

UNITED STATES

AGENCY FOR INTERNATIONAL DEVELOPMENT

USAID / ANTANANARIVO
DEPARTMENT OF STATE
WASHINGTON D.C. 20521-2040



INTERNATIONAL POSTAL ADDRESS
c/o AMERICAN EMBASSY
B. P. 5253 - ANTANANARIVO
MADAGASCAR
TEL: 254.89 FAX: 261-2-34883

March 22, 1996

Ms. Frances Turner
Country Representative
UNICEF
Rue Robert Ducrocq
Behoririka
Antananarivo 101

Subject: Grant No. 687-0107-G-00-6020-00, Expanded Program on Immunization

Dear Ms. Turner:

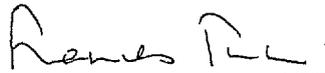
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, and the Grant and Cooperative Agreement Act of 1977, the United States Agency for International Development (hereinafter referred to as "A.I.D.") hereby Grants to UNICEF (hereinafter referred to as "Grantee"), the sum of \$1,236,000 to provide support for the Expanded Program on Immunization (EPI), as described in the Schedule of this Grant and in Attachment 2, entitled "Program Description." This Grant provides for a FY 96 obligation of \$600,000. Subsequent increments are subject to the availability of funds to USAID for this purpose and to the mutual agreement of the parties to proceed at the time of subsequent increment.

This Grant is effective and obligation is made as of the date of this letter and shall apply to expenditures made by the Grantee in furtherance of program objectives during the period beginning with the effective date of this grant and ending in March 21, 1998.

This Grant is made to the Grantee on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment 1 (the Schedule); Attachment 2 (the Program Description); and Attachment 3 (the Standard Provisions); all of which have been agreed to by your organization.

ACKNOWLEDGED:

UNICEF



By: Ms. Frances Turner

Title: Country Representative

Date: _____



Vicki J. Huddleston

Title: United States Ambassador

Date: _____

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Please sign the original and all enclosed copies of this letter to acknowledge your receipt of the Grant, and return the original and all but one copy to me.

Sincerely,



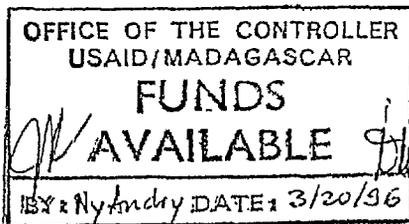
Donald R. Mackenzie
Mission Director

Attachments:

1. Schedule
2. Program Description
3. Standard Provisions

FISCAL DATA

| | | |
|------------------------|---|--|
| Appropriation | : | 72-113/41014 |
| Budget Plan Code | : | GSS3-93-21687-KG13 |
| PIO/T No. | : | 687-0107-3-30079 |
| Project No. | : | 687-0107 |
| Total Estimated Amount | : | \$1,236,000 |
| Total Obligated Amount | : | \$ 600,000 |
| Paying Office: | : | Controller's Office USAID/Madagascar B.P. 5253 Antananarivo 101 |



SCHEDULE

A. Purpose of Grant

The purpose of this Grant is to provide support for the Expanded Program of Immunization (EPI), as more specifically described in Attachment 2 (the Program Description) of this Grant.

B. Period of Grant

1. The effective date of this Grant is March 22, 1996. The expiration date of this Grant is March 21, 1998.

2. Funds obligated hereunder are available for program expenditures for the estimated period from the effective date of this grant to March 21, 1997 as shown in the Grant Budget below.

C. Amount of Grant and Payment:

1. The total estimated amount of this Grant for the period shown in B.1 above is \$1,236,000.

2. A.I.D. hereby obligates the amount of \$600,000 for program expenditures during the period set forth in B.2. above and as shown in the Grant Budget below.

3. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment 3 (the Standard Provisions); Standard Provision No. 11, Payment (Letter of Credit). UNICEF's Letter of Credit Number is 1471.

