. Sharps and cutting waste must be collected without replacement of caps in safety boxes to be burned and buried in a secured pit.
The problem encountered is that only 22% of health facilities have equipment that is compliant for the proper elimination of these wastes (incinerators) due to a lack of financing.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 (A)	821 400	1 790 435 035
Remaining funds (carry over) from 2012 (B)	821 400	1 790 435 035
Total funds available in 2013 (C=A+B)	1 642 800	3 580 870 070
Total Expenditures in 2013 (D)	311 404	685 088 831
Carry over to 2014 (E=C-D)	1 331 396	2 895 781 239

6.1.1. Briefly describe the financial management arrangements 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 program use.

The management procedures for SSV funds are primarily based on the recommendations of EGF, Notes, Government Budget management procedures (budget bulletin) <?xml:namespace prefix = o />

The SSV fund for the introduction of PCV 10 is included in the 2011-2015 cMYP and the budget of the national health sector through the PTA of the immunization service, PTA of the Directorate of Children's and Mothers' Health.

There was no delay in the availability of funds.

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 channeled 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

This involves a commercial-type account, with 2 co-signatories, including the EPI Manager and the Secretary General of Health or Madame the Director of Children's and Mothers' Health (validated by the Report) <?xml:namespace prefix = o />

A request was prepared by the beneficiaries and validated by the GAVI SSV Coordinator and by the Secretary General;

The funds are forwarded to sub-national levels by bank transfer;

The beneficiaries send technical and financial reports on the use of the funds.

The role of the ICC: A technical-financial report is submitted at each technical and decision-making meeting that states criticisms and recommendations based on the report.

6.1.3. Please report on major activities conducted to strengthen immunization using ISS funds in 2013

Act1: Training of Health Agents in practical immunization and the introduction of the PCV <?xml:namespace prefix = o />

Act2: Cold chain maintenance

Act3: Equipment with spare parts for oil-powered refrigerators

Act4: Supply with oil

Act5: Maintenance of vehicles for supervision and vaccine transport

Act6: Training supervision by the central level for the less-effective districts

Act7: Training of journalists to strengthen EPI communication.

6.1.4. 6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7). (The instructions 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? **Yes**

6.2.3. External audit reports for ISS, HSS, CSO Type B programs are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS program for your government's most recent fiscal year, this must also be attached (Document Number: 8).

6.3. Request for ISS reward

The ISS reward request in the SSV does not apply to Madagascar in 2013

7. New and Underused Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2013 vaccination program

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunization Programme that GAVI communicated to you in its Decision Letter (DL)? Fill in the table below.

Table 7.1 : Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine Type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the company record any stock shortages at any level during 2013?**
DTP-HepB-Hib	2 285 000	3 331 000	0	No
Pneumococcal (PCV10)	3 913 200	2 896 000	700 000	No
Rotavirus vaccine		0	514 500	No

**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 utilization than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain?, etc.) Doses discarded because VVM changed color or because of the expiry date? …)

For DTC-Hep-Hib, following the delay in Government financing, UNICEF bought a quantity of vaccine to avoid an interruption in supply. However, the Government honored its contribution, which caused there to be a surplus of vaccine doses.

For PCV 10, the initial order was changed in mid-stream by the UNICEF Supply, and the difference was carried forward to January 2014.

For Rotavirus, in order to avoid supply difficulties during the rainy season that begins in January and February, the Ministry of Health ordered the arrival of Rotavirus vaccines in December 2013, and already found a cold chamber within a private pharmaceutical group (OPHAM), but the supply did not fulfill our order, therefore the rush and the difficulty in supplying isolated districts.

Because at that time, the budget for the installation of cold chambers at the central level (02) and regional level (11) were not released (RSS GAVI).

- What measures have you taken to improve vaccine management, for example, adjusting the plan for vaccine shipments? (in the country and with the UNICEF Procurement Division)

GAVI would also appreciate receiving comments from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine (single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.

In order to improve vaccine management, the following measures were taken:<?xml:namespace prefix = o />

- delivery of an official letter to GAVI to supplement the insufficient doses during the official launch: GAVI response regarding sending extraordinary supplemental doses to compensate for inventory interruptions;
- an annual supply plan was prepared jointly with UNICEF;

- ground transport was prioritized instead of air transport due to frequent flight cancellations;
- negotiations with MAF (a private airline) to reduce fees for supplying the most isolated districts;
- negotiation with transporters to immediately transport vaccines upon their arrival at the airport;
- regular supply of the districts by the central level;
- availability of funds for the distribution of vaccines by the districts to the basic health centers;
- supervision at all levels.

If Yes for any immunization in **Table 7.1,** please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower level.

N/A

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you were approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the approved proposal and report on achievements:

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

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

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	20/10/2008
Was the time and scale of introduction as planned in the proposal? If No, Why?	Yes	

7.2.2. When is the Post introduction evaluation (PIE) planned? **December 2014**

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 No. 9)

A post-introduction evaluation of the PCV-10 vaccine took place in September 2013 and recommendations were made;

The post-introduction evaluation of the Rotavirus vaccine will be conducted in October 2014.

The preliminary post-introduction evaluation of the HPV Vaccine will be scheduled for July 2014.

;

7.2.3. 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**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address potential vaccine

crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the national sentinel surveillance systems and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

A technical ICC-HSCC meeting for EPI data standardization and evaluation, surveillance of VPDs, and in addition to the data from the sentinel site on surveillance of Hib meningitis and Pneumonia, as well as rotavirus diarrhea, which is at the beginning of its implementation prior to its effective introduction.
The results of Hib meningitis surveillance have noted a decrease, and even the absence, of Hib meningitis following the implementation of the Hib vaccines.
Pneumococcal meningitis surveillance showed a downward trend of cases after the introduction of PCV 10.
The members of the ICC – HSCC actively and regularly participate in these meetings and provide suggestions for improving the quality of data, propose and finance training of site coordinator supervisors, data management technicians and laboratories.

7.3. New Vaccine Introduction Grant Lump Sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	822 925	1 810 435 000
Remaining funds (carry over) from 2012	140 314	308 691 812
Total funds available in 2013 (C=A+B)	963 239	2 119 126 812
Total Expenditures in 2013 (D)	382 000	840 400 264
Carry over to 2014 (E=C-D)	581 239	1 278 726 548

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document Nos. 10, 11). 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.

Supplemental information for Table 7.3.1

1- Balance carried forward from 2012 = remainder of financing of the introduction of PCV 10

2- Funds received in 2013 = financing for the introduction of the Rotavirus vaccine + financing of the demo

HPV vaccine

The key activities are:

Organization of immunization services for all immunizing health facilities in the country: <?xml:namespace prefix = o />

- Preparation and reproduction of an immunization guide for introduction of the Rotavirus vaccine

- Updating and reproduction of management tools and the session plan and trainers' tools

- Training of 15 central supervisors, 44 regional supervisors; 224

Supervisors from health districts and 3,100 private and public health agents of the CSBs upon introduction of the Rotavirus vaccine; monitoring of AEFI and practical immunization.

Functional readiness of the cold chain for proper vaccine storage

- Acquisition of a recording thermometer
- Supply of spare parts for 2383 oil-powered refrigerators (fuses, burner, etc.) supply for 3 months;
- Supply of oil for 1 month for 2,383 refrigerators of CSBs and certain SSDs with problems for 2012-2013.

Ongoing supply of vaccines:

- Maintenance of vehicles for shipping supplies: 3 trucks after each delivery, 2 4x4 vehicles;
- Delivery of vaccines, immunization supplies from the central level to the regions and districts.

Strengthening of communication in support of immunization and the introduction of new vaccines:

- Validation of the communication plan;
- Production and multiplication of IEC supplies: More than 20,000 posters, 30,000 flyers, more than 150 banners (central, regions and districts), audio cassettes and videos;
- Advocacy at all levels

Focus with clinicians (Scientific Committee)

- Training of 159 public and private journalists of the 22 regions;

Implementation of immunization activities, management of waste and injection safety;

- Strengthening of the organization of routine immunization activities;
- Strengthening of the implementation of the RED approach
- Support for immunization activities during the SSME;
- Management of CSB waste and injection safety.

Strengthening of Monitoring and Evaluation

- Supervision before and during introduction;
- Evaluation post-introduction of the PCV 10;

Strengthening research:

Support of the sentinel site for meningitis, pneumonia and rotavirus diarrheas surveillance (HUMET);

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

- Problem with the procurement procedure for IEC materials Since the procedures manual is not yet validated, the supply plan using UNICEF trucks is too close to the SSME therefore the purchase of these items was not

respected, and it was the subject of a procedural defect.

- Problem during processing of cold equipment purchased through UNICEF; No assumption of transport expenses at the level of the Ministry of Health and UNICEF withdrew late according to the Memorandum of Understanding which is not very explicit regarding the various responsibilities related to the processing of equipment through customs that entailed the “auction sale of cold chambers without the express intervention of the upper levels of the government: Minister, Prime Minister’s Office and Office of the President.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Activities that will be undertaken using the balance of funds carried forward to 2014 are <?xml:namespace prefix = o />

Maintain the central level vehicles (old trucks and 10 year+ 4x4s) after each delivery of vaccines at the level of the districts and supervision;

- Deliver the vaccines to the district and regional levels for Q1 2014;

- Purchase oil for oil-powered refrigerators;

- Finalize the communication plan for the EPI;

- Strengthen the AEFI monitoring;

- Support the sentinel sites for surveillance of Hib meningitis and PBM and pneumo;

7.4. 7.4. Report on Country Co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q0.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	767 460	219 274
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	262 470	220 563
	Q0.2: What were funding shares for country co-financing in reporting year 2013 from the following sources?	
Government	1 029 930	
Donor	24 878 530	
Other	522092	
	Q0.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	11 011	367 033
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #3: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	11 011	367 033
	Q0.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	

Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Funding source
Selected vaccine #1: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	July	Government
Selected vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	December	Government
Selected vaccine #3: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	July	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing	
	A draft law on immunization is in progress, in order to seek out sustained financing for the purchase of vaccines and immunization supported by the Sabin Vaccine Institute. A local fund through this draft law that will implement the Sustainable Immunization Fund coming from lobbying at the level of the Ministry of Finance and Budget, usual partners, private companies and decentralized group funds. This draft law was finalized by jurists from the Ministry of Finance and from the Ministry of Health <?xml:namespace prefix = o /> National validation is in the upcoming programs before being sent to the corresponding officials.	

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 further information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/about/governance/programme-policies/co-financing/

If the country is in default of payment of the co-financing, a supplemental budget request is sent to the Ministry of Budget and Finance, for a request to correct the initial finance law.
Secondly, the Ministry may call upon its usual partners;
Third, a request for reallocation of the budget to the directorates of the Ministry of Health.

