Annual Progress Report 2008

Submitted by

The Government of

[*MADAGASCAR*]

Reporting on year: __2008__

Requesting for support year: _2010/2015

Date of submission: __15 May 2009_____

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

and any hard copy could be sent to :

GAVI Alliance Secretariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of [*Name of Country*]……..……

Minister of Health:	**Minister of Finance:**
Title: ……	Title: ……
Signature: ……	Signature: ……
Date: ……	Date: ……

This report has been compiled by:

Full name: .... RANDRIAMANALINA BAKOLALAO.....

Position: ..... HEAD OF THE IMMUNISATION SERVICE.....

E-mail: ..... sv@moov.mg.....

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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Has this report been reviewed by the GAVI core RWG: y/n

.....Report sent by mail on the 13 March 2009: To icpisa@zw.afro.who.int (AFRO) and IST Afro.

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HSCC Signatures Page

If the country is reporting on HSS, CSO support

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

Comments from partners:
You may wish to send informal comment to: apr@gavialliance.org
All comments will be treated confidentially

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

This report on the GAVI Alliance CSO Support has been completed by:

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (*From the most recent submissions to GAVI)*

Number	Achievements as per JRF	Objectives						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	724 713	745004	765865	787309	809354	832016	855312	833012
Infants' deaths	42 033	40201	41327	42484	44473	45719	46999	48315
Surviving infants	682 680	665617	684253	703413	722309	742533	763324	784697
Pregnant women	923 856	907480	932889	959010	977484	1004854	1032990	1061913
Target population vaccinated with BCG	701718	635236	653022	671307	728443	748839	769807	791362
BCG coverage*	96.83%	90	90	90	95	95	95	95
Target population vaccinated with OPV3	611014	631636	649322	667503	686193	705407	725158	745463
OPV3 coverage**	89.5%	95	95	95	95	95	95	95
Target population vaccinated with DTP (DTP3)***	600065	631636	649322	667503	686193	705407	725158	745463
DTP3 coverage**	87.9%	95	95	95	95	95	95	95
Target population vaccinated with DTP (DTP1)***	691580	631636	649322	667503	722309	742533	763324	784697
Wastage rate (1) in base year and planned thereafter	15%	10%	5%	5%	5%	5%	5%	5%
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose** of HepB……..	600065	631636	649322	667503	686193	705407	725158	745463
HepB coverage…….**	87.9%	95	95	95	95	95	95	95
Target population vaccinated with **1st dose** of HepB……..	691580	631636	649322	667503	722309	742533	763324	784697
Wastage[1] rate in base-year and planned thereafter	15%	10%	5%	5%	5%	5%	5%	5%
Target population vaccinated with **3rd dose** of Hib……..	89388	631636	649322	667503	686193	705407	725158	745463
Hib coverage…….**	52.37	95	95	95	95	95	95	95

Target population vaccinated with **1st dose** of ……Hib……..		212197	631636	649322	667503	722309	742533	763324	784697
Wastage[1] rate in base-year and planned thereafter		15%	10%	5%	5%	5%	5%	5%	5%
Target population vaccinated with **1st dose** of Measles		620985	587632	604086	621000	650078	668280	686992	706228
Target population vaccinated with **2nd dose** of Measles		NEANT	NEANT	NEANT	NEANT	NEANT	NEANT	NEANT	NEANT
Measles coverage**		90,96%	83%	83%	83%	90%	90%	90%	90%
Pregnant women vaccinated with TT+		462115	706871	726663	747010	825405	781987	803883	826392
TT+ coverage****		63,77%	78%	78%	78%	80%	80%	80%	80%
Vit A supplement	ND								
	Enfants de 6-59 mois : 3311344 (1ère dose) et 2852350 (2ème dose : enfants de 12-59 mois)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x 100		13.%	5	5	5	5	5	5	5
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of 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

Table B: Updated baseline and annual targets

There was a readjustment of the denominator for 2008 which was increased by 38,120 for live births, because account has been taken of the 2008 population census according to the microplans of districts for 15 districts. In addition, the number of live births is equal to 724,713 instead of 686,593.

For surviving infants, the number has been increased by 35,909, because of 646,771 envisaged, the total has therefore been readjusted to 682,680.

These districts are: Mahabo, Belon'i Tsiribihina, Tsaratanana, Morafenobe, Ivohibe, Ikongo, Fianarantsoa II, Nosy Be, Ambanja, Tsironoamandidy, Soavinandriana, Betafo, Ankazobe , Anjozorobe et Antanananarivo Avaradrano

Number of	Achievements as per JRF	Objectives						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	724 714	745005	765865	787309	809354	832016	855312	879261
Infants' deaths	42 033	43210	44420	45664	46943	48257	49608	50997
Surviving infants	682 680	701794	721445	741645	762411	783759	805704	828264
Pregnant women	942927	993672	995625	1023502	1052160	1081621	1111906	1140798
Target population vaccinated with BCG	701718	707756	727573	747945	768887	790416	812547	835299
BCG coverage*	96.83%	100	100	100	100	100	100	100
Target population vaccinated with OPV3	611014	631615	685 372	704 563	724 291	744 571	765 419	786 851
OPV3 coverage**	89.5%	90	95	95	95	95	95	95
Target population vaccinated with DTP (DTP3)***	600065	666706	685373	704564	724292	744572	765420	786852
DTP3 coverage**	87.9%	95	95	95	95	95	95	95
Target population vaccinated with DTP (DTP1)***	691580	701794	721445	741645	762411	783759	805704	828264
Wastage[1] rate in base-year and planned thereafter	10%	10%	5%	5%	5%	5%	5%	5%
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose** of HepB……..	600065	666706	685372	704563	724291	744571	765419	786851
HepB coverage…….**	87,9	95	95	95	95	95	95	95
Target population vaccinated with **1st dose** of HepB……..	691580	701794	721445	741645	762411	783759	805704	828264
Wastage[1] rate in base-year and planned thereafter	15%	10%	5%	5%	5%	5%	5%	5%
Target population vaccinated with **3rd dose** of Hib……..	89388	666706	685372	704563	724291	744571	765419	786851
Hib coverage…….**	52.37%	95	95	95	95	95	95	95
Target population vaccinated with **1st dose** of Hib……..	212197	701794	721445	741645	762411	783759	805704	828264

[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Wastage[1] rate in base-year and planned thereafter		10%	10%	5%	5%	5%	5%	5%	5%
Target population vaccinated with **1st dose** of Measles		620985	666706	685373	704564	724292	744572	765420	786852
Target population vaccinated with **2nd dose** of Measles		NEANT	NEANT	NEANT	NEANT	NEANT	NEANT	NEANT	NEANT
Measles coverage**		91.0%	95%	95%	95%	95%	95%	95%	95%
Pregnant women vaccinated with TT+		462115	745254	746719	818802	841728	865297	889525	912638
TT+ coverage****		63,77%	75%	75%	80%	80%	80%	80%	80%
Vit A supplement	ND								
	Enfants de 6-59 mois : 3311344 (1ère dose) et 2852350 (2ème dose / enfants de 12-59 mois)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		13.%	5,00	5,00	5,00	5,00	5,00	5,00	5,00
Target population vaccinated with **1st dose** of Measles		620985	631616	649301	667481	686171	705384	725134	745438

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of 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. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): **Yes**/No
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

They appear within the framework of the PIP (Public Investment Programme) 2006-2008 / Financial and physical triennial programming at the level of external financing.
The programme is recorded under the PIP code: 500 71 06906 1 whose title is "Support for the EPI"
However, as there is no convention between the Government and GAVI, for the DTI (Duties and import taxes) and VAT (Value Added Tax), the Ministry records it under the UNICEF code.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

