| | | | | | Milestones | | GPF indicator code | | |
|------------|--|--|---------|--|---|--|--|---|------------|
| Country | Programmatic Area | Activity | Partner | Jun-20 | Nov-20 | Jun-21 | If applicable, enter the code to the Grant Performance Framework indicator to which this activity is linked | Expected Outcome | TOTAL |
| Madagascar | Health Information Systems (Data) | Completion of STOP Immunisation and Surveillance Data Specialist (ISDS) pilot and transition to ensure sustainable improvements in immunization and VPD surveillance data management, quality and use through sustained supportive supervision | CDC | Complete end-of-phase 4 review meeting to report on results from the two years of the STOP ISDS pilot implementation in 5 provinces | Complete routine supportive supervision of ongoing STOP ISDS transistion activities and continue summative assessment of STOP ISDS pilot implementation | Complete end-of-ISDS transition activity review to report on the sustainability of ISDS activities in the5 implementation regions | IR-T 12:Number of supportive supervision conducted by each level (National + Provinces + Districts);IR-T 10:Number of planned periodic DQA conducted against plan | Inreased immunization coverage and decreased drop- out in the STOP ISDS regions; Sustained supportive supervision to STOP ISDS pilot regions | \$ 250,000 |
| Madagascar | Programme Implementation/Coverage & Equity | Support the coordination, planning and implementation of the routine immunization revitalization strategies (RED approach/ACC Atteindre Chaque Cible, MCHW, AVW, Urban approach), the monitoring and evaluation of the cMYP, the EPI annual plan, supportive supervision, with special focus of supportive supervision in in the 33 priority districts. | wнo | 100% of districts have their EPI annual operational work plan developed that is informed by the equity analysis with strategies of Reach Every Community apprach available in every district /Priotiy district to guide standard operations | Reports of the EPI Monthly Performance available stating analytical outputs to guide improvement actions at district level with score card guiding state of performance by district/by HF with feedback to all districts | 100% of annual EPI performance review report output by district is avaibable with key actions for improvement for all districts | IR-T 42 : Nombre d'enfants de 0 à 11 mois qui ont reçu la troisième dose du vaccine DTC HépB Hib en stratégie avancée IR-T 47 : Nombre de reunions des CCIA tenues pendant lesquelles l'état d'avancement des activités est discuté IR-T 25 : Nombre districts/régions ayant effectué des supervisions/monitorages | antigen is improved compared to the situation in 2019 at the national level where all districts meet at least >=80% coverage target; The number unvaccinated is reduced by 5% compared to | |
| Madagascar | Programme Management - LMC | Support capacity building of EPI managers at all levels: MLM training new design in 114 Districts , training of health workers (vaccination in practice and monitoring of VPDs and AEFIs) in 2600 HFs in 114 Districts in 22 regions. Conduct regular performance Monitoring and evaluation, particularly in 33 prioritiy districts using score cards and provide monthly feedback, Conduct at least 4 suportive supervision visits to priority 33 districts and provide onsite feedback for improvement Coordinate at lest 2 periodic performance reviews of distsricts at regional level for improved data quality, etc.) | WHO | At least 80% of the regional trainers are trained for the 22 regions | 50% of districts with SDSP staff and all HF staff, are trained | # Reports generated from the training # Follow - up and feedback provided to districts | PR-T 40 Nombre de personnel formés en planification/MLM PR-T 41 Nombre de districts ayant réalisé la DQS dans le contrôle de la qualité des données | Improved standard of Planning, implementation, monitoring and evaluation of immunization activities and surveillance of vaccine-preventable diseases are improved at all levels resulting in 100% districts with standard annual operational plan is available at district and national level 100% Monthly feedbacks bulletins usign score cards are provided to districts to improve performance All regions have met the sureillance main indicator targets for AFP, Measles, Sentinel surveillance and AEFI surveillance targets are met by end 2020 | |