Is support from GAVI, in the form of new and under-used vaccines and injection supplies, reported on the national health sector budget? **Yes**

7.5. Vaccine management (EVSM/EVM/VMA)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM may 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 the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress report included in the implementation of this plan must be included in the 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 or VMA) carried out? **November 2011**

Please attach:

(a) EVM assessment (Document No 12)

(b) Improvement plan after EVM (Document No 13)

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

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

Are there any changes to the Improvement Plan, with reasons provided? **Yes**

If yes, provide details.

Installation of 51 solar refrigerators, including 37 for CSB health facilities and 14 for new districts, and those with a problem of electricity interruptions;

Receiving (difficult) and installation of 13 cold chambers; 11 for the regional directorates of health and 2 for the central level.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Madagascar is not submitting a preventive campaign NVS report.

7.7. Change of vaccine presentation

Madagascar is not requesting any change of vaccine presentation for the next few years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

If 2014 is the last year of multi-year support approved for a vaccine and the country wants to extend the GAVI funding, the country will request an extension of the co-financing agreement with GAVI for support for vaccines, beginning as of 2015 and for the duration of a new complete Multi-Year Plan (cMYP).

Please enter the ending year of the current cMYP: 2016

The country hereby requests an extension of GAVI support for:

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Rotavirus, 1 dose(s) per vial, ORAL

Vaccines: For 2015 through 2016. At the same time, it agrees to co-finance the purchase of

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Rotavirus, 1 dose(s) per vial, ORAL

the vaccine in accordance with the minimum levels established by GAVI for the co-financing shares, such as those presented in Section 7.11 – Calculation of Needs.

The multi-year extension of

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Rotavirus, 1 dose(s) per vial, ORAL

Support for the vaccine complies with the new cMYP for 2015 through 2016, which is attached to this annual status report (Document No. 16). The new financial analysis tool is also attached (Document No. 17).

The ICC evaluated this request for extension of the support for:

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Rotavirus, 1 dose(s) per vial, ORAL

Vaccine during the ICC meeting, the report on which is attached to this annual status report. (Document No. 18)

7.9. Request for continued support for vaccines for 2015 vaccination program

In order to request NVS support for 2015 vaccination, please do the following:

Confirm below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements Yes

If you do not confirm, please explain

We confirm that our application complies with the calculation of needs.

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Transportation costs

Vaccine Antigens	Vaccine Types	No Threshold	200 000$		250 000$	
			<=	>	<=	>
Yellow fever	YF	7.80 %				
Meningococcal type A	MENINA-CONJUGATE	10.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Measles, second dose	MEASLES	14.00 %				
DTP-HepB	HEPB-HIB	2.00 %				
HPV bivalent	HPV2	3.50 %				
Rotavirus	HPV2	3.50 %				
MR	YF	13.20 %				

Vaccine Antigens	Vaccine Types	500 000$		2 000 000$	
		<=	>	<=	>
Yellow fever	YF				
Meningococcal type A	MENINA-CONJUGATE				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Measles, second dose	MEASLES				
DTP-HepB	HEPB-HIB				
DTP- HepB- Hib	HEPB-HIB	25.50 %	6.40 %		
HPV bivalent	HPV2				
Rotavirus	HPV2				
MR	YF				

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	783 760	805 706	844 138	2 433 604
	Number of children to be vaccinated with the first dose	Table 4	#	783 760	805 706	826 763	2 416 229
	Number of children to be vaccinated with the third dose	Table 4	#	783 760	805 706	785 424	2 374 890
	Immunization coverage with the third dose	Table 4	%	100,00 %	100,00 %	93,04 %	

	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1,11	1,11	1,11	
	Inventory of vaccine as of December 31, 2013 * (See explanatory note)		#	2 526 000			
	Inventory of vaccine as of Jan. 1, 2014 ** (See explanatory note)		#	2 526 000			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc :	**Country co-financing per dose**	Co-financing table	$		0,20	0,20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0,0450	0,0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0,0050	0,0050	
fv	**Freight cost as % of vaccines' value**	Table 7.10.2	%		6,40 %	6,40 %	
fd	**Freight cost as % of devices' value**	Parameter	%		0,00 %	0,00 %	

* Inventories of vaccines as of December 31, 2012: The country is asked to report its total closing stock as of 31st December of the reporting year.

** Countries are additionally requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

There is no difference or variation between the total closing inventory as of December 31, 2013 and the opening inventory as of January 1, 2014.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	2 448 600	860 700
Number of AD syringes	#	2 692 400	754 700
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	29 625	8 325
Total value to be co-financed by GAVI	$	5 136 500	1 819 000

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

		2014	2015
Number of vaccine doses	#	265 000	91 900
Number of AD syringes	#	0	0
Number of reconstitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by country [1]	$	543 000	190 500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-financing	*V*	0.00 %	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	783 760	805 706	78 675	727 031
B 1	Number of children to be vaccinated with the third dose	*Table 4*	783 760	805 706	78 675	727 031
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2 351 280	2 417 119	236 024	2 181 095
E	Estimated vaccine wastage factor	*Table 4*	1.11	1.11		
F	Number of doses needed including wastage	*D X E*		2 683 003	261 987	2 421 016
G	Vaccines buffer stock	*((D - D of previous year) x 0,417) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0,417)*		30 451	2 974	27 477
M	Stock to be deducted	*H1 - F of previous year x 0,417*				
H 1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H 2	Stock as of 1 January	*Table 7.11.1:*	0	2 526 000		
H 3	Shipment plan	*UNICEF shipment report*		3 013 100		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		2 713 500	264 965	2 448 535
J	Number of doses per vial	*Vaccine parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		2 692 327	0	2 692 327
T	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		29 616	0	29 616
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*		5 223 488	510 057	4 713 431
Y	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*		121 155	0	121 155
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*		149	0	149
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*		334 304	32 644	301 660
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*		0	0	0
T	Total funding needed	*(N+O+P+Q+R+S)*		5 679 096	542 700	5 136 396
U	Total country co-financing	*I * country co-financing per dose (cc)*		542 700		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		9.76 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-financing	*V*	9,64 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	826 763	79 737	747 026
B 1	Number of children to be vaccinated with the third dose	*Table 4*	785 424	75 750	709 674
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2 422 002	233 589	2 188 413
E	Estimated vaccine wastage factor	*Table 4*	1,11		
F	Number of doses needed including wastage	*D X E*	2 688 423	259 283	2 429 140
G	Vaccines buffer stock	*((D - D of previous year) x 0,417) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0,417)*	2 259	218	2 041
M	Stock to be deducted	*H1 - F of previous year x 0,417*	1 738 183	167 638	1 570 545
H 1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	2 856 099	275 455	2 580 644
H 2	Stock as of 1 January	*Table 7.11.1:*			
H 3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	952 500	91 864	860 636
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	754 686	0	754 686
T	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	8 302	0	8 302
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	1 856 423	179 042	1 677 381
Y	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	33 961	0	33 961
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	42	0	42
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*	118 812	11 459	107 353
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*	0	0	0
T	Total funding needed	*(N+O+P+Q+R+S)*	2 009 238	190 500	1 818 738
U	Total country co-financing	*I * country co-financing per dose (cc)*	190 500		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.64 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

ID		Source		2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	783 760	805 706	844 138	867 775	3 301 379
	Number of children to be vaccinated with the first dose	Table 4	#	978 094	804 384	0	0	1 782 478
	Number of children to be vaccinated with the third dose	Table 4	#	978 094	804 384	0	0	1 782 478
	Immunization coverage with the third dose	Table 4	%	124.80 %	99.84 %	0.00 %	0.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.05	1.00	1.05	
	Inventory of vaccine as of December 31, 2013 (See explanatory note)		#	864 000				
	Inventory of vaccine as of Jan. 1, 2014 ** (See explanatory note)		#	864 000				
	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	
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	$		0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	
fv	**Freight cost as % of vaccines' value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices' value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Inventories of vaccines as of December 31, 2012: The country is asked to report its total closing stock as of 31st December of the reporting year.

** Countries are additionally requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

There is no difference or variation between the total closing inventory as of December 31, 2013 and the opening inventory as of January 1, 2014.

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

Co-financing group	Low

	2013	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

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

		2014	2015	2016
Number of vaccine doses	#	1 451 500	- 785 500	- 814 000
Number of AD syringes	#	1 560 800	- 917 200	- 950 400
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	17 175	- 10 075	- 10 450

Total value to be co-financed by GAVI	$	5 140 000	- 2 934 500	- 3 033 500

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

		2014	2015	2016
Number of vaccine doses	#	88 200	- 48 000	- 49 900
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by country [1]	$	308 000	0	0

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-financing**	*V*	0.00 %	5.73 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	978 094	804 384	46 061	758 323
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	2 934 281	2 413 152	138 182	2 274 970
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.05		
F	**Number of doses needed including wastage**	*D X E*		2 533 810	145 091	2 388 719
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		- 130 282	- 7 460	- 122 822
M	**Stock to be deducted**	*H2 of previous year - 0,25 x F of previous year*				
H 2	**Stock as of 1 January**	*Table 7.11.1:*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1 539 600	88 161	1 451 439
J	**Number of doses per vial**	*Vaccine parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		1 560 758	0	1 560 758
T	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		17 169	0	17 169
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*		5 220 784	298 952	4 921 832
Y	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*		70 235	0	70 235
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*		86	0	86
R	**Freight cost for vaccines needed**	*N * freight cost as of% of vaccines value (fv)*		156 624	8 969	147 655
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost % of devices value (fd)*		0	0	0
T	**Total funding needed**	*(N+O+P+Q+R+S)*		5 447 729	307 920	5 139 809
U	**Total country co-financing**	*I * country co-financing per dose (cc)*		307 920		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.73 %		

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

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-financing	*V*	5.76 %			5.78 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	0	0	0	0	0	0
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B x C*	0	0	0	0	0	0
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.05		
F	Number of doses needed including wastage	*D X E*	0	0	0	0	0	0
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	- 603 288	- 34 760	- 568 528	0	0	0
M	Stock to be deducted	*H2 of previous year - 0,25 x F of previous year*	230 548	13 284	217 264	864 000	49 916	814 084
H 2	Stock as of 1 January	*Table 7.11.1:*						
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	- 833 600	- 48 030	- 785 570	- 864 000	- 49 915	- 814 085
J	Number of doses per vial	*Vaccine parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	- 917 219	0	- 917 219	- 950 400	0	- 950 400
T	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	- 10 089	0	- 10 089	- 10 454	0	- 10 454
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	- 2 809 232	- 161 864	- 2 647 368	- 2 903 904	- 167 766	- 2 736 138
Y	Cost of AD syringes needed	*K * AD syringe price per unit (ca)*	- 41 274	0	- 41 274	- 42 768	0	- 42 768
P	Cost of reconstitution syringes needed	*L * reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M * safety box price per unit (cs)*	- 50	0	- 50	- 52	0	- 52
R	Freight cost for vaccines needed	*N * freight cost as of% of vaccines value (fv)*	- 84 276	- 4 855	- 79 421	- 87 117	- 5 033	- 82 084
S	Freight cost for devices needed	*(O+P+Q) x * freight cost % of devices value (fd)*	0	0	0	0	0	0
T	Total funding needed	*(N+O+P+Q+R+S)*	- 2 934 832	0	- 2 934 832	- 3 033 841	0	- 3 033 841
U	Total country co-financing	*I * country co-financing per dose (cc)*	- 166 720			- 172 800		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.76 %			5.78 %		

Table 7.11.1: Characteristics for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	783 760	805 706	844 138	867 775	3 301 379
	Number of children to be vaccinated with the first dose	Table 4	#	0	804 384	0	0	804 384
	Number of children to be vaccinated with the second dose	Table 4	#		804 384	0	0	804 384
	Immunization coverage with the second dose	Table 4	%	0.00 %	99.84 %	0.00 %	0.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.00	1.00	
	Inventory of vaccine as of December 31, 2013 (See explanatory note)		#	0				
	Inventory of vaccine as of Jan. 1, 2014 ** (See explanatory note)		#	514 500				
	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	#		No	No	No	
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	$		0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	
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	%		0.00 %	0.00 %	0.00 %	

* Inventories of vaccines as of December 31, 2012: The country is asked to report its total closing stock as of 31st December of the reporting year.