In 2008, the country received recompense for the additional children immunised in 2006, in the same way a balance from the financing received in 2007 was in the GAVI/EPI account at the beginning of the year. The funds in recompense and this balance were managed jointly by the Deputy Minister of Health and Family Planning and the Head of the Immunisation Service. The Deputy Minister is a co-signatory (having been the former Director of Family Health), with the Head of the Immunisation Service. The general coordination of the EPI is assured by the inter agency coordination committee (ICC) presided over by the Minister of Health and Family Planning. The ICC-senior gathers the senior personnel responsible for different ministerial departments (Ministry of Finance and Budget, Population, Education, Communication, National Defence, etc.) and the heads of agencies. This ICC senior has been replaced by the National Committee for Child Survival (CNSE) senior, since the members of the senior ICC are also members of this National Committee for Child Survival. It meets every 3 months and validates the yearly EPI Work Programme as well as the use of funds. The report of use of funds is presented to the members of the ICC. However, the members of the EPI technical sub-committee meet monthly. For this year, funds have been used for the central and regional level. (DRSAS: Regional Directorate of Health and Social Affairs) and the districts. The procedures of the management of funds require two signatories for the management of projects. The financing is directly transferred to the bank accounts for the peripheral level: districts and the Regional Directorate of Health and Social Affairs. These are informed by letter.
Audits of the consolidated budgets are carried out at least once per year by the managers of the Ministry of Health and Family Planning

At the end of the activities, the original documents in proof are sent to the Immunisation Service, the users keeping a copy of them for 4 years. A reminder by letter or by BLU is made by the Immunisation Service or by the Directorate of the Health of the Mother and Child if these documents do not arrive 6 months after the end of the activities. No request for the unfreezing of funds can be entertained as long as the documents in proof have not been sent.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance ***Immunization Services Support*** *contribution.*

Funds received during 2008 359 895 609, 46 Ariary or $197 095 (rate of exchange : 1$ = 1826 Ariary
Remaining funds (carry over) from 2007 2 156 617 212,04 Ariary or $ 1 181 060,90
Balance to be carried over to 2009 862 461 179,79 Ariary or 472 322,66

Use of GAVI funds during 2008

Balance at the 1st January 2008 : 2 156 617 212 ,04 Ariary
Sum received 2008: 359 895 609,46 Ariary
TOTAL : 2 516 512 821,5 Ariary

Heading	Level	Amount received	Total
General service	Central	97190550	
	Region	240000	
	District	572000	
	TOTAL		***98002550***
Supply of vaccines and equipment	Central	100664774	
	Region	11441705	
	District	17049080	
	TOTAL		***129135559***
Oil	District	281254628	
	TOTAL		***281254628***
Vehicles	Central	8915972	
	District		
	Region		
	TOTAL		***8915972***
Training / Microplanning	Central	30993828	
	Region	65592147	
	District	8644570	
	TOTAL		***105230545***
Cold chain maintenance	Central		
	Region	9245264	
	District	50840253	

Purchase cold chain spare parts	for district/Basic Health Centre	595480000	
	TOTAL		***655565517***
Advanced strategies Mobile strategies	District	47183735	
	District	5947620	
	Region		
			53131355
Social mobilisation	Central	97111017,5	
	Region		
	District	5592000	
	TOTAL		***102703017,5***
Supervision	Central	21925774	
	Region	13740695	
	District	31735484	
	TOTAL		***67401953***
Coordination Monitoring, evaluation	Central	126264454	
	Region	26355255	
	District	17658173	
	TOTAL		***170277882***
		TOTAL	***1671618979***

Other expenditure
Chequebook commission: 53 120 Ariary
TOTAL expenditure : ***1 671 672 099 Ariary***
Other credits (in addition)
Agios (interest) from January to December 2008 : 7 002 145,29 Ariary
Remainder transferred : 10 618 312 Ariary
Recompense payment 2007 : 359 895 609,46 Ariary
TOTAL credits January-December 2008 : 2 534 133 278, 79 Ariary
Balance at the 31 December 2008 : **862 461 179,79 Ariary**

In 2008, the following principal sectors of activity have been financed by the resources coming from the ***support for immunisation services*** *of the GAVI Alliance.*

Funds received during 2008 _**$ 197 095**_____
Remaining funds (carry over) from 2007 _**$ 1 181 060,90**_____
Balance to be carried over to 2009 _**$ 472 322,66**_____

Table 1.1: 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	SO	SO	SO		
Injection supplies	SO	SO	SO		
Personnel	14144	11024	1253	1867	
Transport	56755	44094	5012	7649	
Maintenance and overheads	53671	53226	131	314	
Training	57629	16974	35921	4734	
IEC / social mobilisation	56244	53182	_	3062	
Outreach	29097	-	-	29097	
Supervision	36913	12008	7525	17380	
Monitoring and evaluation	93251	69148	14433	9670	
Epidemiological surveillance	-	-			
Vehicles	4883	4883			
Cold chain equipment	326112	-	-	326112	
Other purchase of oil for refrigerators…… *(please specify)*	154028	-	-	154028	
Preventive and curative maintenance of the cold chain (maintenance)	32905	-	5063	27842	
Total :	***915632***	**264539**	**69338**	**581755**	
Remaining funds for next year:	**472 323** **(**with interest)				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? (5 times (30 January, 10 April, 3 July, 9 October and 17 December 2008). However the technical sub-committee met 10 times for the EPI _
Please attach the minutes (DOCUMENT No. 4.) from all the ICC meetings held in 2008 specially the ICC minutes when the contribution and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: ***[Yes/****No****]***
if yes, which ones?

List CSO member organisations **National Order of Doctors**: Dr Rakotovao Ravahatra Kalory **AMIT** : Dr Randriambololona Karl **Salfa** : Randriamahazosoa Olivier
National Red Cross: Rakotoson Hery Manantsoa **HMET** : Raherinampinaina Clara Gladys **ASOS :** Rakotomalala Jean Claude **Marie Stopes :** Kemplay Miles and Randrianasolo Bakoly **ADRA :** Rajaobelina Tantely
PENSER : Raheliarimalala Robertine

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

Madagascar has undertaken to reach the millennium objectives in which appear the reduction of maternal and infant mortality. Also, the promotion of the survival of the child constitutes one of the priorities of Malagasy Government. The objective of the reduction in maternal and infant-juvenile mortality is recorded in the Madagascar Action Plan (MAP 2007-2012) in terms of engagement (Engagement 5: Health, family planning and fight against HIV / AIDS) and of challenge (challenge 5: to reduce infant-juvenile mortality and challenge 6: to reduce maternal and neonatal mortality).The immunisation activities are integrated into the routine activities of any health care unit within the framework of the Care of primary health and particularly target children less than one year old and pregnant women

The analysis of the data from 2007 showed that generally the situation of immunisation and the monitoring of diseases preventable by immunisation were satisfactory as the indicators indicate.

However, as was raised at the time of the national review in December 2007, the districts still encounter problems in the promotion of immunisation. This situation results in the low managerial capacity of the health care personnel, the weak link of the health services with the community, the weak performance of the system of data management and the irregularity of the supervision at all the levels as well as the existence of the populations not covered by the immunisation activities in particular in the isolated and remote zones.

The results of the epidemiologic monitoring during 2007 have also indicated that the levels of good performance are acceptable, however, the rate of promptness in active monitoring is still weak just as is the rate of completeness: 33 % of the health districts are silent. If the rate of adequate cases of acute flaccid paralysis is quite satisfactory, at 90 %, the districts having notified suspected cases of measles with blood samples are very few. The reports of the activities of social mobilization for the promotion of the monitoring of diseases preventable by immunisation are still insufficient.

The operation of the services shows certain failures. The Focal Points of Monitoring and the EPI managers for certain Regions were replaced by new elements. 18% of Focal Points of Monitoring at the regional level are not trained.

However the partnership founded between the Ministry of Health and Family Planning and the international agencies in support of health development has been an opportunity to strengthen the immunisation strategies

Thus, to achieve the goals laid down in 2008 and to increase the vaccinal coverage various strategies have been implemented:

1. **Strengthening routine EPI**

- **1.1.** Improvement in the service, access and coverage of immunisation services with:

  - availability of vaccines and Injection supplies at all levels
  - advanced and mobile strategies strengthened the level of the health centres by targeting the isolated and remote populations not having access to health services, this with the support of the regional mobile health teams in certain districts
  - the search for those lost to view making it possible to reduce the drop out rates, realized with the assistance of Community mobilisers and the community
  - implementation of the Approach "To Reach Each District " or ACD which is now general. In 2008, 19 new districts introduced the approach "To Reach Each District ",
  - regular gifts of management tools at all levels; installation of the computerized management tool for EPI data at the level of the 22 regions and the districts with formative follow-up of the installation.
  - formative supervision led at all levels.