| Madagascar | Health Information Systems (Data) | Contribute to the promotion of the use of high quality data for better decision making. Support the implementation of the data quality improvement plan at national level Support data analysis and monitoring of the country's EPI performance at national and regional levels and provide regular feedback Support the regional and districts in the application of self-assessment tools for data quality (DQS,), follow-up of the implementation of correction plans and in the use of new technologies to improve the quality of the data. Support the implementation of the National Coverage Survey * Support the functionality of the DHIS2 in general and the use of the WHO applications on analysis | WHO | Data Quality Improvement Plan (DQIP) is validated at national level | Report of the quarterly review of the implementation of the DQIP for all regions WHO application | At least 50% of districts have a Data Verification Factor (VAR, Penta 3) of at least 80% (source DQS) Difference (in percentage points) between the immunization coverage of Pentavalent 3 from administrative data as well as coverage vaccine from Pentavalent 3 from a survey immunization coverage | | Reduction by at least 2 points between the administrative CV and the WHO-UNICEF estimates | |
|------------|--|--|-----|---|--|--|--|---|---------------|
| Madagascar | Programme Implementation/Coverage & Equity | and data quality Support the coordination of the external Comprehesnive EPI review, Support the implementation of the vaccination coverage survey as per the revised WHO standard Support the coordiantion and implementation of the GAVI JA (Full portifolio planning preparation for 2021) | WHO | Report of the vaccination coverage survey available Report of the external EPI review available | GAVI 2020 JA report available (Full portifolio planning needs to be prepared) | cMYP revised, including the recommendations of the external review, available # of areas that have implemented vaccine survey as PWER WHO standards | des CCIA tenues pendant | are updated in accordance with | \$ 868,840 |
| Madagascar | Policy & Regulatory Environment | Support the establishment and fonctionality of NITAG to facilitate decision making for vaccine introduction or reorientation of the program and the and the ICC revitalization. | WHO | Availability of draft decree with input from wide range of stakeholders NITAG members are trained | Work plan and Implementation procedure manaul of NITAG is available Report of the first meeting of NITAG available | NITAG recommendation on the prioritised new vaccines introduction submitted to EPI Collated evidence and information for NITAG delibrations available | IR-T 47 : Nombre de reunions des CCIA tenues pendant lesquelles l'état d'avancement des activités est discuté | built through standard, training. | |
| Madagascar | Vaccine Specific Support | Support the strengthening of surveillance of new vaccines (MBP, Hib and rotavirus) at the CHUMET sentinel site: rotavirus vaccine and PCV impact monitoring and the implementation of surveillance for congenital rubella syndrome Dissemination workshop on impact of new vaccines in Madgascar | WHO | Monthly report available on time Topics and responsible persons identified , presentations on impact of new vaccines fianlized | New vaccine surveillance assessed Impact of new vaccines disseminated and | Final report available and publication of 2 articles Number of surviving infants who received the last (second or third) dose recommended rotavirus vaccine | OI-C 1.5 Couverture du vaccin antirotavirus au niveau national (dernier ROTA) Pourcentage de nourrissons ayant survécu qui ont reçu la dernière dose recommandée du vaccin antirotavirus au niveau national. | Availability of data on the epidemiological impact of anti- Rotavirus, PCV-10, Hib vaccines and for CRS Awareness of senior government officials on the impact of new vaccines in reducing morbidity and mortality for contiuous financing of vaccines | |

| Madagascar | Supply Chain & Procurement | Support for the implementation of internal and external evaluations of vaccine management, including EVM. Support the implementation of recommendations from evaluations of effective vaccine management. Support District Level Capacity Building in Vaccine Management | WHO | EVM report is available, with a mitigation plan Availability of mechanisms to monitor the implementation of the recommendations of the evaluation of effective vaccine management. | Implementation of the EVM recommendations at 20% | At least 40% of EVM recommendations are implemented | IR-C 3.0 Score de la Gestion Efficace des Vaccins Score composite de la Gestion Efficace des Vaccins (rous critères confondus) pour tous les niveaux de la pyramide sanitaire | Improved vaccine management at all levels |
|------------|--------------------------------------|---|--------|---|--|---|---|---|