** Countries are additionally requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

There is no difference or variation between the total closing inventory as of December 31, 2013 and the opening inventory as of January 1, 2014.

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

Co-financing group	Low

	2013	2014	2015	2016
Minimum co-financing		0.20	0.20	0.20
Your co-financing		0.20	0.20	0.20

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

		2014	2015	2016
Number of vaccine doses	#	1 478 700	- 456 600	- 476 600
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by GAVI	$	3 976 500	- 1 322 500	- 1 398 000

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

		2014	2015	2016
Number of vaccine doses	#	118 900	- 36 800	- 37 800
Number of AD syringes	#	0	0	0
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by country [1]	$	319 500	0	0

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-financing**	*V*	0.00 %	7.44 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	804 384	59 827	744 557
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B x C*	0	1 608 768	119 654	1 489 114
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*		1 689 207	125 636	1 563 571
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		422 302	31 410	390 892
M	**Stock to be deducted**	*H2 of previous year - 0,25 x F of previous year*				
H 2	**Stock as of 1 January**	*Table 7.11.1:*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1 597 500	118 816	1 478 684
J	**Number of doses per vial**	*Vaccine parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		0	0	0
T	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*		0	0	0
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*		4 091 198	304 286	3 786 912
Y	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N * freight cost as of% of vaccines value (fv)*		204 560	15 215	189 345
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost % of devices value (fd)*		0	0	0
T	**Total funding needed**	*(N+O+P+Q+R+S)*		4 295 758	319 500	3 976 258
U	**Total country co-financing**	*I * country co-financing per dose (cc)*		319 500		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		7.44 %		

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

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-financing**	*V*	7.46 %			7.36 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	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	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00			1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0	0	0	0
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	- 402 192	- 30 007	- 372 185	0	0	0
M	**Stock to be deducted**	*H2 of previous year - 0,25 x F of previous year*	92 198	6 879	85 319	514 500	37 868	476 632
H 2	**Stock as of 1 January**	*Table 7.11.1:*						
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	- 493 500	- 36 819	- 456 681	- 514 500	- 37 867	- 476 633
J	**Number of doses per vial**	*Vaccine parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0	0	0	0
T	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0	0	0	0
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	- 1 259 905	- 94 000	- 1 165 905	- 1 331 526	- 98 000	- 1 233 526
Y	**Cost of AD syringes needed**	*K * AD syringe price per unit (ca)*	0	0	0	0	0	0
P	**Cost of reconstitution syringes needed**	*L * reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	**Cost of safety boxes needed**	*M * safety box price per unit (cs)*	0	0	0	0	0	0
R	**Freight cost for vaccines needed**	*N * freight cost as of% of vaccines value (fv)*	- 62 995	- 4 699	- 58 296	- 66 576	- 4 899	- 61 677
S	**Freight cost for devices needed**	*(O+P+Q) x * freight cost % of devices value (fd)*	0	0	0	0	0	0
T	**Total funding needed**	*(N+O+P+Q+R+S)*	- 1 322 900	0	- 1 322 900	- 1 398 102	0	- 1 398 102
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	- 98 700			- 102 900		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	7.46 %			7.36 %		

8. Injection Safety Support (INS)

This type of support is not available.

9. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section **only if your country was approved for and received HSS funds before or during January to December 2013.** All countries must provide information regarding:

   a. Progress achieved in 2013

   b. HSS implementation during January - April 2014 (interim reporting)

   c. Plans for 2015

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

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on start up activities.

2. In order to better align report relative to HSS report with national processes, countries whose 2013 fiscal year begins in January 2013 and ends in December 2013 must forward their HSS report to the GAVI Alliance before **15 May 2014.** For other countries, HSS reports must be received by the GAVI Alliance about six months after the end of the country's fiscal year. So, if the fiscal year of the country ends in March 2014, the HSS reports will be expected by GAVI Alliance by September 2014.

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

4. If you propose changes to targets, activities and budgets that were approved (reprogramming), please request the instructions for reprogramming from your country official at the GAVI Secretariat or send an email to gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please so indicate 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 2013

   b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 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 2013 and request of a new tranche

Countries that have already received the final payment of all GAVI funding approved in the context of the RSS subsidy and that do not require any other funding: Is the implementation of the RSS subsidy completed? YES/NO. If NO, please indicate the anticipated date for the end of implementation of the RSS subsidy. **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

The financing of the 4th and last tranche has not yet been released during 2013.

Please attach all studies and evaluations relative to the GAVI RSS subsidy or those financed by it.

Please attach any data broken down by sex, by rural / urban area, district/state, in particular for vaccine coverage indicators. This is particularly important if GAVI RSS subsidies are used to target people and/or specific geographic regions of the country.

IF OSCs were involved in the implementation of the RSS subsidy, please attach a list of those involved in the implementation of the subsidy, funding received by the OSCs from the GAVI RSS subsidy and any activities that they conducted. If the involvement of the OSCs was already planned in the initial proposal approved by GAVI, but no funding was provided to the OSC, please explain why. Please consult http://www.gavialliance.org/support/cso/ where you will find the GAVI OSC implementation framework.

Madagascar did not receive support or OSCs and does not have any report on GAVI support to the OSC.

Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework

Specify sources of all data used in this report

Please attach the latest report of national results / monitoring and evaluation framework of the health sector (with the actual data reported for the last year available in the country).

9.1.1. Report on the use of ISS funds in 2013

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 program and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding No

If yes, please indicate the amount of funding requested: **3269770** US$

These funds should be sufficient to ensure the implementation of the allocation for the RSS through December 2015.

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)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (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)	811000		1704500	5151500		
Remaining funds from previous year (A)		690893	75492	1461026	5810369	3305812
Total Funds available during the calendar year (C=A+B)	911834	691074	1779992	6612526	5810369	3305812
Total expenditure during the calendar year (D)	120941	615581	318966	802157	2504557	2384301
Balance carried forward to next calendar year (E=C-D)	690893	75492	1461026	5810369	3305812	921511
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	3408945	5151397	3549250	3549250	3549250	3269770

	2014	2015	2016	2017
Original annual budgets (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)				
Remaining funds from previous year (A)	921511			
Total Funds available during the calendar year (C=A+B)	921511			
Total expenditure during the calendar year (D)	436223			
Balance carried forward to next calendar year (E=C-D)	485288			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	3269770	0	0	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (per the originally approved HSS proposal)	1480382428	622633632	6893795200	7098499600		
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)	1481267170		3409000000	1030300000		
Remaining funds from previous year (A)		1261904875	150984902	2922052600	1162073873	6611624478
Total Funds available during the calendar year (C=A+B)	1482789953	1262234388	3559984902	1322505260	1162073874	6611624478
Total expenditure during the calendar year (D)	220885078	1124340566	637932302	1604313857	5009114264	4768602563
Balance carried forward to next calendar year (E=C-D)	1261904875	137893822	2922052600	1162073874	6611624578	1843021915
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	6226336322	9408873174	7098499600	7098499600	7098499600	6539540000

	2014	2015	2016	2017
Original annual budgets (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)				
Remaining funds from previous year (A)	1843021915			
Total Funds available during the calendar year (C=A+B)	1843021915			
Total expenditure during the calendar year (D)	872446620			
Balance carried forward to next calendar year (E=C-D)	970575295			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	6539540000	0	0	0

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	1826.47	1826.47	1927.86	2240.47	2078.45	2255.13
Closing on 31 December	1826.47	1927.86	2240.47	2078.45	2236.69	2236.01

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 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: 19)**

If any expenditures for the January April 2014 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: **20)**

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 program use.

Please include details on: the type of bank account(s) used (business or government account); budget approval process; way funds are directed to sub-national levels; provisions for preparing national and sub-national level financial reports; and the global role of ICC in the process.

Financial management of RSS funds is the same as for 2012. The existence of a procedure manual in 2013, and its implementation in September 2013, followed by the training of supervisors at the peripheral level has improved the feedback of data. However, the decentralization of funds at the level of the districts at times acknowledges problems with recovery, quality of supporting documents and delay in raising cash in the future, due primarily to the insufficient follow-up carried out by the supervisors at the regional level.

Following the recommendation of the APS.

- the UGP team was fleshed out in September 2013 through the recruitment of two Accounting Clerks to strengthen the on the ground control and performance of activities.

- The Regional Public Health Directorates are held liable, in particular, during the collection of justifying documents by CSB as well as the quality pre-review of these justifying documents through the availability of funds to carry out monitoring / supervision.

- The involvement of the Inspection Unit, "Internal Audit Department of MSP within the control of GAVI/RSS/INV is rendered effective by the conduct of an internal audit for fiscal year 2012 of the RSS/SSV program and at the level of 06 districts of 5 regions.

- The recourse to UNICEF was used:

- for procurement of cold chain supplies and equipment (15 solar refrigerators; 13 cold chambers) in 2012, and which were installed in 2013.

- for procurement of cold chain supplies and equipment (15 solar refrigerators; 2 cold chambers) in 2012, and which were installed in 2013.

The procedures for approval of the budgets remain the same:

- a plan for the use of funds considering future EPI are the subject of “validation” by the decision-making `Committee (ICC/HSCC) at the beginning of each fiscal year.

- the preparation for implementation of activities involves the Technical Committee.

The manner in which funds are forwarded to the sub-national levels, pursuant to the procedures manual, upon each activity request, the RSS funds are not released and transferred to the GAVI/RSS account opened for the Regions and Districts that after technical and financial pre-validation are carried out by the technical assistant and the UGP manager, and after validation of the RSS Program implementation by the Coordinator.