- **1.2.** 2008 was also marked by the introduction of the new vaccine against diseases due to the haemophilus influenzae type B in the routine EPI. To this end, the principal actors at all the levels of the program were trained in the characteristics of this vaccine, its advantages as well as the added value to the EPI thanks to this vaccine. The sensitizing of the community, the media coverage as well as the development of aids have supported this training aspect, the more so as the official launch of the introduction of the hib vaccine was carried out at the time of the celebration of the health of the mother and child week in October 2008.

- **1.3.** Integration of other interventions for the survival of the child to the immunisation activities with 1. **the institutionalization of the health of the mother and child week (SSME)** twice per annum in April and October, with a package of interventions in *campaign mode* (supplementation in vitamin A, deworming) and in *routine* (antenatal consultation with the related activities: **prevention of malaria, prevention of the transmission** *mode* **mother child of HIV / AIDS, deworming, anti-tetanus immunisation** immunisation of children; Family planning; sensitizing to childbirth at the level of the health units with distribution of free childbirth kit....

2. **The Approach "Mendrika Commune"** which is a Community approach, initiated by the USAID, aimed at strengthening the participation and collaboration of the various actors of a commune in the realization of small feasible and significant actions which generate changes of behaviour favourable to family health. The zones of intervention relate to 16 Regions with 42 District Health Services and 303 communes

- **1.4.** Setting the standards of the cold chain with the renewal of part of the equipment at the central level, regions, districts and health units by the contribution of 406 refrigerators and 30 freezers from UNICEF. Contributions of oil and spare parts for the refrigerators of the immunising health centres and the districts and training of managers in the maintenance of the cold chain, the managers of the

districts of the regions of Diana, Menabe and Atsimo Atsinanana and preventive maintenance at all levels.

- **1.5.** Strengthening the capacities of health agents with:
- ✓ Training in the computerized management of EPI data and vaccines for EPI managers and managers of the statistical health data of the regions of Boeny and Diana with the managers of the related districts, that is all the managers of the 22 regions have been trained since 2003
- ✓ Training in EPI / middle management of the managers of the regions of Vatovavy Fitovinany and Atsimo Atsinanana with the managers of the districts. In total 15 Regions with their related districts have EPI trained managers in EPI management since 2006
- ✓ Training of the 22 regional managers and the central managers (EPI, integrated surveillance of diseases and response, fight against malaria, integrated responsibility for children's' diseases, Risk free maternity) on the use of the PDA for the integrated supervision and monitoring of diseases
- ✓ Holding of a self-evaluation DQS (Data Quality Self Assessment) at the level of several districts of the Regions Boeny, Vatovavy Fitovinany and Haute Matsiatra
- **1.6.** Renewal of part of the transport fleet by UNICEF: contribution of a 4x4 vehicle for the Analanjirofo Region, contribution of 100 motor cycles for the Basic Health Centres of 13 districts of the Regions of Menabe, Analanjirofo and Alaotra Mangoro
- **1.7.** Strengthening coordination at all levels with the holding of quarterly meetings of the National Committee for the Survival of the Child (the ICC is integrated therein).

2. Strengthening of the activities of control and epidemiologic monitoring of the EPI target diseases

- ✓ **Eradication of poliomyelitis**
  - Strengthening the capacities of health agents by introducing refresher training for the regional (PFR) and district (PFD) focal points and the clinicians of the District Hospital Centre2 and Regional Hospital Centre of Reference of the Regions Atsimo Andrefana, Anosy, Androy, Vatovavy Fitovinany, Atsimo Atsinanana, High Matsiatra, Amoron' Imania, Ihorombe, Boeny, Diana and Sava
  - Strengthening the active monitoring at the level of the sentinel sites of the 111 districts
  - Strengthening the operation of the various committees with the setting up of the Committee for the Containment of the poliovirus
  - Formative supervision at all levels
  - Preparation and presentation of the Madagascar documentation for the certification of the eradication of poliomyelitis to the regional African Committee for certification
  - Monitoring and evaluation with the holding of reviews at the central and regional level
  - External review of the monitoring of the Acute Flaccid Paralysis

- ✓ **Control of measles**
  - Strengthening the activities of with serologic laboratory confirmation at the level of all districts
  - the capacities of health agents by introducing refresher training for the monitoring of measles case by case of the regional (PFR) and district (PFD) focal points and the clinicians of the District Hospital Centre 2 and Regional Hospital Centre of Reference of the Regions Atsimo Andrefana, Anosy, Androy, Vatovavy Fitovinany, Atsimo Atsinanana, High Matsiatra, Amoron'

Imania, Ihorombe, Boeny, Diana and Sava
- Strengthening routine EPI

✓ **Elimination of maternal and neonatal tetanus**
- Anti-tetanus immunisation campaign in 2 passages at the level of 22 districts revalued and classified as high-risk 2. The target population of the campaign is women of child-bearing age (FAP) from 15 to 49 years. 80% of the women of child-bearing age of these districts are thus protected against tetanus at the end of the 2 passages.
- Strengthening routine EPI

3. Monitoring and evaluation
- Carrying out the national survey on vaccinal coverage in February 2008
- Monitoring and evaluation with quarterly and monthly reviews and formative supervision at all levels.
- External review of the monitoring of Acute Flaccid Paralysis in December 2008
- Evaluation of the management of vaccines in 2008 at the level of 6 regions (Ihorombe, Vakinankaratra, Itasy, Atsinanana, Menabe and Atsimo Andrefana)
- Participation in regional workshops.
- Revision of national EPI policy

<u>The problems encountered in the implementation of the multiannual plan</u> are:

1. *of a logistical nature* * dilapidated and insufficient transport equipment and operation of the cold chain: problem of oil at the beginning of year, problems of supply of spare parts for refrigerators. Problems solved by the purchase of oil and spare parts from the State operational budget, and from GAVI funds, by the contribution of cold chain equipment and transport equipment and spare parts by UNICEF and contract drawn up with the Japanese Government for the contribution of refrigerators and freezers for the 1st half of 2009

   * Out-of-stock condition in BCG due to a wastage rate of more than 50% and to an under estimated population (projection RGPH 1993), as well as to one on order of vaccines for certain districts. Out of stock in DTCHepB due to the delay in the introduction of the Hib vaccine (2ml self blocking syringes had not arrived at the same time as the vaccines). This problem was solved by the re-placing the orders at UNICEF/Supply in Copenhagen, and with the checking of the quantities ordered by the regions and districts by the logistician at the central level and the introduction of the Hib vaccine in September for the districts bordering on the central level.
2. Inaccessibility of certain districts and 40% of the population at more than 10 km from health units, from where introduction of the advanced and mobile strategies, support of the mobile health teams of the Regions to the districts which have need and involvement of Community mobilisers. Contribution of rolling stock by UNICEF for the supervision and advanced and mobile strategies
3. Delay in the implementation of certain activities: introduction of To Reach Each District, training and the introduction of refresher training at the level of regional managers, supervision, because of insufficiency in human resources and superposition of the activities (survey of vaccinal coverage, celebration of the health of the mother and child week, external review of the monitoring of Acute Flaccid Paralysis, this problem was solved by the involvement of the regional executives for the introduction of the To Reach Each District

programme, the integrated supervision at the peripheral level and the reprogramming of the activities planned for the 1st quarter 2009 for the training of regional managers (maintenance of the cold chain, training in EPI management)

4. Problem of promptness and completeness of the data, solved by monitoring the districts by the central level (coaching system), the despatch of monthly EPI reports by using e-mail, the telephone and the BLU before the sending of mail by post in particular for remote and inaccessible districts.