| Madagascar | Vaccine Specific Support | The Vaccination 2YL Immunization Platform is set up : Support the establishment of the platform for vaccination in the second year of life to support the introduction of MCV 2 and other vaccines | WHO | The Vaccination 2YL Immunization Platform is set up | MCV 2 introduced | Existence of a routine immunization strengthening plan integrated with other interventions that will be coordinated through the 2YL vaccination platform | IR-T 46 : Pourcentage d'enfants de 0 à 11 mois et ceux de plus de 12 mois qui ont été récupérés avec le vaccin contre la rougeole | |
| Madagascar | Health Information Systems (Data) | Technical Support Plan to MOH DHIS2 Implementation by HISP with GAVI Support – Madagascar: DHIS2 Instances, Hosting and System Administration, Data Reporting and Integration in DHIS2, Infrastructure for DHIS2, Metadata Design in the current production instance configuration, User Management and Support, HR Capacity for DHIS2, Data and Information Use and Governance and Coordination | WHO | Update the integrated RMA form to take into account the data elements necessary for the calculation of some indicators of the different programs in DHIS2 in order to avoid the persistence of parallel reporting systems. Organize in-country capacity building on Server admin, Selection of priority indicators for all data needs at all Health sector levels, Development of Data management SOPs and Data sharing policy, Integrate TB and EPI metadata and WHO TB/EPI dashboards | Harmonize the electronic surveillance data collection tools, taking into account the agreement signed for technical assistance between MSANP, BM and OMS at hospital and community level (SEIE, DHIS 2, botoolbox, CommCare) with the implication all stakeholders (USAID, PSI, COMARESS. Work with MOH to develop a long-term training plan for end-users and core technical team, development of system outputs about all relevant indicators to respond to data needs at all levels of the hierarchy on the national DHIS2 instance, Creation of program specific dashboards and use of Push analysis. | programs at central, regional and district level on the use of DHIS2; Develop a validation guide. WHO HIV/Malaria/Cause of Deaths Dashboards | | Improvement of the unique health information system in Madagascar |
| Madagascar | Supply Chain & Procurement | # Technical support to fully implement immunization supply chain process # Technical support to procure means of transport for region and districts #Technical support to strenthen cold chain capacity at operational level (regions, districts and CSB level # Technical support for supply chain optimization system design # Provide suppot to CCEOP - Year 2 proposal development and submission | UNICEF | # Vaccine procured with GAVI and UNICEF funds for the first semester received #Two quaterly dilevery to district completed # Monthly monitoring at central an district level report available # Inventory of means of transpot available and gaps identified # Cold chain equipement inventory updated for all levels, gaps identified and distribution plan developped # Supply supply chain optimization system design first draft developped # CCEOP year 2 proposal developped | #At least one quaterly dilevery to districts completed # Monthly monitoring at central and distrcit level reports available # 2021 forecast developped and endorsed # CCEOP year 2 proposal endorsed an submitted # Cold chain equipement inventory updated for all levels # Rapport d'analyse / triangulation des donnees de vaccination et des stock d'antigene pour premier semestre disponible | #Two quaterly dilevery to districts completed # Monthly monitoring at central an distrcit level report available # Mean of transport received, delivered / installed according to distribution plan | IR-T 12: Pourcentage de formations sanitaires sans rupture de stock de vaccin DTC HépB Hib IR-T 19: Nombre des CSB équipés de motos IR-T2 0: Nombre de véhicules 4x4 mis à la disposition des superviseurs centraux et des districts IR-T 21: Nombre de régions dotées en chambres froides IR-T 22: Nombre de CSB réouvents grâce à la dotation de réfrigérateurs | Improvement in immunization supply chain manaemen and hoh quality vaccine availability at all levels |

| | Programme Implementation/Coverage & Equity | # Technical support to the national REC coordination committee (updating REC tools and guideline, follow up, data analysis and monitoring) # Technical support to periodic monitoring meeting including identification of bottlenecks and suggestion of corrective actions to improve coverage and equity # Technical support for development and implementation of special strategies to reach hard to reach children, # Support DPEV to adapt strategy / tools for vaccination in urban settings (micro plans, implementation and monitoring tools) for scale up of vaccination in urban settings in other cities, | UNICEF | #3 regions have a monitoring mechanism for corrective actions from