For supplies procured, intellectual services, procedural work used follow the procedure for public contracts except in the case of specific purchases approved that were filed in this account in Foreign Currencies.

Furthermore, the account in domestic currency was used to receive transfers of funds coming from the Foreign Currency Account. Furthermore, this account in domestic currency is used to cover expenses incurred at the regional and district levels in the context of RSS activities described in the proposal and the plan for use.

<u>Central Level:</u>

- Release of the activity request after validation by the Coordinator, in collaboration with the project manager.

- According to the recommendations of EGF in September 2011 and the report, the co-signatory entities of checks for the release of funds for the RSS are (1) the SG + DDS by default; (2) SG + Chief SV.

<u>For the peripheral level:</u>

- Opening of the account named “RSS/GAVI Project” for each Regional Public Health Directorate (DRSP) supported and each District Public Health Services (SDSP) supported (since Q2 2012).

- Co-signatory entities: 2 co-signatories for checks for releasing funds to each region (DRSP + SEF) and each district (MI + AA).

- Request validation: Activity request made and signed by each DRSP or SDSP and validated by the coordinator before any draw of funds from their account.

- Supplying the accounts: (i) supplying the accounts to cover the salaries of contractual agents in isolated regions every 3 months after each submission of justifying documents; (ii) for other activities, provision of accounts based on the PTA and after review of the justifying documents for activities more than 2 months prior by the peripheral supervisors.

- Technical and financial reports with all related justifying documents to be provided to UGP by each DRSP or SDSP after performing each activity. No transfer will be made to an account without justification of the expenses and the technical and financial reports.

The RSS funds are integrated into the Annual Work Plan (PTA) and the budget of the Directorate of Health Districts, which is entered in the PGA of the General Directorate of Health of the Ministry of Public Health.

Was an external verification of accounts carried out? Yes

External audit reports for HSS programs 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 government's most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2013 fiscal year

Please report on major activities conducted to strengthen immunization 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 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Objective 1: Increase the frequency with which people go to Health Facilities (in particular the following facilities: CE, PF, Immunization, Birthing center, PNC).	Act 1.1: Hire Health Agents in the isolated health facilities in accordance with the training plan and recruitment procedures	100	28 Health Agents recruited out of 28 planned Activities report with justifying documents for support expenses - Contracts of contracted agents - IRSA Payment and wage for 159 Base Health Centers (BCH).
Objective 1: Increase the frequency with which people go to Health Facilities (in particular the following	Act 1.4: Contribute to the compliance of Basic Health Centers for securing health facilities and cold chain	90	09 Basic Health Centers out of 10 planned were renovated Acceptance Report

facilities: CE, PF, Immunization, Birthing center, PNC).	equipment (paint, roofing, metal cabinets, protective grills, locks, etc.).		List of 9 CSBs received.
Objective 1: Increase the frequency with which people go to Health Facilities (in particular the following facilities: CE, PF, Immunization, Birthing center, PNC).	Act 1.5: Prepare an Annual Work Plan (PTA) based on the introduction of the RED and GAR (Results-oriented management) approach at the peripheral level	100	112 Annual Work Plans from districts and 22 from regions available out of 112 and 22 expected Report from the various shops preparing PTAs in 2013 PTA of Districts taking into consideration the RED approach and the GAR approach.
Objective 1: Increase the frequency with which people go to Health Facilities (in particular the following facilities: CE, PF, Immunization, Birthing center, PNC).	Act 1.6: Availability of on 4x4 vehicle for the central supervisors.	100	One 4x4 vehicle for central supervisors procured and awaiting delivery Activities report with justifying documents for expenses for purchasing a car.
Objective 1: Increase the frequency with which people go to Health Facilities (in particular the following facilities: CE, PF, Immunization, Birthing center, PNC).	Act 1.6: Make available 3 4x4 vehicles for SDSPs	0	3 4x4 vehicles for districts with acquisition procedures undertaken Call for bids for the 3 4x4 vehicles.
Objective 1: Increase the frequency with which people go to Health Facilities (in particular the following facilities: CE, PF, Immunization, Birthing center, PNC).	Act 1.6: Make 50 motorbikes available for CSBs / SSD	100	- Motorbikes acceptance report - List of beneficiary Basic Health Centers
Objective 1: Increase the frequency with which people go to Health Facilities (in particular the following facilities: CE, PF, Immunization, Birthing center, PNC).	Act 1.7: Rebuild and ensure operational readiness of Cold Chain Equipment	100	- 100% for installation of 51 solar refrigerators, including the transfer of funds to UNICEF for procurement was carried out in 2012 and they were delivered in 2013 - Activity report with supporting documents for supported expenses - List of Basic Health Centers of the beneficiaries
Objective 1: Increase the frequency with which people go to Health Facilities (in particular the following facilities: CE, PF, Immunization, Birthing center, PNC).	Act 1.7: Rebuild and ensure operational readiness of Cold Chain Equipment	91	67 of 74 of the districts supported were supplied with oil (3 months of the year) - Activity report with supporting documents for supported expenses - Distribution statement for oil
Objective 1: Increase the frequency with which people go to Health Facilities (in particular the following facilities: CE, PF, Immunization, Birthing center, PNC).	Act 1.7: Rebuild and ensure operational readiness of Cold Chain Equipment	100	159 of 158 CSBs with contractual agents whose salaries were covered by GAVI were supplied with oil 12 months out of 12 - Activity report with supporting documents for supported expenses - List of Basic Health Centers of

			the beneficiaries
Objective 1: Increase the frequency with which people go to Health Facilities (in particular the following facilities: CE, PF, Immunization, Birthing center, PNC).	Act 1.7: Rebuild and ensure operational readiness of Cold Chain Equipment	44	49 of the 112 districts having CSBs with oil-powered refrigerators benefitted from maintenance support - Activity report with supporting documents for supported expenses Delivery report List of Basic Health Centers of the beneficiaries
Objective 2: Improve financial management and promote good governance	Act 2.1: Strengthen administrative and financial management of the project at the peripheral level, pursuant to the RSS Project administrative and financial procedures manual.	100	- Administrative and financial procedures manual for the use of GAVI funds (RSS and SSV) available and distributed - Procedures manual validation meeting report
Objective 2: Improve financial management and promote good governance	Act 2.1: Strengthen administrative and financial management of the project at the peripheral level, pursuant to the RSS Project administrative and financial procedures manual.	100	- 3 supervisors per region and 3 supervisors per district trained in procedures for the use of GAVI funds at the level of 22 regions and 112 districts) - Training reports regarding the procedures manual - Activity report with supporting documents for supported expenses
Objective 2: Improve financial management and promote good governance	Act 2.2: Implement innovative strategies to reduce the number of non-immunized children; supervision / oversight, follow-up of implementation of the RED approach and the National Community Health Policy.	8	- 6 out of 74 districts supported conducted supervisions. - Activity report with supporting documents for supported expenses
Objective 2: Improve financial management and promote good governance	Act 2.2: Implement innovative strategies to reduce the number of non-immunized children; supervision / oversight, follow-up of implementation of the RED approach and the National Community Health Policy.	64	- 14 out of 22 districts supported conducted supervisions. - Activity report with supporting documents for supported expenses
Objective 2: Improve financial management and promote good governance	Act 2.2: Implement innovative strategies to reduce the number of non-immunized children; supervision / oversight, follow-up of implementation of the RED approach and the National Community Health Policy.	86	- 96/112 districts carried out the RED activity - Activity report with supporting documents for supported expenses
Objective 3: Increase the use of health services by the population	Act 3.4: Prepare the action plan for AC/COSAN trained in PAC/CIP/CRIS in 20 SSDs with poor performance	100	- 2 supervisors per district at the level of the 23 target districts out of 23 planned, and 1 supervisor per region at the level of the 13 regions) were the subject of FDF

			- mission reports
Objective 3: Increase the use of health services by the population	Act 3.5: Establish data and recommendations for the non-use of Equity Funds	100	- A plan to strengthen the Equity Funds available and distributed - Activity report with supporting documents for supported expenses
Objective 4: Improvement of data management for decision making	Act 4.1: Institutionalize the usefulness / use of data (UDD + DQS) for planning: implementation and decision-making in 74 Districts	100	- 112 districts out of 112 were the subject of FDF for training in UDD/DQS - mission reports
Objective 4: Improvement of data management for decision making	Act 4.2: Establish data and recommendations regarding inconsistency of data in order to identify bottlenecks	100	- Evaluation report identifying bottlenecks regarding data consistency at the operational level available and distributed - Activity report with supporting documents for supported expenses
Objective 4: Improvement of data management for decision making	Act 4.3: Provide technical and financial support for reviews (periodic reviews of target districts / Basic Health Centers and annual reviews with the target districts and regions)	37	- 27 out of 74 supported districts conducted periodic reviews of the districts with their CSBs - Activity report with supporting documents for supported expenses
Objective 4: Improvement of data management for decision making	Act 4.3: Provide technical and financial support for reviews (periodic reviews of target districts / Basic Health Centers and annual reviews with the target districts and regions)	100	- 1 annual review with the target 18 regions and 74 districts carried out - Meeting Report for the annual review integrated with the National Reproductive Health Coordination Meeting

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**
Act 1.1: Hire health agents in	Progress completed For 2013, in total 159 Health Agents hired with salary covered by GAVI, including 28 new agents recruited following the resignation of certain agents CSBs re-opened with the support of GAVI after the start of the project were kept operational and were able to carry out immunization activities. Obstacles None
Act 1.4: Contribute to bringing the CSBs into compliance	Progress completed Renovation of 9 CSBs allowed improvement of securing vaccines and cold chain equipment at the CSB level. Expansion of storage warehouses allowed the introduction of new vaccines by increasing vaccine storage capacity at the central level Obstacle Strictness of procedures re: criteria for contract awards
Act 1.5: Prepare an annual work plan based on the introduction	Progress completed 112 SDSP supported in the preparation of their AWP taking into consideration the EPI (by considering the category such as

	purchase of oil in the AWP for CSBs) in order to strengthen immunization and community activities Obstacles - Consultation of the CSBs is not yet effective in the upward planning process in general - CSB needs recorded in their AWP are not yet actually considered in the consolidated AWP, because the indicators were not well defined in order to measure results - Canevas AWP overloaded, which did not allow synergies of action of partners to be considered at the level of districts, due to a lack of training oversight. - the consolidated AWP does not systematically take into consideration EPI activities as priorities
Act 1.6: Make this available to supervisors [sic]	Progress completed Increase in the number of recipient CSBs in distant rural regions, allowing integrated advanced strategies to be carried out Obstacles - Imbalance between motorbike needs which are high, and available equipment, which is insufficient - Slowness of procedures (Import tax and duty payment problem for 4x4 vehicle)
Act 1.7: Provide reconstruction and function [sic]	Progress completed Strengthening of the operational readiness of the cold chain by: - Availability of improved oil for the CSBs receiving oil supplies - Installation of 51 solar refrigerators at the level of 14 districts and 37 CSBs, which gradually reduces dependence on oil Obstacle Delay in procurement following a change in procedures for the procurement of 20 solar refrigerators considering the recommendations of the 2013 APS, the report on which arrived in October
Act 2.1: Strengthen administrative and financial management	Progress completed Availability of a procedures and training manual for peripheral supervisors allowing feedback and quality of reports during implementation to be improved Obstacle Lack of coordination between technicians and supervisors trained in procedures for using GAVI funds for the production and validation of justifying documents at the region and district levels
Act 2.2: Implement innovative strategies	Progress completed Increase in immunization performance and reduction in the number of children not immunized and that dropped out Obstacles - Change in trained supervisors - Sole agent at the station insufficient to conduct advance strategy activities
Act 3.4: Prepare the action plan for the AC/C	Progress completed Competence in PAC/CIP/CRIS strengthened at the level of supervisors in 23 poorly performing districts Obstacle Insufficient financing to carry out community agent training
Act 3.5: Determine data and recommendations	Progress completed Document available and copied Distribution in progress Obstacle None