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

a) Signed minutes (**DOCUMENT No. 2**……) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
b) Most recent external audit report (**DOCUMENT No. 1……)** (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
c) Detailed Financial Statement of funds (**DOCUMENT No. 3……)** spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

A 1st DQA was carried out in the country in July 2003. The results showed a verification factor of 62% while the system quality index is 49%. The quality index is average at the level of the districts (53.5%) and at the level of the Basic Health Centres (45.2%)

The 2nd DQA was carried out in the country from the 10 to 26 October 2005. The results showed a verification factor of 1.002 at the national level. Some recommendations were issued. The action plan intended to improve the system for the establishment of reports according to these recommendations has been included in the annual work programme (2006, 2007 and 2008)

Following* DQA planned for **2010** (last DQA in 2005)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:
Recommendations of the DQA of 2005

- Introduction of a standardized score sheet.
- Standardization of the denominators of the national and peripheral level and introduction of the use of the denominator recommended by the WHO
- .Accounting of EPI data for the regional hospital centres of reference and district hospital centres in the district reporting system
- Permanent supply of EPI aids to the lower levels

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

YES ☐ *NO* ☐

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

- This plan is part of the 2008 action plan of the Immunisation Service of the immunisation (**see document No. 5)**
- State of progress of its implementation: **Objectives required for the new plan**

- 1. *To institute data of quality and performance of the monitoring systems*
  Realizations
  - setting up of the computerized tool for the management of data and vaccines at the level of the 2 regions and the related districts (Diana and Boeny)
  - Monitoring the use of the tool for the problem districts: districts of the regions of: Atsimo Andrefana, Androy, Anosy, Melaky, Vatovavy Fitovinany, Atsimo Atsinanana and Sofia
  - Contribution to the peripheral centres of standard management tools (score cards, pre-reporting cards, inventory cards, immunisation diplomas for children having completed the series of immunisations, curves monitoring rate of vaccinal coverage …
  - Carrying out a national survey of vaccinal cover
- 2. *To use the denominator recommended by the WHO* (surviving children).***Realized by all levels*** (central, Region, District and Health Centres)

3. *To integrate the data from the Regional Hospital Centres and District Hospital Centres in the district reports.* ***Realization:*** the circuit for the despatch of the monthly reports from the CHRR (regional hospital centre of reference) and CHD (district hospital centre) does not follow that of the basic health centres which send their monthly reports of activities directly (RMA and monthly EPI Report) to the district health services which are going to send them to the central level, while those of the regional hospital centres of reference and district hospital centres are sent directly to the central level. The immunisation service takes the data from the regional hospital centres of reference and district hospital centres at the level of the Service of Health Statistics, responsible for the management of the data of all programs.

- 4. *To assure the availability of EPI aids* at the peripheral level.
  The standard management tools have been distributed at the district level which will in their turn supply their health centres.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC*. [mm/yyyy]*

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

I. National survey of vaccinal cover

This is provided for in the Complete Multi Annual Plan of the EPI 2007-2011 and was carried out in February 2008.

A restricted technical group was set up in December 2007, the members being: the team of the Immunisation Service and the EPI partners (WHO, UNICEF, USAID). its role being to prepare the implementation of the survey. Communications, with the aim of validating the protocol of the survey with the questionnaires, the budget, the terms of reference of the

coordinators of the survey, the supervisors and interviewers, were established between the persons responsible for data of WHO Head Office, WHO Regional, UNICEF Regional (ESARO) and the restricted group.

The general objective of the survey is to evaluate the present performances of the programme in order to direct and monitor the implementation of the Complete Multi Annual EPI Plan and especially to obtain recent information on vaccinal coverage by region.

Methodology: the survey was carried out in 22 regions which constitute the whole national territory. 660 fokontany (ensemble of villages) of 103 districts were covered. The children aged from 12 to 23 months and women having a child aged from 0 to 11 months were the targets; the vaccinal coverage of the antigens used in routine immunisation by the Expanded Programme on Immunisation was sought after as well as the reasons likely to explain the performances of the immunisation system

Type of survey: Retrospective transversal epidemiological study based on the information collected from households, carried out according to the standard survey method of 30 clusters according to WHO. The immunisation information was collected from children selected in a random way.

Recruitment of staff: - 22 technicians from the central level and 22 regional supervisory staff were the central and regional coordinators who were chosen from among health care experts having already participated in national surveys. They were trained by external consultants from UNICEF, Immunization Basics / USAID and WHO.

- The supervisors, recruited from a list of agents having participated in national surveys, recommended by the Directorate of Demography and National Statistics, the supervisory health care staff in training at the National Institute of Public and Community Health (INSPC) of Antananarivo, medical students and agents having received Medico-Social and Social studies training. They were trained with the interviewers at the level of every regional administrative centre by central and regional coordinators
- The interviewers and guides were recruited locally

Data gathering on the ground

Data was collected with the help of 4 types of questionnaires. The collection of data lasted 10 days, from the 15 to 25 February 2008. 110 teams of 2 interviewers each was distributed in the 22 regions. For every region, there were 5 teams, 5 supervisors per team and 1 coordinator. 6600 children from 12 to 23 months and 4620 mothers of children from 0 to 11 months were surveyed

Data capture and statistical analysis: this started 1 month after the start of the fieldwork, using the software Wincoas and Epiinfo 2002, on which 9 data capture agents were trained by international experts from the CDC Atlanta and WHO AFRO in Harare. All questionnaires were the subject of a double capture under the supervision of the manager of the computer section of the Immunisation Service, a technician from Santénet / USAID and of Immunization Basics/USAID The data has been edited in order to verify the internal consistency of the answers. The final check has been carried out by the computer section of the Immunisation Service with the aid of the technical team of the survey and the analyst from the WHO Office Geneva.

Constraints and difficulties: the insecurity in particular in the rural environment and in certain isolated regions, classified as red zones (Betsiboka and Melaky) necessitated the support of the police to accompany the interviewers. During the first 4 months of the year, the country is still in a full cyclonic period. However, the results of the survey had to be presented to WHO before the end of the 1st half of 2008 in order to be used as the official evaluation for Madagascar as the data of reference.

Results:

1. **BCG: 94%** **Polio3: 81%** **DTCHepB3: 82%** **VAR: 81%** **Children fully immunised before 12 months: 71.5%**
VAT2 and +: 84,5%

2. The children of farmers display the highest rate of vaccinal coverage: 44% and those of civil servants the lowest 1.5% (fully immunised)

3. Rate of DTC1-DTC3 wastage: 13%
4. Reasons for non immunisation of children: * *the reasons linked to the obstacles or barriers* for the immunisation services (66%) divided into 37% for mothers too busy, place of the session too distant (14%) and vaccine unavailable for 12%,
* *for reasons linked to the lack of information* (19.5%) divided into: ignorance of the need for immunisation (39%) and ignorance of the need for the 2nd dose (28%) and ignorance of the place and time of the immunisation (16%)
* *for reasons linked to the lack of incentive* (5%) where the main problem is connected to the postponement of the immunisation to another day (46%), or the mothers do not trust the immunisation (35%) or putting back the session to a later date (19%)

Recommendations:

1. *For the Ministry of Health and Family Planning:* To define a clear national policy in relation to the integration of the activities concerning continuity of the health of the mother / child couple because antenatal information and post-natal consultation services are always necessary
2. *For the Expanded Programme on Immunisation :* * To press the districts to plan advanced immunisation activities in the areas of difficult access
* To develop and implement the key interventions in relation to the reasons for the failure of complete immunisation of children and women
3. *For the partners members of the ICC:* * To strengthen their support for the EPI especially in the monitoring and evaluation of the recommendations

II. **VMA (Vaccine Management Assessment) 2008**

This was carried out in November 2008 in order to make it possible to check the state of progress of the implementation of the recommendations by level (central, intermediate and health unit) on the performance of the logistical system of the EPI programme (management of vaccines and inputs, the cold chain).

The general objectives are:

- To evaluate the operation of the logistical management system of the immunisation programme.
- To evaluate the performance of the system in relation to the availability vaccines, the execution of instructions and the protocol of the activities to satisfy the needs of the target beneficiaries in the matter of quality of service.

The specific objectives:

- To determine the performance level of the management of vaccines at all levels (DRSAS-SDSAS-CSB)
- To identify and prioritize the fields of intervention to improve the situation further.
- To evaluate the application of instructions and protocols of execution of the activities (distribution, management, conservation of vaccines, etc.…)
- To point out best practices, successes, constraints, strengths and the points to improve.
- To give the precise, feasible recommendations, to reach the objectives fixed concerning immunisation.