monthly data analysis # At least 80% of Monthly data analysis conducted at central level and feed back provided by email to 3 regions for corrective actions. # REC approach in urban setting implemented at least in 3 districts out of 8 with validated document. | # updated microplan available for at least 80% of districts. # follow-up of the implementation of the outreach/fixed strategies during monthly IACC technical meeting. # At least 80% of Monthly data analysis conducted at central level and feed back providedby emailto 22 regions for corrective actions. # REC/RET (Reach Every Child/Reach Every Child/Reach Every Target)approach in urban setting implemented in 8 districts. # first progress report including lessons learned on vaccination in urban strategy developed | districts. | IR-T 42 Nombre d'enfants de 0 à 11 mois qui ont reçu la troisième dosse du vaccine DTC HépB Hib en stratégie avancée IR-T 41 Nombre d'enfants de 0 à 11 mois qui ont reçu la troisième dose du vaccine DTC HépB Hib en stratégie fixe | Improvements in immunization coverage are inclusive of the children in the most marginalized, remote and poorest communities including in urban settings and overall inequities within the immunization program are reduced | S | 370.440 |
|------------|--|---|--------|--|--|--|--|---|---|---------|
| Madagascar | Demand Promotion & ACSM | # Support demand generation activities to recover lost and unvaccinated children in identified districts. # Technical support for the development of the training documents on the community activities package and for the implementation in priority districts # Support development of communication plan for MCV2 introduction # Technical support for the update of the national communication plan on EPI | UNICEF | # Participate to immunization in urban settings microplaning and ensure that C4D activities are adequatly planed and contribute to improve equity and coverage # Develop the training documents on the community activities package # Develop the Communication plan for MCV2 introduction # Update the National communication plan for immunization based on progress | # Conduct community dialogues in distrctis with lot of refusal or poor demand for vaccination. # Implement community awareness, active research and referral of lost children. # Implement the training sessions on community activity packages in 50% of the priority districts and urban areas # Participate to immunization in urban settings microplaning and ensure that C4D activities are adequalty planned and contribute to improve equity and coverage | # Implement community awareness, active research and referral of lost children. # Implement the training sessions on community activity packages in all the priority districts and urban areas | IR-T 46 Pourcentage d'enfants de 0 à 11 mois perdus de vue qui ont été récupérés pendant le demier trimestre dans les districts ciblés IR-T 27 Nombre d'agents communautaires formés en PAC | Service tilization improved. | | |

| Madagascar | Programme Management - Financial Management | # Keep abreast of national budget commitment / expenditure and provide timely information to UNICEF Senior Management for advocacy to MPH for cofinancing and traditional vaccine procurement # Ensure Funds are managed in a transparent and accountable manner: | UNICEF | # Situation report on 2020 cofinancing and traditionnal vaccines procurement status shared with MPH # In case of delay, reminder letter from UNICEF senior management to MPH # Establissement of mechanism to review financial support documents to ensure they comply with UNICEF procedures # GAVI Grant managed by UNICEF financial report is submitted to the ICC # HACT Training and Financial Capacity building done for UNICEF and MPH (national / regional / district) staffs) | # Situation report on cofinancing and traditionnal vaccines procurement status shared with MPH # in case of delay, reminder letter from UNICEF senior management to MPH # Pledge towards MPH condcuted to avoid Madagascar default in 2020 co-financin payments # GAVI Grant managed by UNICEF financial report is submitted to the ICC # HACT Training and Financial Capacity building done for UNICEF and MPH (national / regional / district) staffs) | # All amount due to procurment of vaccines paid by end of 2020 # Situation repport on 2021 cofinancing status shared with MPH # In case of delay, reminder letter from UNICEF senior management to MPH # GAVI Grant managed by UNICEF financial report is submitted to the ICC # HACT Training and Financial Capacity building done for UNICEF and MPH (national / regional / district) staffs # vaccines forecasting / procurement costing included in the Health Sector Development Plan | IR-T 49 - Paiement à temps du co-financement annuel de l'Etat pour tous les vaccins subventionnés par GAVI Gestion transparente des fonds transferes aux PE IR-T 24 - Nombre de responsables périphériques ayant fait l'objet d'apprentissage sur l'utilisation des fonds Gavi (RSS et SSV) | No cofinancing default reported and funds properly managed | | |