Act 4.1: Institutionalize the usefulness / usage	Progress completed Competence in UDD/DQS strengthened at the level of supervisors of the 112 districts and 22 regions Obstacle CSB health agents not trained following reallocation of funds to carry out Health Agent training activities for practical immunization and training of region and district supervisors in the use of the GAVI procedures manual
Act 4.2: Determine data and recommendations	Progress completed Document available and copied Distribution in progress Obstacle None
Act 4.3: Provide technical and financial support	Progress completed - Standardization of data and analysis of performance during reviews at various levels, reviews of objectives; - Status and needs in the context of Mothers' and Children's Health identified Obstacle Technical support at the district level is not effective

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

Act. 1.4: Contribute to the compliance of Basic Health Centers for securing health facilities and cold chain equipment (paint, roofing, metal cabinets, protective grills, locks, etc.).

The objective established for 2012 was to bring 23 CSBs into compliance for securing health training and cold chains. Only 13 CSBs were accepted in 2012 and the remaining 10 were planned to be accepted for 2013. In effect, 9 CSBs were received in 2013 and 1 CSB was not received due to cancellation of the contract due to insolvency of the business following the strict application of procedures according to the criteria for awarding contracts.

Act. 1.6: Make one 4x4 vehicle available for central supervisors and 3 4x4 vehicles for SDSP and 50 motorbikes for CSBs / SSD

- The procurement procedures were carried out in 2012 for one 4x4 vehicle for central supervisors. The provisional acceptance was carried out in January 2013. This vehicle is still awaiting delivery due to an import tax and duty payment problem.

- The procurement procedures were started for 3 4x4 vehicles for the SDSP. Delivery will be planned for 2014

- 50 motor bikes were purchased and made available to the end users.

Act. 1.7: Rebuild and ensure operational readiness of Cold Chain Equipment

- The procurement procedures are in progress for the purchase of 2 cold chambers and 20 solar refrigerators scheduled for 2013. The delay observed in completing this activity was due to the change in procedure initially adopted, which is the national procedure and which was changed to the UNICEF procedure, based on the APS recommendations for 2013, the report of which was received in October 2013.

Regarding the installation of 13 cod chambers and 51 solar refrigerators for which funds were transferred to UNICEF for procurement in 2012 and which were delivered in 2013, only the 51 solar refrigerators were installed in 2013.

Act. 2.2: Implement innovative strategies for reducing the number of non-immunized children: Monitoring, follow-up of the RED approach and the National Community Health Policy

- 96 of 112 SDSP carried out the implementation of the RED approach with support from GAVI. The other remaining districts received support from other partners

- At the district level, only 06/74 SDSPs supported conducted supervision activities. This is due to the following reasons: (i) according to the recommendations of the 2013 APS regarding the responsibility of regions, the funds initially intended for districts for supervision were allocated to the regions; (ii) the districts received support from other partners.

Act. 3.4: Prepare the action plan for AC/COSAN trained in PAC/CIP/CRIS in 20 SSDs with poor performance

The performance of the FDF that is an important stage in the Community Agent training process was not considered during budgeting for this activity. This caused this activity to be partially completed.

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

The insufficient financing did not allow training of Health Agents in UDD/DQS due to the allocation of funds intended for this activity (i) to the training of Health Agents in practical immunization to make up the gap related to EPI priorities according to the recommendations of the external review, and (ii) training in the use of the GAVI procedures manual; and (iii) multiplication of EPI management tools.

Act. 4.3: Provide technical and financial support for reviews (periodic reviews of target districts / Basic Health Centers and annual reviews with the target districts and regions)

27 out of 74 SSDs supported by GAVI received funds for the completion of periodic reviews with their CSBs. The other SDSPs received other financial support (PACSS, PASSOBA). The insufficiency of coordination for the use of funds allocated to the activities of the periodic reviews at the districts level explains this situation.

9.2.3 If GAVI HSS grant has been utilized 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?

RSS funds from GAVI were not used to provide encouragement measures to personnel. Nevertheless, GAVI's action regarding the supply of human resources by contracting Health Agents who have positive effects on the health system contributes to freeing up the health system by making personnel available.

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 2012 from your original HSS proposal.

Table 9.3 : Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Reference		Agreed target till end of support in original HSS application	2013 Target						Source of data	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2009	2010	2011	2012	2013		
Objective 1 – Act. 1.1 – Indicator No. 1 Number of hired health workers.	26 Physicians and 57 paramedical personnel recruited out of 50 Physicians and 40 paramedical personnel planned (2011) 65 paramedical personnel out of 65 planned	Ministry of Public Health (DDS, DRH, DP)	50 physicians and 100 midwives and/or nurses	28 paramedical personnel	0	0	83	65	28	Ministry of Public Health (DDS, DRH, DP) - Recruitment report by region	No physicians applied Based on the wish lists of DRSPs and SDSPs, the recruitment of paramedical personnel instead of physicians was decided as an appropriate alternate solution

	paramedical personnel (2012)										
Objective 1 – Act. 1.1 – Indicator No. 2 Percentage of CSBs made functional by hiring paramedical personnel	92.22% in 2011 (= No. of CSBs made functional by hiring paramedical personnel out of the planned No. of CSBs) 100 % (2012)	Ministry of Public Health (DDS, DRH)		28 CSBs made functional by hiring paramedical personnel	0	0		65	28	- Ministry of Public Health (DDS) Minutes - Collection of quarterly data from SDSPs	
Objective 1 – Act. 1.4 – Indicator : Number of CSBs brought into compliance with standards	0 % (= No. of CSBs brought into compliance out of the number of CSBs targeted for security) (2011) 13 CSB - (2012)	Ministry of Public Health (DDS, DAAF/SILOP)	45 CSBs	10 CSBs rehabilitated	0	0	0	13	9	Ministry of Public Health (DDS, DAAF/SILOP) Acceptance report for work by region	Of the 23 CSBs to be brought into compliance with security standards, only 13 CSBs were received in 2012 Following delays in work, completion for the remaining 10 CSBs was planned to be completed in 2013 9 CSBs out of 10 were received Rehabilitation of 1 CSB was not carried out due to bankruptcy of the contractor that won the contract
Objective 1 – Act. 1.5 – Indicator : Percentage of districts supported for the introduction of these new EPI strategies in the AWPs 2013 for the CSBs	134 AWPs validated (112 Districts and 22 Regions) per year	Ministry of Public Health (DEP, DDS	133 AWPs validated (111 Districts and 22 Regions) per year	134 AWPs validated (112 Districts and 22 Regions)	133	133	134	134	134	Ministry of Public Health (DDS, DEP, DSEMR) Mission reports AWPs of districts and regions validated	
Objective – Act. 1.6 – Indicator No. 1 – Number of CSBs equipped with a motorbike	40 CSB - (2011) 80 CSB - (2012)	Ministry of Public Health (PRMP, DDS	120 CSBs	50 motorbikes for CSBs	0	0	40	80	50	Ministry of Public Health (PRMP, DDS Request for Proposal Delivery report Shipping forms	35 motorbikes already procured 15 motorbikes being paid for

Objective 1 – Act. 1.6 – Indicator No. 2 Number of 4x4 vehicles made available to central supervisors and districts	10 4x4 vehicles for 10 SSDs (2011) 1 4x4 vehicle for central supervisors (2011)	Ministry of Public Health (PRMP, DDS	10 4x4 vehicles for 10 SSDs 2 4x4 vehicles for central supervisors	1 4x4 vehicles for central supervisors 3 4x4 vehicles for SSDs	0	0	11	0	1		1 4x4 vehicle awaiting delivery following problem with import tax and duty payment The procurement procedures were started for 3 4x4 vehicles for the SDSPs.
Objective 1 – Act. 1.7 – Indicator No. 1 Number of regions equipped with cold chambers	13 cold chambers (2012 – 2013)	Ministry of Public Health (PRMP, DDS - UNICEF	None	2 cold chambers for 2 regions	0	0	0	13	0	Ministry of Public Health (PRMP, DDS, DSEMR) - UNICEF - Activity report with supportin g document s for supported expenses	Procurement procedures in progress for the purchase of 2 cold chambers
Objective 1 – Act. 1.7 – Indicator No. 2 Number of districts equipped with refrigerators	14 solar refrigerators with stabilizers for districts that need them (2012)	Ministry of Public Health (PRMP, DDS, DSEMR) - UNICEF	None	1 solar refrigerator for 1 district	0	0	0	14	0	Ministry of Public Health (PRMP, DDS, DSEMR) - UNICEF - Activity report with supportin g document s for supported expenses	Procurement procedures in progress for 20 solar refrigerators.
Objective 1 – Act. 1.7 – Indicator No. 3 Number of CSBs reopened and equipped with refrigerators	37 solar refrigerators for the reopened CSBs (2012)	Ministry of Public Health (PRMP, DDS, DSEMR) - UNICEF	None	19 solar refrigerators for 19 reopened CSBs	0	0	0	37	0	Ministry of Public Health (PRMP, DDS, DSEMR) - UNICEF	Procurement procedures in progress for 20 solar refrigerators.
Objective 2 – Act. 2.1 – Indicator : Percentage of peripheral supervisors that were the subject of apprentice training in the use of GAVI funds (RSS and SSV)			None	Administrativ e and financial procedures manual for the use of GAVI funds (RSS and SSV) available 2 supervisors per region and 2 supervisors per district to be trained in	0	0	0	0	268	Ministry of Public Health (DDS) Activity report with supportin g document s for supported expenses	