Approach

Constitution of the technical evaluation committee composed of the EPI team, the partners, 2 EPI managers from the districts and partners (USAID, WHO and UNICEF)

Aids used

The same questionnaires as those used in 2003, 2005 and 2006 with 9 indicators and 48 questions
9 estimated indicators: flexibility of the cold chain, availability of vaccines in adequate quantity, monitoring the stocks of vaccines, diluents and account drops, efficiency of the system for the distribution of vaccines, reliability of the cold chain for the storage of vaccines, adequate use of diluents, effective use of the vaccine control disc, application of the policy of small vials

initiated and monitoring the wastage of vaccines

Population of the survey: *Central*, *intermediate:* 6 regions (Itasy, Ihorombe, Vakinankaratra, Atsimo Andrefana, Menabe and Atsinanana) and *peripheral:* 3 districts for every region, that is in total 18 districts and 53 Health Centres

Selection criteria

Based on the most recent rate of vaccinal coverage in DTCHepB3 :6 districts <50%, 6 districts including between 50%et 80% and 6 districts>80%

Results

1. Strong points: Improvement of the system for monitoring wastage of vaccines; improvement in the reliability of the cold chain and the system for monitoring stock

2. Points to improve: reduction of the situation on the management of vaccines: use of diluents and use of the vaccine control disc; stock-out in vaccines

3 Recommendations:

Central level: To assure the technical support of managers in a continuous way

- To train the new EPI managers of the regions, districts and peripheral levels in the management of vaccines and maintenance of the cold chain
- To develop and distribute a framework maintenance schedule
- To carry out formative supervision
- To allocate cold chain equipment ratified by WHO to the central level

Intermediate and peripheral level: To assure the technical support of managers in a continuous way

- To train the new EPI managers of the districts and peripheral levels in the management of vaccines and maintenance of the cold chain
- To develop and implement the maintenance schedule
- To carry out periodic formative supervision
- To monitor the distribution and use of equipment
- To maintain the performance of the distribution system

At the level of the Basic Health Centres:

- To assure the management of vaccines (estimate of requirements, order and monitoring stock)
- To master the use of the EPI logistical management tools available
- To master and use the Manual of EPI logistical procedure

III. External review of the surveillance of diseases, in particular Acute Flaccid Paralysis

Following the presentation to the Regional African Committee for the certification of the eradication of poliomyelitis of the document from Madagascar in Namibia in October 2008, and which was not accepted, Madagascar requested, on the recommendation of the aforesaid Regional Committee which noted significant insufficiencies in the system of surveillance, the carrying out of an external review of the surveillance of the target EPI diseases before the end of 2008.

This external review was carried out in Madagascar from the 8 to 17 December 2008

General objective

To strengthen the system of surveillance of poliomyelitis and the other target diseases in order to reduce in a significant way the extent of morbidity and mortality linked to the diseases preventable by immunisation in Madagascar.

Specific objectives

- To evaluate the organization and implementation of the surveillance of Acute Flaccid Paralysis at all levels
- To identify the main insufficiencies in the system of surveillance
  - To evaluate the knowledge and use of the norms and standards of the surveillance of diseases preventable by immunisation by all the

Focal points

- To evaluate the quality of the information collected and its use for suitable decision making

To evaluate the level of implementation of the Integrated Surveillance of Diseases and Responses

- To evaluate the extension of the use of resources for the surveillance of other diseases preventable by immunisation and to the integrated surveillance
- To evaluate the existing mechanisms for sharing of information at all levels (central, regional and district) and with the other Programmes

- To formulate appropriate recommendations to all actors

Methodology

- Composition of the review team: 9 external assessors of whom 5 from WHO, 1 from UNICEF, 2 from USAID accompanied by 3 agents from the Health Ministry. Every evaluation team is composed of 2 people: 1 external and 1 internal

Targets: 6 of the 22 Regions of the country. These are the Regions of Analamangas, Sofia, Vatovavy Fitovinany, Anosy, Atsimo Andrefana and Atsimo Atsinanana.

Use of standardized tools to interview the health care personnel at the level of the Regions, the Districts and the Health Structures. At the community level, the interviews took place with practitioners of traditional medicine and cases of Acute Flaccid Paralysis.

Results

Strong points

- Strong political engagement of the authorities within the framework of the struggle against transferable illnesses and especially in favour of the initiative for the eradication of Polio, the Control of measles and the elimination of Neonatal Tetanus.
- Setting up of a system of surveillance of Acute Flaccid Paralysis at all levels of the health system which made it possible in 2008 to reach an annualized rate of non polio Acute Flaccid Paralysis >2 out of 100,000 children less than 15 years old and a rate of collection of stools within 14 days> to 80%.
- Integration of the surveillance of the other EPI target diseases in varying degrees.

Points to improve

- insufficiency of active surveillance activities in some districts
- insufficiency and irregularity of supervision
- existence of un-notified cases of Acute Flaccid Paralysis in the registers of the Health Units.

Conclusion: the system of surveillance of Acute Flaccid Paralysis in Madagascar is not sufficiently sensitive to detect all cases of Acute Flaccid Paralysis in time.

Recommendations

They are focused on the strengthening of the coordination, the monitoring / evaluation, the active surveillance, the surveillance at the communal level and the logistical and financial support of the surveillance system in Madagascar.

Central level

i) Strengthening the technical capacities

- To update the surveillance guides at all levels
- To achieve some planned supervision missions in the Region and District and to provide restoration reports

- To press the Focal Points of the Regions in the training of the District Focal Points, the Health Units and clinicians
- To integrate the key elements of surveillance within the supervision framework
- To develop the terms of reference for the coordination of Integrated Surveillance at the central level
- To strengthen the central team of the surveillance system, in order to respond to the needs of the new Regions and to the increase in the number of diseases under surveillance based on the cases,

ii) Coordination, monitoring and evaluation

- To assure the follow-up of the recommendations of the coordination meetings between the EPI Programme and the Laboratory of the Pasteur Institute of Madagascar
- To follow the implementation of the recommendations of the External Review at the time of the review meetings at all levels
- To develop a framework of surveillance feedback for the regional level
- To assure a regular feedback in all Regions on the completeness, promptness of reports and analysis of the surveillance performances
- To take steps for updating active surveillance sites, their categorization by order of priority, their exhaustiveness and extension to the private and confessional Health Units formations as well as to the practitioners of traditional medicine
- To organize missions of validation of cases of Acute Flaccid Paralysis

iii) Logistical and financial support for the activities

- To assure the availability of surveillance funds in time in the regions and districts and to assure the monitoring of the use of funds
- To develop a plan for the equipment and rehabilitation of the means of transportation and communication

Regional level

i) Strengthening the technical capacities

- To plan and implement supervision visits and to transmit the supervision reports within two weeks

ii) Coordination, monitoring and evaluation

- To update with the District Focal Points and to transmit the sites of surveillance while taking into account the private, confessional Health Units and the practitioners of traditional medicine
- To plan and implement in collaboration with the District Focal Points the visits of the active surveillance sites
- To validate the cases of Acute Flaccid Paralysis notified and investigated by the health districts

iii) Logistical support

- To make kits available at the District level

District Level

i) Strengthening the technical capacities

- To make available in all Health Units the standard technical tools on the definition of cases and the management procedures of the cases (displays, posters, plastic-coated documents, etc.)
- To train and involve the focal points and clinicians of the health units in the investigation of cases

ii) Coordination, monitoring and evaluation

- To update the list of active surveillance sites with the regional Focal Points and to transmit the list while taking into account the private, confessional Health Units and the practitioners of traditional medicine
- To plan and implement all visits of active surveillance

iii) Surveillance on the community basis

- To involve community health agents in the active search of cases

- to establish a reporting system

Partners

i) Financial support

- To contribute to the financing of the surveillance activities
- To contribute to the financing of the plan of equipment and rehabilitation of the means of communication and transportation

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

DTCHepB in 2001 (10 doses)
DTCHep B +Hib in 2008 (2 doses)

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of introduction	Date shipments received (2008)
DTC HepB	10 doses	484000	December 2001	24 January 2008
DTC HepB	10 doses	275500		7 May 2008
DTC HepB + Hib	02 doses	664000	October 2008	27 June 2008
DTC HepB + Hib	02 doses	77200		4 September 2008
DTC HepB + Hib	02 doses	664200		4 December 2008

Please report on any problems encountered.