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| Madagascar | Health Information Systems (Data) | Implementation Support | | | | | | | | |
| Madagascar | Health Information Systems (Data) | Implementation Support | University of Oslo | | | | | | \$ | 19,009 |
| Madagascar | Programme Management - Financial Management | Provide a broad range of financial management services | Cardno Emerging Markets USA, Ltd. | Quarterly reports to Gavi including without limitation, a status update on the general challenges Company faced in performing the functions of the fiscal agent, a report on the receipts and payments at the UCP/MoH both at central and decentralised levels, checks or verification procedures that have been performed at the UCP/ MoH both at central and decentralised levels by Company, deviations from the approved procedures manual and a description of the irregularities identified. | | | | | ş | 21,824 |
| Madagascar | Programme Management - Financial Management | Provide a broad range of financial management services | | On-going progress update regarding the compliance to procedures manual of the UCP/ MoH | | | | | | |
| Madagascar | | 2.2.2. Conducting a Baseline | | | | | | | | |
| Madagascar | | 2.1.1: Company supports the implementation of the platform's performance monitoring system (Performance framework, monitoring tools, etc.) | Catholic Relief Services | | | | | | \$ | 191,477 |

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| Madagascar | 2.1.1: Company supports the implementation of the platform's performance monitoring system (Performance framework, monitoring tools, etc.) | | | | | |
| Madagascar | Identify champions amongst the extended immunisation teams to groom them for peer-leadership and ensure overall strengthening of the EPI. | ta p re | hese staff members will be given allor-made coaching by rofessionals to support them in eaching their full leadership otential. | These champions will have demonstrated a strong impact on the EPI which will be reflected in the delivery of the immunization program and the overall engagement of the EPI team and associated partners. | | |
| Madagascar | Programme Management -LMC Support the coordination forum through adequate organisatonal, and | o fr a s s P P | he MP will provide ad-hoc support n the documentation for the orum coordination and follow-up ctivities. The MP will conduct a atisfaction survey of the EPI ctivities among its main FTPs and ropose improvements or orrective measures. | The MP will support the EPI Director in managing her relations with the main partners of the EPI, on an ad hoc basis. | | |
| Madagascar | Programme Management -LMC Implementing the recommendations suggested in the report: "Evaluation du PEV Madagascar (GAV/Dalberg)", beyond the aforementioned tasks. | a H ir H n n | he MP will provide a status update nd course correction measures for 11 and H2 objectives, as per the stitutional development plan. le/She will drive the EPI nanagement and team towards chieving H3 milestones. | The MP will provide a status update and course correction measures for H1, H2 and H3 objectives, as per the institutional development plan. He/She will drive the EPI management and team towards achieving H4 milestones. | | |
| Madagascar | Strengthen the capacity of the selected districts in program management, Programme Management -LMC planning, provide them with the appropriate management approaches, techniques and tools. | n si ti p s s s s s s s s s | he MP based on the EPI erformance improvement in the elected districts, and identify nanagerial expertise gaps that will | The selected district teams are fully able to independently track, monitor, provide timely corrective actions, evaluate and report on programme delivery. The subnational level leadership is able to present and leverage program delivery results to lobby at the central level for fundraising. Data-backed analyses stemming from EPI dashboards will be used routinely in regional meetings to create a culture of advocacy and resource mobilization based on data. | | |
| Madagascar | Support the coordination forum through adequate reporting tools and relevant data. Programme Management -LMC | fc c fc c c r r r s s r r s i r | oordination mechanisms and ollow up activities. The MP will | The MP will support the management team at the regional level to make informed decisions based on the relevant data collected and share key findings with the central level. | | |