				22 regions and 112 districts							
Objective 2 – Act. 2.2 – Indicator No. 1 Number of districts having carried out supervisions / monitoring	Supervision / monitoring carried out in 39 of 42 districts with poor performance planned, out of 74 supported (2012)	Ministry of Public Health (DDS, DSEMR)	None	74 districts supported	0	0	0	39	20	Activity report with supporting documents for supported expenses	At the district level, only 06/74 SDSPs supported conducted supervision/monitoring activities following . - other remaining districts received support from other partners - allocation of funds initially intended for districts to regions, based on recommendations of the 2013 APS to hold regions responsible.
Objective 2 – Act. 2.2 – Indicator No. 2 Number of districts that received technical and financial support for the MEO of corrective actions	65/74 SDSPs in 18 DRSPs (2012)		None	112 districts at the level of 22 regions	0	0	0	65	96	Activity report with supporting documents for supported expenses	96 out of 112 SDSPs conducted implementation of the RED approach The other remaining districts received support from other partners for implementing RED
Objective 3 – Act. 3.4 – Indicator : Number of Community Agents trained in PAC	1200 Cmty. Agents trained (2009) 1200 Cmty. Agents trained (2011)	Ministry of Public Health (DDS)	Total number of community health agents targeted by the RSS = 1200 Agents	4 Cmty. Agents per CSB to be trained in 20 target districts	1200	0	1200	0	0	Activity report with supporting documents for supported expenses	Update and reproduction of community agent training tools in the use of the PAC/CIP/CRIS guide carried out in 2012 Only FDFs at the level of 23 districts were conducted for 2013
Objective 3 – Act. 3.5 – Indicator : Report on the results of the study regarding non-use of equity funds	Plan to strengthen Equity Funds prepared by the consultant (2012)	2011 - 2012	Plan to strengthen the Equity Funds	Plan to strengthen the Equity Funds is available						Ministry of Public Health (PRMP, DDS Request for Proposal Written report from consultant	

										Activity report with supporting documents for supported expenses	
Objective 4 – Act. 4.1 – Indicator : Percentage of health agents having undergone UDD apprenticeship training	2 district supervisors and 2 regional supervisors trained at the level of 10 Regions And 40 districts and 15 CSB chiefs per district (2011)		Total number of health agents in targeted zones = 640	3 district supervisors and 3 regional supervisors trained in FDF at the level of 18 Regions and 74 districts - 1 health agent per CSB to be trained in UDD at the level of 18 Regions and 74 districts	0	0	600	0	0	Activity report with supporting documents for supported expenses	Performance of FDF at the level of 112 districts and 22 regions Allocation of funds assigned to UDD apprenticeship activity for: - training in practical immunization to bridge the gap in relation to EPI priorities according to the recommendation of the external review - training in the use of the GAVI procedures manual - reproduction of EPI management tools.
Objective 4 – Act. 4.2 – Indicator : Report on the results of the data inconsistency study	Survey conducted by resource personnel from the Min. of Pub. Health before finalization by call for offers for consulting (2011)		- Evaluation report identifying bottlenecks regarding data consistency at the operational level available	- Evaluation report identifying bottlenecks regarding data consistency at the operational level available						Ministry of Public Health (PRMP, DDS Request for Proposal Written report from consultant Activity report with supporting documents for supported expenses	
Objective 4 – Act. 4.3 – Indicator No. 1: Percentage of districts receiving technical and financial support for periodic reviews	100% (74 out of 74 SSDs targeted (2011) 68.91% (= 51/74 districts) (2012)		600 CSBs were the subject of 4 reviews per year	74 out of 74 SSDs supported by GAVI	0	0	74	51	27	Activity reports with supporting documents for supported expenses	27 out of 74 SSDs supported by GAVI received funds for the completion of periodic reviews with their CSBs. The other SDSPs received other funding (PACSS, PASSOBA).
Objective 4 –	One annual			1 annual	0	0	1	1	1	Activity	Contribution to

Act. 4.3 – Indicator No. 2 Number of annual reviews carried out	review (2011) One annual review (2012)			review carried out with the regions and districts						reports with supporting documents for supported expenses	an annual review carried out with regions and districts

9.4. Programme implementation in 2013

9.4.1. Please describe the primary achievements in 2013, in particular effects on the health services programs, and indicate how the funds allocated under the RSS contributed to strengthening the immunization program.

- Accessibility to care for segments of the population that suffered since the closing of CSBs was provided by the hiring of 28 new paramedical personnel (Act. 1.1) at the level of 28 CSBs reopened in distant zones of 13 health districts and 4 beneficiary regions. Improved performance for routine immunization activities in general and for the SSME campaigns in particular.

- Availability of the administrative, financial, accounting and contract approval procedures manual for the use of GAVI funds (Act. 2.1) allowed improvement in financial management of funds and the strengthening of administrative and financial management of the RSS project at the peripheral level

- Availability of cold chain equipment and vehicles allowed the number of sessions for fixed and advance strategies to be increased, thus improving performance for immunization activities.

- Evaluation of the effect of RSS activities on immunization performance in intervention regions: 2008 Baseline updated after monitoring the evolution of indicators during the annual review with the regions and districts (Act. 4.3).

Vaccine performance: DTC3-HepB3 coverage rate

Year: 2007: 75% (Source: Initial proposal)

Year: 2011: 89% (Source: JRF 2011 / Immunization Service)

Year: 2012: 86 % (JRF 2012/Immunization Service)

Year 2013: 90% (Annual Report, 2013 Immunization Service)

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

The opening of an account at the district level was adopted (since April 2012) to facilitate the use of funds, to reduce delays in implementation of activities and to improve the rate of disbursement at district levels. However, this decentralization of funds at district level sometimes entails issues with the recovery and quality of supporting documents and a delay in the flow of cash in the future, due to non-involvement of supervisors at the regional level for monitoring management of funds at district levels.

In order to improve future results from RSS funds, the region level is involved and held responsible for monitoring funds management.

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

At the level of CSBs, a dashboard for monitoring the progress of essential indicators for the use of services including the EPI allows monitoring and evaluation of activities.

At the start of the year, each District establishes their objectives by indicator for the coming year. Each district is responsible for communicating the objectives established to the CSBs during periodic meetings. Monitoring of the progress of indicators by CSB is carried out by the district.

Each region shall establish the targets by indicator for the year, and will communicate to the districts the objectives that they have established. Monitoring of the progress of indicators by district is carried out by the

region.

The Central level will monitor and evaluate the regions / districts during the annual review scheduled at the end of the 4th quarter of the year. Furthermore, the Immunization Service will monitor and evaluate the regions/districts during the semi-annual EPI reviews.

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 monitoring and evaluation system for GAVI-HSS support depends on the entities and mechanisms that exist within the health sector. It is part of the monitoring-evaluation plan of the United Nations Operational Plan for Mothers' and Children's Health.

. Monitoring and evaluation of RSS activities are scheduled every year during Grand Staff meetings of the Ministry.

The RSS funds from GAVI are entered into the information system of the Ministry of Finance and Budget in collaboration 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 the EPI and Civil Society Organizations). It is helpful to specify the organization type, name and implementation function.

CSO representatives shall sit on the ICC / HSCC which is the decision-making body.

At the peripheral level, the are primarily involved in strengthening of skills of community agents and CSBs Furthermore, they make an effective contribution to monitoring the implementation of community activities through the coordination of facilities for the community approach at various levels.

Non-religious NGO: NGO ASOS

Religious NGO: SALFA, CRS

Civil Society: Ordre National des Médecins (National Order of Physicians)

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

RSS funds from GAVI are not provided to Civil Society Organizations.

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

- Has the management of HSS funds has been effective?
- List constraints to internal fund disbursement, if any.
- List actions taken to address any issues and to improve management.
- Any changes to management processes in the coming year

The management of RSS funds was effective in terms of support and making funds available for conducting scheduled activities.

Nevertheless, some obstacles were observed in internal disbursement of funds following changes in account co-signatories at the level of peripheral supervisors.

In order to improve management of the use of RSS Project funds, an administrative, accounting, financial and contract approval procedures manual was made available to supervisors at all levels and the recommendations of the 2013 APS were implemented.

9.5. Planned HSS activities for 2014

Use **Table 9.4** to report regarding the progress of activities in 2014. If you propose changes to your activities and budget in 2014, please describe and justify these changes in the following table.

Table 9.5: Planned Activity for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2014 actual expenditures** (as at April 2014)	**Revised activity** (if applicable)	Explanation for proposed changes to activities or budget (if relevant)	**Revised budget for 2014** (if applicable)
Activities carried out from Jan. through Apr. 2014 with the 2013 remaining balance (transitional report)	Act 1.1: Hire Health Agents in the isolated health facilities in accordance with the training plan and recruitment procedures	6241	132027		Payment of wages for Health Agents hired is planned to be assumed by the 4th tranche, as of January 2014 Since the remaining balance from the 3rd tranche for the amount allocated to this activity is insufficient to pay the wages of these agents, a portion of the funds allocated to the RED activities from the 2013 balance was withdrawn as a loan to be repaid by the 4th tranche to bridge the gap of the 1st Quarter of 2014	0
	Act 1.4: Contribute to the compliance of Basic Health Centers for securing health facilities and cold chain equipment (paint, roofing, metal cabinets, protective grills, locks, etc.).	62557	22958		Remaining balance from 2013 used to Expand the vaccine storage warehouse at the central level (20,000 USD) - monitoring of works with problems at CSB2 Ambodimahabibo (SDSP Port Berge)	0
	Remaining balance from 2013 used to Expand the vaccine storage warehouse at the central level (20,000 USD) - monitoring of works with problems at CSB2 Ambodimahabibo (SDSP Port Berge)	8052				0
	Act 1.6: Make one 4x4 vehicle available to central supervisors and 50 motorbikes for CSBs/SSD available	246447	232		Maintenance of 10 4x4 vehicles supplied by RSS/GAVI	0
	Act 1.7: Rebuild and ensure operational readiness of	337634	220722		Transfer of funds to UNICEF relative to the acquisition of 2 cold chambers and 20 solar refrigerators	0