4. Additional funds up to the total amount of the Grant shown in C.1. above may be obligated by A.I.D. subject to the availability of funds, the mutual agreement of the parties to proceed, and the requirements of the Standard Provision of the Grant entitled "Revision of Grant Budget."

D. Grant Budget:

The following is the Grant Budget. Revisions to this Budget shall be made in accordance with the Standard Provisions of this Grant entitled "Revision of Grant Budget". The Grant funds will be co-mingled with UNICEF General Resource funds for health and supplementary funds from other donors.

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Any administrative costs of UNICEF financed under the Grant will be financed on a cost-reimbursement basis and will only pay for administrative costs that are project specific and not for expenses outside of the immediate management of the grant.

GRANT BUDGET

| COST ELEMENT | USAID CONTRIBUTION | | | UNICEF CONTRIBUTION | OTHER DONORS CONTRIBUTION |
|--|--|--|--------------------|---|---------------------------------------|
| | Begining March 22, 1996 Ending March 21, 1997 | Begining March 22, 1997 Ending March 21, 1998 | TOTAL | | |
| 1. Salary and Wages | | | | \$181,000 | |
| 2. Consultants | | | | \$10,000 | |
| 3. Travel and Per Diem | | | | \$25,000 | |
| 4. Allowances | | | | \$15,000 | |
| 5. Training | | | | \$10,000 | \$10,000 * |
| 6. Procurement: | | | | | |
| - Small vaccination materials (Medical supplies - not vaccine) | \$40,000 | \$40,000 | \$80,000 | \$250,700 | \$252,000 ** |
| - Purchase of VAT vaccines | \$200,000 | \$200,000 | \$400,000 | \$142,100 | \$51,699 *** |
| - Spare parts for vehicles, petrol for refrigerators | \$44,000 | \$44,000 | \$88,000 | \$151,900 | \$325,301 **** |
| - Refrigerators for freezers | \$254,000 | \$254,000 | \$508,000 | \$202,300 | |
| | | | | \$84,000 | |
| 7. Other Direct Costs: | | | | | |
| - Fuel and lubricants for cars and petroleum for refrigerators in health centers | \$12,000 | \$12,000 | \$24,000 | \$58,000 | \$100,000 * |
| - Field Office Administrative and program support costs | \$18,000 | \$18,000 | \$36,000 | | |
| - Transport of materials, customs clearance | \$50,000 | \$50,000 | \$100,000 | \$120,000 | |
| TOTAL AMOUNT | \$618,000 | \$618,000 | \$1,236,000 | \$1,250,000 (per year) | \$739,000 (per year) |

*: Dutch Committee

**: Rotary Polio Plus

***: Other donor to be found

****: Japan Government

E. Reporting and Evaluation

1. Reports and deliverables:

a) Implementation Plan:

Within 30 days of award of this Grant, UNICEF will develop an implementation plan in conjunction with its Ministry of Health (MOH) counterparts for EPI activities, and submit the Implementation Plan to USAID/Madagascar Grant Officer Technical Representative (GOTR). UNICEF and MOH will update the EPI implementation plan on an annual basis and provide a copy of the report to the GOTR.

b) Semi-annual Narrative and Financial report:

UNICEF will prepare and submit to the GOTR semi-annual reports utilizing the service statistics and management information system established within UNICEF and MOH. The report will present information on:

- i - accomplishment by UNICEF/MOH in terms of tasks in the EPI Statement of Work,
- ii - progress in achieving outputs,
- iii - development of technical capacity by the MOH counterparts,
- iv - any problems encountered in the implementation of EPI,
- v - budget obligation/expenditure by line item.

c) Annual and Final Reports:

i - UNICEF will submit annual reports which will provide a description of project activities implemented during the reporting period, a plan for the forthcoming year, a description of issues, problems encountered and lessons learned. UNICEF will also include in the annual reports a financial report and any report from evaluations conducted.

ii - Final Report: At the end of the Grant, the Grantee will prepare and submit a final report which will describe the implemented activities and the costs incurred by line item, and provide an evaluation of opportunities for the continuation of the project.