The DTCHepB vaccines were received at the central level in 2 consignments in 2008: That is a total of 759,500 Doses
The receipt was conditioned by the stock situation of vaccines at the central level.
The DTCHepBHib vaccines were received at the central level in 3 consignments, that is 1,405,400 doses, however the majority of the 2ml dilution syringes were only available towards the month of September 2008

- Also, there was a stock-out in **DTCHepB** at the central level during 4 months, from June to September 2008, because we could only start the introduction of the Hib vaccine towards the month of October for the districts, the majority of the 2ml dilution syringes were only available towards the month of September 2008 if the pentavalent vaccines were received in June. However, some districts were still able to immunise by the DTCHepB during these 4 months. And some adjacent districts of Antananarivo therefore started the introduction of the new Hib vaccine in August and September
- This stock-out entailed a **delay of supply of the regional storage centres**
- The lack and / or dilapidation of the rolling stock of some Regional Departments of Health and Family Planning necessitated the supply of the vaccines by the central level

- **For consignments by air** to the isolated districts, the cancellations of flights sometimes incur a delay in the consignments, requiring the hiring of an aircraft from a private company,

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

The main activities undertaken for the implementation of the introduction of the vaccine against diseases due to the haemophilus influenzae type B as well as for the strengthening of the services are included in the EPI 2008 action plan.

- In order to reach the targets of the isolated zones or those situated more than 5 km from health centres, the advanced and mobile strategies have been strengthened with the support of the mobile health teams at the level of the districts with weak performance.
- The approach to "Reach Each District" has been subject to scaling and the community approach has been strengthened in these districts and at the level of the "Kaominina Mendrikas" where one of the major criteria to become "commune champion" is a raised vaccinal coverage.
- The operation of the cold chain has been strengthened by the renewal of part of the cold chain / UNICEF contribution in cold chain equipment (refrigerators and freezers) for the central level, the regions, the districts and the immunising centres, the contribution in oil and in spare parts for the refrigerators, by introducing refresher training for the EPI managers and the maintenance managers at the regional and district levels with an accent on preventive maintenance. The contract has been signed with the Japanese Government for the grant of refrigerators and freezers in order to replace those that are more 10 years old and for health centres which have not yet received grants. This equipment will be received during the 1st half of 2009.
- In order to reduce the rate of abandonment, active search activities for those lost to view have been carried out with the involvement of the community leaders and the community in general.
- The sensitization of the community on the introduction of the new vaccine has been strengthened in the months preceding this introduction preceded by the training of EPI managers at all levels and the development of new IEC supports with the support of GSK
- Monthly or quarterly reviews have been carried out at the district level grouping together the heads of Basic Health Centres. These reviews have made it possible to run refresher sessions on the EPI and to carry out the monitoring of the curve of the evolution of the vaccinal coverage at the level of the Basic Health Centres and districts.
- In order to obtain quality data and to improve the performance of the monitoring system, the computerized data and vaccines management tool has been put in place at the level of the 22 regions and districts
- The monitoring and evaluation of the activities is made at the time of the half yearly reviews at the national level and at the regional level uniting all the district managers.

Problems encountered

1. problem of the cold chain, insufficient quantity of oil, which has been solved by the contribution of oil for the districts. A part has also been taken in charge by the State from the working budget (Financial Directorate) and some Basic Health Centres have benefitted from a contribution from their local township. Chain of the Insufficient cold chain solved by the contribution from UNICEF at all levels
2. overlap of activities in particular the conduct of the health of the mother and child week and the one relating to the elimination of maternal and neonatal tetanus including supplementary immunisation activities at the level of the 22 districts targeted as high risk: the implementation of the To Reach Each District approach at the level of some districts has therefore been delayed , and insufficient supervision.
3. The insufficiency of human capital especially at the level of remote or isolated Basic Health Centres reducing the number of immunisation

sessions. The mobile health teams of the Regions have therefore pressed the districts in these immunisation activities at the time of the mobile strategies. In the same way, the heads of the Basic Health Centres of 6 districts at the level of 3 Regions have been granted motorcycles so that they can carry out immunisation sessions in advanced strategies

4. deconcentration and decentralization have made it possible to put in place 22 Health Regions, however the new regions do not have storage depots nor cold chambers. UNICEF has therefore constructed storage depots for 3 regions (Sofia, Sava and Anosy) and contributed cold chain equipment to these new regions.

The monitoring of data: separation of children only receiving the tetravalent and those receiving the pentavalent, whence the necessity for the supervision and monitoring of the use of the computerized data and vaccines management tool

[*Indicate the activities*

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: **29 February 2008**

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

These funds have been used for: * the training of district EPI managers and service providers at the level of immunising health centres, on the features of the pentavalent vaccine, its advantages and on the monitoring of data, for an amount of 49 056 587 Ariaries or 26 866 USD

* the purchase of a part of the spare parts for refrigerators so that the vaccines are stocked in safe conditions, for an amount of 230 309 728 Ariaries or 126 128 USD

* a part of the supply of vaccines of the regional storage centres and remote districts, the volume of the vaccines having been increased because of the introduction of the pentavalent vaccine in 2 doses. Also, it has been necessary to increase the number of consignments for an amount of 18 025 147 Ariaries or 9 871 USD

* social mobilization with sensitization of the community and media coverage on the pentavalent vaccine for an amount of 52 601 006 Ariaries or 28 807 USD

* supervision of the activities of the official launch of the introduction of the Hib vaccine in routine EPI for an amount of 9 729 100 Ariaries or 5 328 USD

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems
2008	197000	26/02/08	Nil	-Training in the introduction of the Hib vaccine - Supply of vaccines of regional storage centres - Social mobilization - Supervision of the activities of the official launch	

				of the introduction of the Hib vaccine	

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? **November 2008**

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

***The main recommendations of the evaluation of the management of* vaccines of 2008** are in general:

- The necessity for the strengthening of the management and monitoring of stocks with the monitoring of purchases and distribution.
- The improvement in the reliability of the cold chain.
- The updating of the vaccine inventory cards.
- The adoption of a clear procedure for the storage of vaccines and consumables.

And in particular for ***the central, intermediate and peripheral levels:***

- The necessity for the technical support of EPI managers concerning training in the management of vaccines and cold chain maintenance
    - The development and implementation of a maintenance schedule
    - The carrying out of periodic formative supervision
    - The monitoring of the distribution and the use of equipment
    - The maintenance of the performance of the distribution system

For heads of Basic Health Centres:

- The improvement in the management of vaccines (evaluation of requirements, order and monitoring stock)
- The mastery of the available EPI logistical management tools
- The mastery and use of the EPI logistical procedure manual

Was an action plan prepared following the EVSM/VMA? **Yes**/No
It is recorded in the 2009 PTA (document No. 6)
If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

The main activities within the framework of the management of vaccines are:

- To assure the permanent availability of safe and quality vaccines
- To strengthen injection safety and waste management according to the norms
- To institute quality data at the level of the regions and districts

The activities aiming to implement the recommendations of the evaluation of the management of vaccines are:
- To run a periodic GEEV
- To train the new middle level managers in EPI management
- To carry out regular supervision on the use of the logistical management manual developed in 2007
- To improve the use of the computerized data management tool by granting the 22 regional managers a more effective informatics tool and by monitoring
- To put in place a system for the periodic maintenance of equipment
- To put in place a system for monitoring stocks of vaccines and inputs

When will the next EVSM/VMA* be conducted? **in the course of the 3rd quarter 2009**

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: ..... DTCHepBHib.....	
Anticipated stock on 1 January 2010	**500,000 doses**
Vaccine 2:	
Anticipated stock on 1 January 2010	**.....**
Vaccine 3:	
Anticipated stock on 1 January 2010	**.....**

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?. **in supplies in 2008**.....

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
Self blocking syringes 0.05 ml	373100 375700	28 March 2008 11 August 2008
Self blocking syringes 0.5ml	15000 1864200 2 328 300 1034800	31 January 2008 01 April 2008 11 August 2008 4 November 2008
Dilution syringes of 2ml	75000 42900 737200 75000	10 July 2008 17 July 2008 1 September 2008 8 October 2008
Dilution syringes of 5ml	50800 46800	10 July 2008 8 October 2008
Safety boxes	16500 26250 1325 31500 11475	25 February 2008 19 March 2008 17 July 2008 20 October 2008 27 October 2008

Please report on any problems encountered.