	Cold Chain Equipment				Supply of oil to 2 districts Installation of 9 out of 13 cold chambers in 9 regions Maintenance of oil-powered refrigerators in 24 districts	
	Act 2.1: Strengthen administrative and financial management of the project at the peripheral level, pursuant to the RSS Project administrative and financial procedures manual.	16459	2994		Payment of the last tranche for the procurement of GAVI project accounting software	0
	Act 2.2: Implement innovative strategies for reducing the number of non-immunized children: Monitoring, follow-up of the RED approach and the National Community Health Policy	193447	11359		Send funds for 1 region to conduct supervisions of 3 districts Supervision of the implementation of RED integrated into recovery of PJs by central level from 90 districts in 15 regions	0
	Act 3.4: Prepare the action plan for AC/COSAN trained in PAC/CIP/CRIS in 20 SSDs with poor performance	-1287	0			0
	Act 4.1: Institutionalize the usefulness / use of data (UDD + DQS) for planning: implementation and decision-making in 74 Districts	31486	19875		Multiplication of EPI Management Tools	0
	Act 4.2: Establish data and recommendations regarding inconsistency of data in order to identify bottlenecks	1500	2300		Multiplication of results of research regarding inconsistency of data and non-utilization of equity funds	0
	Act 4.3: Provide technical and financial support for reviews (periodic	21099	0		In order to produce action plans for the meetings carried out Increase of 84 304,80 USD coming from: Act 1.5, for 37 591,00	0

	reviews of target districts / Basic Health Centers and annual reviews with the target districts and regions)				USD Act 4.2 for 9 223,80 USD Act 4.4 for 37 490,00 USD In the 18 Régions, this involves reviews for the 74 Districts, but only the 11 Districts will be covered by the GAVI Subsidy (20,240 USD) and the 63 Districts will be covered by the Government Budget (USD 169,480) in the context of repayments of overbilling (relative to 120 motorbikes, sccording to APS.	
	Management Cost	-2124	23755		Payment of wages for GAVI UG Agents is planned to be assumed by the 4th tranche, as of January 2014 Payment of wages for these agents and the operation of the UG was withdrawn as a loan from a portion of the funds allocated to RED activities from the 2013 remaining balance, to be repaid by the 4th installment, to bridge the gap in the first quarter of 2014 4th Tranche	0
4th Funding Tranche						0
Objective 1 – Strengthen access by the population to quality primary health care services in health facilities closed to marginalized populations	Act. 1.1: Hire health agents at isolated health facilities	512901		Act. 1.1: Hire health agents at isolated health facilities closed to marginalized populations	To strengthen complementarity with other partners to better consider the equity of GAVI instructions	684036
Objective 1 – Strengthen access by the population to quality primary health care services in health facilities closed to marginalized populations	Act 1.4 Renovate 15 CSBs per year in order to improve physical appearance and welcome	1708983		Act 1.4: Contribute to bringing CSBs up to standards for securing health facilities and cold chains	Activity revised in the 2012 – 2013 reprogramming in order to secure cold chain equipment in particular, and in addition to improving welcome. Decrease of 1,598,982.60 USD from the budget initially approved - Furthermore, following the 2011 GF, the unit cost of rehabilitation was revised downward to include only securing cold chains So, the 110,000 USD was reserved for the rehabilitation of 10 CSBs and monitoring of work Considering the commitment of the	0

					Government of Madagascar for repayment relative to overbilling for the procurement of 120 Motorbikes according to the APS – May 2013 Rehabilitation of 10 CSBs planned in this rescheduling of the 4th tranche as well as the monitoring of work in the amount of 110,000 USD is to be carried out by the Government Budget. Note the difference between the budget initially approved and the revised budget for this activity was transferred to the following activities: Act 1.4: US$ 171,135.10 Act 1.6: US$ 209,211.70 Act 1.7: US$ 948,241.20 Act 4.1: US$ 270,394.60	
Objective 1 – Strengthen access by the population to quality primary health care services in health facilities closed to marginalized populations	Act. 1.5 Conduct validation missions for the 2011 AWP (22 regions) Upward process	84119			This activity is no longer relevant if we refer to the recommendations of the external EPI review and the introduction of the new vaccine. Thus the functionality of cold chains was improved (Act. 1.7).	0
Objective 1 – Strengthen access by the population to quality primary health care services in health facilities closed to marginalized populations	Act. 1.6 Equip 10 SDSPs with a 4x4 vehicle, 2 cars for central supervisors and 120 CSBs with motorbikes	120788		Act 1.6: Make 4x4 vehicles available districts and motorbikes for CSBs/SSDs to facilitate supervision, vaccine supply and reaching difficult access zones	To overcome the primary obstacles to the provision of immunization and to reach the most at-risk populations and those most difficult to access	330000
Objective 1 – Strengthen access by the population to quality primary health care services in health facilities closed to marginalized populations	Act. 1.7 Introduce and test various strategies for increasing financial accessibility of the population to health care in 5 SDSPs Insurance system through the Communes Championnes Project, vouchers for malaria	79149		Act 1.7: Rehabilitate and keep cold chain equipment operational.	According to the recommendations of the 2011 EGF for strengthening the immunization system, Activity 1.7 of the initial proposal regarding health insurance funds was not selected and was redirected to benefit the reconstruction and functionality of the cold chain equipment. The goal is to: - provide the cold chain equipment required to strengthen the routine system which will automatically benefit from the introduction of new vaccines, in particular the Rota virus, referring to the 2012 rehabilitation plan and equipment selection	1053390

					criteria Increase in 974,241.20 USD from Act. 1.4 * For the procurement of 100 solar refrigerators at 5,000 USD [each], in the amount of 500,000 USD * For the procurement of 2 refrigerated trucks, 160,000 USD * Contribution for CSBs of spare parts for refrigerators: 100,000 USD * Supply of oil for 2400 CSBS: 252,000 USD * Shipping, installation expenses and training for maintenance of cold chain equipment totaling 41,390.40 USD	
Objective 2 – Improve financial management and promote good governance for the availability of operational-level resources	Carry out priority health activities at the EPI port of entry in target districts focused on the continuum of maternal and infant care in targeted zones, development of corrective strategies to improve program management	576577			Activity not selected because the DQS is already a monitoring activity (duplication)	0
Objective 2 – Improve financial management and promote good governance for the availability of operational-level resources				Act. 2.3 – Train / Refresh members of EMAR/EMAD in the use of the RSS/GAVI Project Manual	Following the recommendations of the 2013 APS to improve financial management, training from the Manual of Procedures is deemed necessary	54000
Objective 2 – Improve financial management and promote good governance for the availability of operational-level resources				Act. 2.4 – Verify the effectiveness of activities conducted at the level of Districts (internal audit and supervision)	One of the recommendations of the 2011 EGF required the involvement of the internal control entity of the Ministry.	41000
Objective 2 – Improve financial management and promote good governance for the availability of operational-				Act. 2.5 – Conduct a study of funding based on performance of the Health Districts(SARA, technical assistance, etc.)	In order to have quality district performance data that will serve as the base document for evaluation of performance as required for the receipt of funds for the new 2014-2018 application.	20000

level resources						
Objective 3 – Reduce the number of non-immunized children	Act 3.1: Create a regional map of NGOs and associations working at the community level	0		Act 3.1: Implement the RED approach at the district level	The RED approach (Reach Each Village) [sic] is a strategy for reducing the number of non-immunized children	336000
Objective 3 – Reduce the number of non-immunized children	The RED approach (Reach Each Village) [sic] is a strategy for reducing the number of non-immunized children	132604		Act 3.2: Establish service contracts for the activities of the RSS/GAVI project, with CSOs (CCDS, Town, NGO, etc.)	Community structures and SCOs were put in place at the level of towns according to the National Health Policy	206604
Objective 4 – Make quality data available at all levels	Act 4.1:	0		Act 4.1 : Former des agents de santé sur l'utilité et l'utilisation de données et mener le contrôle de qualité des données au niveau des Districts/CSB	Activité révisée ayant pour objet d'améliorer la qualité des données du PEV par introduction de la DQS (Contrôle de la qualité des données) et des techniques d'auto-évaluation et le renforcement de l'utilisation des données	343500
Objectif 4 – Rendre disponible des données de qualité à tous les niveaux	Act 4.2 Evaluer la performance de transfert de données sanitaires du CSB au niveau central afin d'identifier les goulots d'étranglement	9224			Activité déjà réalisée en 2012	0
Objective 4 – Make quality data available at all levels	Act 4.3 Conduct periodic reviews for monitoring and supervision of districts	105415		Act 4.3 Produce plans of action for Districts / CSBs through periodic reviews and semi-annual meetings		20240
Objective 4 – Make quality data available at all levels	Act 4.4 Support coaching in targeted zones	140690			Already included in Act. 4.3	0
Objective 4 – Make quality data available at all levels				Act 4.5 Evaluate the performance of Regions/Districts in activities supported by RSS/GAVI during the 1st Proposal	New activity inserted into this reprogramming for evaluation at the end of the project (1st proposal)	20000
	Management Costs	78800			Following the recommendations of the 2013 APS regarding the recruitment of two accounting clerks, their wages will be considered in the management costs as well as the compensation of employees involved in the GAVI project pursuant to the Procedures Manual valided by the Coordinating Committee	161000

					ICC/HSCC	
		4470761	436222			3269770

9.6. Planned HSS activities for 2015

Use **Table 9.6** to indicate activities planned for 2015. If you wish to make changes to your activities and your budget, please explain these changes in the table below and justify each change so that the IRC may recommend approval of 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 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if applicable)	Explanation for proposed changes to activities or budget (if relevant)	**Revised budget for 2015** (if applicable)
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so at any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

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 US$	Duration of support	Type of activities funded
Agence Française de Développement (PACSS in the amount of)	15720000	2011 -2014	Support for the Government budget for strengthening the system in 112 Districts and 2,559 CSBs
World Bank (PAUSENS)	4531000	2013 -2016	Supply a motorbike and basic equipment, in particular for mother-child health, to 347 CSBs in 5 regions
UNICEF	4000000	2013 - 2014	For activities of the EPI
European Union (PASSOBA)	259890	2013 - 2015	Re-opening of CSBs and increase in personnel in particular at the level of rural and difficult to access CSBs in 9 regions
USAID (Santé Net in the South and East and MAHEFA in the West and North, PSI at the national level)	6450000	2011 - 2016	Strengthening of the community approach in 6 regions

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 Meetings report Shipping forms Technical activity reports Financial report	By preparation of a draft of the RSA by the restricted technical committee trained technicians from the DDS, the DSEMR, the Min. of Pub. Health Immunization Service and the RSS UGP A technical pre-validation meeting was organized before submitting the prevalidated report to members of the decision-making body for approval and signature of the final report.	Delay in the preparation of drafts of the 2013 RSA following the overlap of activities with differing priority levels (Completion, Rescheduling of 4th tranche and RSS No. 2 and SSME campaign)

9.9.2. Please describe any difficulties experienced in preparing 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.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 20136? [sic]

Please attach:

1. Report of the meetings of the HSCC in 2014 that evaluated this report (Document No.: **6)**
2. The latest Health Sector Review report (Document No.: **22)**

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

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

Madagascar **did NOT receive Type A support for CSOs from GAVI**

Madagascar is not submitting a report on GAVI Type A CSO support for 2013.

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

Madagascar **did NOT receive Type B support for CSOs from GAVI**

Madagascar is not submitting a report on GAVI Type A CSO support for 2013.

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. Appendices

12.1. Annex 1 - Terms of reference ISS

INSTRUCTIONS:

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

I. All countries that received a grant to introduce a new vaccine / ISS during calendar year 2013, or that had a financing balance remaining from a grant to introduce a vaccine / ISS in 2013, must submit financial statements for these programs in the context of their annual progress report.

II. Financial statements will 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 2013 calendar year, to be comprised of points (a) through (f), below. A sample statement of income and expenditures is presented on the following page.

Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc.)

Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis will summarize total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries). Expense categories will be based on the economic classification of your Government. Provide the budget for each expense category at the start of the calendar year, actual expenses during the calendar year, and the remaining balance for each expense category as of 31 December 2013 (called 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 2013 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 1 INTRODUCTION GRANT FINANCIAL STATEMENTS:

Sample statement of income and expenses:

Summary of income and expenditure - GAVI ISS		
	Local Currency (CFA)	**Amt. in USD**
Carry forward from 2012 (Balance as of 31 December 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total revenues	38,987,576	81,375
Total expenditure in 2013	30,592,132	63,852
Balance as of 31 December 2013 (carried forward to 2014)	60,139,325	125,523

* Indicate the opening exchange rate on 1 Jan. 2012, the ending exchange rate at closing on 31 Dec. 2013, and also indicate the exchange rate used to convert local currency into USD in these financial statements.

Detailed analysis of expenditure by economic classification - GAVI ISS						
	Budget in CFA	**Budget in US$**	**Actual spending in CFA**	**Actual spending in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries.	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** The expense categories are for information and are only included for demonstration purposes. Each Government shall provide financial statements according to its own economic classification system.

12.3. Annex 3 - Terms of reference HSS

INSTRUCTIONS:

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

i. All countries that have received HSS grants during the 2013 calendar year, or had balances of HSS funding remaining from previously disbursed grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Reports.

II. Financial statements will 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 2013 calendar year, to be comprised of points (a) through (f), below. A sample statement of income and expenditures is presented on the following page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc.)

Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis will summarize 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). Expense categories will be based on the economic classification of your Government. Provide the budget for each objective, activity and expense category at the start of the calendar year, actual expenses during the calendar year, and the remaining balance for each objective, activity and expense category as of 31 December 2013 (called the "variance").

IV: Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries shall 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 shall be subjected to scrutiny during each country's external audit for the 2013 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 SUPPORT FINANCIAL STATEMENTS**:

An example statement of income & expenditure

Summary of income and expenditure - GAVI ISS		
	Local Currency (CFA)	**Amt. in USD**
Carry forward from 2012 (Balance as of 31 December 2012)	25,392,830	53,000
Summary of income received in 2013		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total revenues	38,987,576	81,375
Total expenditure in 2013	30,592,132	63,852
Balance as of 31 December 2013 (carried forward to 2014)	60,139,325	125,523

* Indicate the opening exchange rate on 1 Jan. 2013, the ending exchange rate at closing on 31 Dec. 2013, and also indicate the exchange rate used to convert local currency into USD in these financial statements.

Detailed analysis of expenditure by economic classification - GAVI ISS						
	Budget in CFA	**Budget in US$**	**Actual spending in CFA**	**Actual spending in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries.	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** The expense categories are for information and are only included for demonstration purposes. Each Government shall provide financial statements according to its own economic classification system.

12.5. Annex 5 - Terms of reference CSO

INSTRUCTIONS:

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

i. All countries that have received HSS Type B support grants during the 2013 calendar year, or had balances of HSS funding remaining from previously disbursed grants in 2013, are required to submit financial statements for these programs as part of their Annual Progress Reports.

II. Financial statements will 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 2013 calendar year, to be comprised of points (a) through (f), below. A sample statement of income and expenditures is presented on the following page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc.)

Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis shall summarize 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). Expense categories will be based on the economic classification of your Government. Provide the budget for each objective, activity and expense category at the start of the calendar year, actual expenses during the calendar year, and the remaining balance for each objective, activity and expense category as of 31 December 2013 (called the "variance").

IV: Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries shall 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 shall be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO Type B support grants 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)	**Amt. in USD**
Carry forward from 2012 (Balance as of 31 December 2012)	25,392,830	53,000
Summary of income received in 2013		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total revenues	38,987,576	81,375
Total expenditure in 2013	30,592,132	63,852
Balance as of 31 December 2013 (carried forward to 2014)	60,139,325	125,523

* Indicate the opening exchange rate on 1 Jan. 2012, the ending exchange rate at closing on 31 Dec. 2013, and also indicate the exchange rate used to convert local currency into USD in these financial statements.

Detailed analysis of expenditure by economic classification - GAVI CSO						
	Budget in CFA	**Budget in US$**	**Actual spending in CFA**	**Actual spending in $US**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries.	2,000,000	4,174	0	0	2,000,000	4,174
Payment of daily allowances	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** The expense categories are for information and are only included for demonstration purposes. Each Government shall provide financial statements according to its own economic classification system.

13. Attachments

Document Number	Attachment	Section	Mandatory	File
1	MoH Signature (or delegated authority) of Proposal	2.1	✓	Signature Ministre de la Santé et Ministre des Finances et du Budget.pdf **File descr.:** Signature of the Minister of Health **Date/time:** 21/05/2014 08:24:16 **Size:** 0.2%
2	MoF Signature (or delegated authority) of Proposal	2.1	✓	Signature Ministre de la Santé et Ministre des Finances et du Budget.pdf **File descr.:** Signature of the Secretary General of the Ministry of Finance and Budget **Date/time:** 21/05/2014 08:27:56 **Size:** 239 KB
3	Signature of ICC members	2.2	✓	Signatures des membres CCIA avalisant le RSA 2013.docx **File descr.:** Signatures of ICC members approving RSA 2013.docx **Date/time:** 21/05/2014 11:06:00 **Size:** 2 MB
4	Report on the ICC meeting in 2014 that evaluated the 2013 annual progress report	5.7	✓	PV de validation RSA 20 mai 2014.docx **File descr.:** **Date/time:** 21/05/2014 05:54:11 **Size:** 1 MB
5	Signature of HSCC members	2.3	✓	Signature membres CCSS avalisant le RSA 2013.pdf **File descr.:** Signatures of HSCC members approving RSA 2013 **Date/time:** 21/05/2014 09:29:15 **Size:** 565 KB
6	Report on the HSCC meeting in 2014 that evaluated the 2013 annual progress report	9.9.3	✓	PV de validation RSA 20 mai 2014.docx **File descr.:** **Date/time:** 21/05/2014 05:50:55 **Size:** 1 MB
7	Financial statement for the ISS grant (Fiscal Year 2013) signed by the Head Accountant or the Permanent Secretary of the Ministry of Health	6.2.1	✓	Etat financier SSV Prime 2013 001.bmp **File descr.:** **Date/time:** 20/05/2014 03:09:33 **Size:** 11 MB
8	Report on the external audit on the ISS grant (Fiscal year 2013)	6.2.3	✓	SSV GAVI_AUD 2012_RP_DEF pdf.pdf **File descr.:** **Date/time:** 21/05/2014 01:23:29

				Size: 164 KB
9	Post-introduction assessment report	7.2.2	✓	Mad_Rapport_EPI_PCV10_final.pdf **File descr.:** **Date/time:** 18/05/2014 05:31:18 **Size:** 851 KB
10	Financial statement for the new vaccine introduction grant (Fiscal Year 2013) signed by the Head Accountant or the Permanent Secretary of the Ministry of Health	7.3.1	✓	Etat financier SSV Prime 2013 001.bmp **File descr.:** **Date/time:** 20/05/2014 03:16:13 **Size:** 11 MB
11	External audit for a new vaccine introduction grant (fiscal year 2013), if total expenses in 2013 exceed $US 250 000	7.3.1	✓	SSV GAVI_AUD 2012_RP_DEF pdf.pdf **File descr.:** **Date/time:** 18/05/2014 05:47:18 **Size:** 164 KB
12	EVSM/EVM/VMA Report	7.5	✓	Rapport Evaluation GEV_Madagascar_2011.doc **File descr.:** **Date/time:** 18/05/2014 04:56:42 **Size:** 677 KB
13	Latest EVSM/EVM/VMA improvement plan	7.5	✓	PLAN DE REHABILITATION -CdF MADA.pdf **File descr.:** **Date/time:** 18/05/2014 05:00:14 **Size:** 462 KB
14	Implementation status of the EVSM/EVM/VMA improvement plan	7.5	✓	rapport d'étape MEO amélioration GEV.pdf **File descr.:** **Date/time:** 18/05/2014 05:02:45 **Size:** 287 KB
16	Valid cMYP if the country is requesting continued support	7.8	✗	PPAC 2012- 2016.pdf **File descr.:** **Date/time:** 18/05/2014 05:53:01 **Size:** 2 MB
17	Valid Tool for calculating cMYP costs if the country is requesting continued support	7.8	✗	cMYP_V3_2012-2016 Madagascar 190514.xlsm **File descr.:** **Date/time:** 19/05/2014 11:15:30 **Size:** 1 MB

18	Minutes of the ICC meeting that approved extension of vaccine support, as applicable	7.8	✗	No file uploaded
19	Financial statement for the ISS grant (Fiscal Year 2013) signed by the Head Accountant or the Permanent Secretary of the Ministry of Health	9.1.3	✓	Etats fi 2013.pdf **File descr.:** **Date/time:** 21/05/2014 05:25:22 **Size:** 730 KB
20	Financial statement for the ISS grant for January-April 2014 signed by the Head Accountant or the Permanent Secretary of the Ministry of Health	9.1.3	✓	Etats fi 2014.pdf **File descr.:** **Date/time:** 21/05/2014 05:29:38 **Size:** 714 KB
21	Report on the external audit on the HSS grant (Fiscal year 2013)	9.1.3	✓	RAPPORT D'AUDIT 2012 - VF.zip **File descr.:** **Date/time:** 21/05/2014 06:02:23 **Size:** 670 KB
22	HSS - Health Sector Review Report	9.9.3	✓	Rapport Annuel Secteur Santé.pdf **File descr.:** **Date/time:** 21/05/2014 05:35:52 **Size:** 2 MB
23	Survey – CSO Type A support report	10.1.1	✗	No file uploaded
24	Financial statement for CSO Type B support award (Fiscal Year 2013)	10.2.4	✗	No file uploaded
25	External audit report on Type B CSO support (Fiscal Year 2013)	10.2.4	✗	No file uploaded
26	Bank statements for each program in cash or overall bank statements for all cash programs if the funds are held in the same bank account, showing the opening and closing balance for 2013 as of i) 1 January 2013 and ii) 31 December 2012	0	✓	Relevé bancaire.rar **File descr.:** **Date/time:** 21/05/2014 05:59:24 **Size:** 245 KB

27	Report_ICC_change_in_vaccine_presentation	7.7	✗	No file uploaded
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				PV de réunion CCIA-CCSS 05 février 2013.pdf **File descr.:** Signatures of HSCC members approving RSA 2013 **Date/time:** 21/05/2014 09:33:38 **Size:** 596 KB
				PV de réunion de validation du RSA 2012.docx **File descr.:** Signatures of HSCC members approving RSA 2013 **Date/time:** 21/05/2014 09:42:18 **Size:** 1 MB