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| Madagascar | Programme Management -LMC | Strengthen coordination and communication between the EPI at the central level and program managers in the DDS (Sanitation Departments), with particular attention to the less efficient DDS. | Dalberg Global | The MP will ensure implementation of the capacity building plan for the selected regions. An M&E framework will be designed to monitor the performance of department-level operations fully. | The capacity building plan in all selected departments is implemented through training sessions and/or coaching. The M&E framework of department-level activities is fully operational, and reports are produced quarterly on department operations performance. | | | |
| Madagascar | | Support the organizational improvement of the EPI at the subnational level by implementing | Development Advisors | A framework will be co-created with the EPI team at the central level to monitor the respect of the standard | Based on the initial evaluation of the new SOPs, adjustments will be proposed if needed. A continuous | | \$ | 558,016 |
| | Programme Management -LMC | procedures developed by the MP at the central level. The manual of procedures will codify strategic objectives and program management procedures and will play a pivotal role in ensuring the efficiency and effectiveness of the teams. | | operating procedures. The relevant EPI personnel will be empowered and coached to start the monitoring and enforcement of EPI SOPs at the subnational level. | improvement framework will be designed and shared with the EPI management and relevant personnel. | | | |
| Madagascar | Programme Management -LMC | Develop modern human resources management practices and instill a results and performance-driven culture aligned with the central level and with best practices on performance incentives. | | The MP will develop a training plan for the staff in charge of monitoring and evaluation and surveillance at the subnational level and establish a results-oriented culture that takes into account collective and individual performance. | Marked improvement in team effectiveness and efficiency is demonstrated through assessment of metrics defined during the initial assessment. Ongoing training, coaching and mentoring of EPI personnel at the subnational level. | | | |
| Madagascar | Programme Management -LMC | Strengthen the capacity of the EPI's leadership in program management, and provide them with the appropriate management approaches, techniques and tools. | | The leadership of the EPI will be assessed by the MP based on the EPI's performance improvement plan, and identify managerial expertise gaps (at individual and institutional levels) that will serve as themes for ongoing training and coaching sessions. | The EPI team is fully able to independently track, monitor, provide timely corrective actions, evaluate and report on programme delivery. The EPI leadership is able to present and leverage program delivery results to lobby for fundraising. Data-backed analyses stemming from EPI dashboards will be used routinely in MOH meetings to create a culture of advocacy and resource mobilization based on data. | | | |
| Madagascar | Programme Management -LMC | Support the organizational improvement of the EPI by developing a manual of procedures. The manual of procedures will codify strategic objectives and program management procedures and will play a pivotal role in ensuring the efficiency and effectiveness of the teams. | | the EPI team to monitor the respect of the standard operating procedures. The relevant EPI personnel will be empowered and | Based on the initial evaluation of the new SOPs, adjustments will be proposed if needed. A continuous improvement framework will be designed and shared with the FPI management and relevant personnel. | | | |
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| Madagascar | | Develop modern human resources | The MP will develop a training plan | Marked improvement in team | | |
|------------|------------------------|--|---|---|--|---|
| | | management and instill a results and | for the staff in charge of monitoring | g effectiveness and efficiency is | | |
| | | performance-driven culture aligned | and evaluation and surveillance at | demonstrated through assessment | | |
| | | with the Ministry of Health (MoH) HR | the operational level and will | of metrics defined during the initial | | |
| | | regulations and with best practices on | establish a results-oriented culture | assessment. Ongoing training | | 1 |
| Prog | gramme Management -LMC | performance incentives. | within the EPI (central and operational levels) that takes into account collective and individual performance. | coaching and mentoring of EPI personnel. | | |
| | | | | | | |