The problems encountered have covered:
- the difficulties of routing syringes to the isolated zones and in particular those where transport must be by air, problem of freight (cumbersome volume), from whence the routing of these materials by private air charter

- The limited storage capacity at the peripheral level and especially those that are remote from the supply centre, from whence the construction new storage depot for 3 new regions (Sofia, SAVA and Anosy). 10 other new regions and the Immunisation Service will be provided with new storage depot in the course of 2009
- The delay in the arrival of the majority of the 2ml dilution syringes, having provoked the delay in the dispatch of pentavalent vaccines to the peripheral level

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

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

TRANSITION PLAN: **Injections safety**: Since 2003, exclusive use of self blocking syringes

Indicators	Objectives	Realisations	Constraints	Updated objectives
-Rate of use of self blocking syringes in fixed and advanced strategy at the level of immunising Health Centres - Rate of use of self blocking syringes during supplementary immunisation activities	-To assure 100% injection safety of the immunising Health Centres in fixed and advanced strategies -To develop and implement the national policy on injection safety and waste management	1. Use of self blocking syringes in fixed and advanced strategies, for DTC/Hep, VAT, VAR and BCG at the level of immunising Health Centres. SAB/BCG ,VAR and VAT supplied by GAVI 2. Exclusive use of self blocking syringes for the anti-tetanus vaccine during the immunisation campaign at the level of the districts targeted (AVS), syringes supplied by UNICEF 3 .Validation and dissemination of the national policy on injection safety and waste management in health care establishments in September 2005	1. problems or routing self blocking syringes in isolated and remote regions above all in the North region Nord and the region of Melaky	- To assure 100% injection safety of the immunising Health Centres in fixed and advanced strategies and during supplementary immunisation activities

- The support of GAVI for injection safety ends in 2008; the purchase of the Injection supplies and the safety boxes for the next years, will be done according to the plan of the supply of vaccines and Injection supplies through UNICEF/Copenhagen. The Government's share will be supported in the working budget of the Immunisation Service under item 6122 of the P1: 00 -710-1-00000 (purchase of medicines) for the self blocking syringes intended for the new vaccines, self blocking syringes intended for traditional vaccines, dilution syringes and safety boxes according to the Complete Multi-Annual EPI Plan 2007-2011, however the majority of the self blocking syringes of 0,5 ml and the dilution syringes of 2ml for the DTCHepBHib vaccines are chargeable to GAVI

- The financing will be paid directly to the Division "Supply/provisioning " of UNICEF Copenhagen in 4 tranches (quarterly) according to the employment programme of the Immunisation Service

- Part of the purchase of these syringes will be chargeable to UNICEF according to the Complete Multi-Annual EPI Plan 2007-2011 and the Programme of Cooperation between the Government of Madagascar and the United Nations Children's Fund (UNICEF) 2008-2011 (Country Action Plan Programme 2008 - 2011), Programme YK 201 "Survival and Development of the Mother and child)
- If necessary, the DTI (Duties and import taxes) will be taken into the investment budget / PIP: Public Investment Program whose secondary organizer is the Directorate for the Health of the Mother and child in 2008

Please report how sharps waste is being disposed of.

WASTE MANAGEMENT

Indicators	Objectives	Realisations	Constraints	Updated objectives
-Number OF Basic Health Centres carrying out a correct elimination of waste	- To develop and implement the national policy on injection safety and waste management	1. Validation and dissemination of the national policy on injection safety and waste management in health care establishments in September 2005 2. Schedule of condition of the situation of the equipment of the Health Units in devices for the elimination of health care waste with respect to the objectives of the National Policy (PN) 3. Development : * *of tools of sensitization and training* For the Regional Hospital Centres of Reference and the District Hospital Centres (training module and sorting posters in the health service units) **Waste management tool* : organisation, sorting and collection with a type of management plan of an	* out of the **11** Health Units attached to **University Hospital Centres**, 7 have elimination equipment of which 1 conforms to the National Plan * out of the **20 Regional Hospital Centres of Reference:** 19 have elimination equipment of which 8 conform to the National Plan * out of the **86 District Hospital Centres 1** and **District Hospital Centres 2**: 22 have elimination equipment of which 18 conform to the National Plan * out of the **155 urban Basic Health Centres:** 17 have elimination equipment of which none conform to the National Plan * out of the **150 Basic Health Centres 2** serving more than 20000 inhabitants: 7 have equipment of which 7 are up to standard * the **2176 Basic Health Centres 2 and Basic Health Centres 1** serving fewer than 20000 inhabitants use pits of which 5% are within the norms - absence of operating financial means dedicated to the management of waste within the Health Units formations	*- To assure the correct elimination of waste in 95 % of immunising centres* *- To equip with devices for the elimination of waste in conformity with the National Policy: 80% of the Regional Hospital Centres of Reference (22 Regions) ,100% of the District Hospital Centres2, 77% of the District Hospital Centres1and 11% of the Basic Health Centres within the framework of the PDSSP2 2009-2012*

		establishment: University Hospital Centre, Regional Hospital Centres of Reference, District Hospital Centres **tool for monitoring elimination devices*: operating book for the incinerator of Montfort for the Regional Hospital Centres of Reference and District Hospital Centres 2 4. Project for the management of health care waste at the level of the Basic Health Centres in a pilot region (WHO-GAVI 2008) * development of tools for the management of health care waste at the level of the Basic Health Centres and application in a pilot region Alaotra-Mangoro for 50 Basic Health Centres 5. Project for the construction of 22 equipments: De Montfort incinerators at the level of 22 Regional Hospital Centres of Reference (PMPS2) : re-scheduled for 2009	• - Delay in the implementation schedule	

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

Waste management problems:
* out of the **11** Health Units attached to **University Hospital Centres**, 7 have elimination equipment of which 1 conforms to the National Plan
* out of the **20 Regional Hospital Centres of Reference:** 19 have elimination equipment of which 8 conform to the National Plan
* out of the **86 District Hospital Centres 1** and **District Hospital Centres 2**: 22 have elimination equipment of which 18 conform to the National Plan
* out of the **155 urban Basic Health Centres:** 17 have elimination equipment of which none conform to the National Plan
* out of the **150 Basic Health Centres 2** serving more than 20000 inhabitants: 7 have equipment of which 7 are up to standard
* the **2176 Basic Health Centres 2 and Basic Health Centres 1** serving fewer than 20000 inhabitants use pits of which 5% are within the norms

- absence of operating financial means dedicated to the management of waste within the Health Units formations

- Delay in the implementation schedule

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

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

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

Not applicable

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

	Reporting Year 2008	**Reporting Year 2008**	**Reporting Year 2009**	**Reporting Year 2010**
	Expenditures	Budgeted	Budgeted	Budgeted
Expenditures by Category				
Vaccines	7 755 154	10 485 503	9 014 945	8 382 235
Injection supplies	343 953	406 484	431 282	437 849
Cold Chain equipment	705 000	652 785	398 649	1 226 290
Operational costs	1523656	2 815 510	2 637 299	19 907 710
Vehicles	444 444			
Financing by Source				
Government (incl. financing BM)	1 340 822	879 743	1 044 696	1965637
GAVI Funds	6 905 511	9 940 679	8 546 241	7848609
UNICEF	2 085 196	801 403	1 146 779	4286100
WHO	261 341	837 582	416 732	2667254
Others (please specify) PDSSP		273 636	308 803	475000
USAID	25000	31 000	35 000	666000
JICA	154 337			200000
Total financing	***10 772 207***	***17 778 136***	***15 968 387***	***21153057***
Total Financed	***10 772 207***	***12 763 593***	***11 498 251***	***1965637***
Total Gaps		***5 014 543***	***4 470 136***	***19 187 420***

Exchange rate used 1USD=1900 Ariary

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

I For 2008 the expenditure is lower than the planned budget due to the fact that:

- The cost of the planned vaccines was over-estimated, because there was a stock of VAT intended for the activities of supplementary immunisation against **maternal and neonatal tetanus. This stock has been used for the routine immunisation of pregnant women.**
- The cost of self blocking syringes was revised downwards (stock of the Additional Vaccination Services for the elimination of maternal and neonatal tetanus)
- Lower operational costs: the participation of the PDSSP was not accounted for: integrated supervision, advanced and mobile strategies
- However, for the Government, real expenditure has been increased compared to those planned (oil for the operation of refrigerators and fuels for the transport of vaccines and injection supplies)

For 2009 and 2010

Generally, the trends of the requirements and financial resources increase. The extra costs relate to the following headings:

- Cost of vaccines and injection supplies: growth of the target population, and increase in the cost of their transport to storage centres due as a result of the increase in volume of the vaccines and injection supplies (vials of 2 doses and not of 10 doses for the pentavalent vaccines)

II. The strategies of financial viability to mitigate the gaps are those defined in the 2007-2011 Complete Multi-Annual EPI Plan:

1. *Self-sufficiency,* in order to guarantee the regular increase in the financing allocated to the Expanded Programme of Immunisation with:

- **Advocacy** to the financial and planning managers of the Ministry of Health and Finances (Investment and operational budget, various initiatives for the reduction of the multilateral debt: IADM).

The resources of the operational budget will contribute to the purchase of routine vaccines and new vaccines at the central level, to covering the expenses of the maintenance of the cold chain equipment, to the purchase of oil for the operation of the cold chain and to formative supervision

The resources of the investment budget will be used to cover the costs of personnel, the purchase of spare parts for transport equipment

⇨ The contributions of the Initiatives for the Reduction of the Multilateral Debt will be used to finance the shared costs, the rehabilitation / maintenance of Health Centres having immunisation services, the purchase and maintenance of transport equipment, missions of supervision and the costs of newly recruited personnel

- **Mobilization** of other financial health partners
- **Implementation of the national policy of community health.** Involvement of Community mobilisers trained in the management of activities at the level of the Health Centres will make it possible for the communities themselves to take charge of the activities of the active search for those lost to view, the sensitizing of the community on the importance of immunisation and the notification of EPI target diseases. Participation and contribution of the community, particularly the efforts of community health agents to ensure a better operation of the Health Centre and with the strengthening of the application of the integration of the health care of the mother and child

2. *Reliability of resources* with:

- Advocacy to the government decision makers so that there is no freezing of the resources allocated to the EPI (no delay in commitments in particular for the purchase of vaccines), for the maintenance of the procedures of immunisation budgeting within the framework of medium-term expenditure (CDMT)
- Sensitizing of the members of the ICC for the maintenance and mobilization in time of their contribution to the Complete Multi-Annual EPI Plan budget
- Improvement of good governance in the management of resources mobilized

3. *Adequate use of available resources*

- This will be guaranteed by regular budgetary control at all the levels, the monitoring and periodic evaluation of the performances of the programme and the scaling of the approach "To Reach Each District". This approach will allow:

- the planning of activities with the participation of the recipients on the ground

- strengthening of the technical capabilities of the service providers at all levels in the management of the programme, planning, coordination, formative supervision and integrated monitoring

- The reduction of the rate of wastage of vaccines by the installation of the computerized system of vaccine management from 50% to 30% between 2008 and 2011 for freeze-dried vaccines and from 15% to 5% for liquid vaccines for the same period through the strengthening of the use of the vial policy initiated (liquid vaccine) by the actors on the ground
- The intensification of the activities of formative supervision in order to guarantee the quality of services
- The extension of the system of quality control of immunisation data at the level of all the Regions and Districts

- The reduction of the rates of abandonment by the strengthening of monitoring and evaluation with the assistance of community agents
- The installation of more incentivizing mechanisms for the maintenance of the personnel in charge of immunisation at their work station

Future Country Co-Financing (in US$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ….)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US$)

1st vaccine DTCHepB+Hib 2doses		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		$0,15	$0,15	$0,20	$0,20	$0,20	$0,20
Number of vaccine doses	#	105 700	150 700	165 600	214 800	242 000	265 500
Number of AD syringes	#	111 900	159 400	175 200	227 200	255 900	280 700
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	1 250	1 775	1 950	2 525	2 850	3 125
Total value to be co-financed by the country	**$**	$351 500	$470 500	$484 000	$497 500	$511 500	$525 500

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (DTCHepB)	25 October 2007 payment to UNICEF➔payment to GAVI 25 November 2007	12 December 2007	6 December 2007
2nd Awarded Vaccine (DTCHepBHib)	July 2008 Payment to UNICEF Copenhagen directly	12 June 2008 (in advance in relation to the schedule, due to the use of the remainder paid in June for traditional vaccines)	12 June 2008 (remainder of 1st payment 2008 made in June 2008, for traditional vaccines
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (DTCHepB)	396 743 ,85	484000
2nd Awarded Vaccine (DTCHepBHib)	290 081	77200

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

If the country is in default: 1. The managers of the Ministry of Health will make advocacy to the Ministry of Finances to accelerate procedures and consider the EPI as a priority program thus requiring exceptional measures

2. Advocacy will also be made to the partners so that they can take charge of the financing of our portion (UNICEF, the World Bank, etc.)

3. The managers of the Ministry of Health will also make advocacy to GAVI to defer the payments

3. Request for new and under-used vaccines for year 2010

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

*Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.*

Are there changes between table A and B? Yes/no

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes ***in births***:
Because of absence of a general census of the population since 1993, certain districts show vaccinal coverage rates of more than 100%, because the projected population of the RGPH is under estimated. Also, we decided for 2008 to readjust the denominator by taking the population shown in the census for these districts, which are 15 in number, and not the estimate by the projection of the RGPH. These changes thus concern the populations of the districts of:
- Mahabo, Belon'i Tsiribihina, Tsaratanana, Morafenobe, Ivohibe, Ikongo, Fianarantsoa II, Nosy Be, Ambanja, Tsironoamandidy, Soavinandriana, Betafo, Ankazobe
Anjozorobe and Antananarivo Avaradrano
There has thus been a change of denominator from 2008 in the database
(births, infant deaths and surviving infants)
The new data is the same ones as that on the joint WHO/UNICEF Reporting Form 2008
(readjusted total population of these districts)

Also, the number of live births is equal to 724 713 instead of 686 593 for 2008. The data from 2009 has followed the projections

*Provide justification for any changes **in surviving infants**:*
___***(see the same explanations as those given previously)***_because of the change of denominator which has increased__
___ ***For surviving infants, from 46 771 planned, we have readjusted to 682 680.***

*Provide justification for any changes **in Targets by vaccine**:*
__ ___***(see the same explanations as those given previously)***_ because of the change of denominator which has increased__
We have therefore retained the same objectives (rate of vaccinal coverage) but the number of necessary doses of vaccines and injection supplies have increased

Provide justification for any changes ***in Wastage by vaccine****:*
There has not been any change

Vaccine 1: DTCHepBHib .....

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related immunisation programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)

Table 3.1: Specifications of immunisations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	685 374	704 564	724 291	744572	765420	786852
Target immunisation coverage with the third dose	*Table B*	#	95%	95%	95%	95%	95%	95%
Number of children to be vaccinated with the first dose	*Table B*	#	721446	741646	762412	783760	805705	828265
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.150	0.200	0.200	0.200	0.200	0.200

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#	2 235 100	2 201 500	2 252 400	2 270 900	2 313 400	2 361 400
Number of AD syringes	#	2 366 300	2 328 100	2 381 900	2 401 500	2 446 400	2 497 200
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	26 275	25 850	26 450	26 675	27 175	27 725
Total value to be co-financed by GAVI	**$**	$7 431 000	$6 874 000	$6 578 000	$5 256 000	$4 887 000	$4 674 500

Vaccine 2: .....

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of immunisations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

Vaccine 3: .....

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of immunisations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	14/05/09	
Reporting Period (consistent with previous calendar year)	x	
Government signatures	x	
ICC endorsed	x	
ISS reported on	x	
DQA reported on	x	
Reported on use of Vaccine introduction grant	x	
Injection Safety Reported on	x	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	x	
New Vaccine Request including co-financing completed and Excel sheet attached	x	
Revised request for injection safety completed (where applicable)	x	
HSS reported on	x	
ICC minutes attached to the report	x	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	x	No rapport of the annual examination of the health sector

7. Comments

ICC/HSCC comments:

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.

~ End ~