d) Evaluation Report or Periodic Report:

i - Two multiple-indicator surveys (including EPI) will be conducted during the first and fifth quarter of the Grant. In the context of this project proposal, a third vaccination coverage survey could be conducted either in December 1996 or early 1997.

ii - The progress of the activities will be evaluated by UNICEF by analyzing the routine data which will be collected by the Grantee and MOH at the peripheral level (health center). These data will be compiled at the district level which will transmit the following information to the central level of MOH each month:

- a. Number of polio cases;
- b. Number of neonatal tetanus cases and deaths;
- c. Among children under 5 years of age :
 - i. Number of death due to measles ;
 - ii. Number of measles cases;
 - iii. Percentage of children under one year old vaccinated against the six EPI target diseases ;
- d. Percentage of women pregnant and women of child-bearing age vaccinated against tetanus.
- e. Number of days with no vaccines at each level of the health system

The Grantee shall submit five copies of each report in English to the following :

Benjamin Andriamitantsoa
Child Survival Coordinator
USAID/Madagascar
B.P. 5253
Antananarivo 101

f) The Grantee shall prepare and submit 2 copies of each report required by this Grant to the Bureau for Program and Policy Coordination, Center for Development Information and Evaluation, Development Information Division (PPC/CDIE/DI). All documents should be mailed to:

PPC/CDIE/DI
ACQUISITION
Room 209, SA-18
Agency for International Development
Washington D.C. 20523

g) The title of all reports forwarded shall include a descriptive title, the author's name(s), Grant number, the project number and title, Grantee's name, name of the A.I.D. project office, and the publication or issuance date of the report.

2. Monitoring and Training:

a. UNICEF will provide oversight and coordination at the implementing organization level to ensure the following activities occur:

Health District Officers will meet monthly at health sector level to analyze EPI monitoring tables and take appropriate actions.

At district level, health sector heads under the chairmanship of the District Health Officer will hold quarterly meetings with all partners to analyze the project's progress, problems encountered and search adequate solutions.

At the regional level, there will be six-monthly meetings of District Health Officers to make necessary micro-planning amendments to the Implementation Plan for the next six months.

At the central level, there will be an annual review of the current year's program followed by the preparation of next year's program.

b. The Grantee will coordinate training in Management Information System for the Health Officers at the district level to allow them to exploit and analyze their own data.

F. Procurement -Special Provisions for Purchase of Pharmaceuticals

Procurement under this Grant including procurement of vaccines, will be in accordance with the following Special Provisions as developed by the USAID Office of Procurement:

1. All pharmaceuticals must be purchased through UNICEF.
2. In accordance with Special Provision 40.1 and 40.2 of A.I.D. Handbook 1 entitled "Policy", procurement of pharmaceuticals and related products will meet the following requirements:

A. Expiration Dates

Not more than 1/6 of full dating period from 1 to 18 months, nor 1/3 of full dating periods of more than 18 months shall have expired on the date of shipment.

3. **Additional Documentation Required for Reimbursement**

A certificate, by or for the supplier, endorsed on or attached to the invoice as follows:

For Pharmaceutical products purchased from Special Free World (Code 935) countries; other than the United States, the Grantee shall require a certificate signed by the supplier that:

"The undersigned supplier, or agent acting on behalf of and authorized to bind the supplier, agrees with and certifies to A.I.D. that product(s) are in compliance with special requirements regarding expiration dates for A.I.D. financing of drug substances and/or products and guarantees that on date of shipment each item for which payment is now claimed was in compliance with World Health Organization's Good Manufacturing Practices and Standards."

The USAID Office of Procurement has confidence in the UNICEF vaccine procurement system.

**PROGRAM DESCRIPTION FOR
EXPANDED PROGRAM ON IMMUNIZATION**

I. BACKGROUND

1. Introduction

The causes of poor health status are complex and inter-related and cannot be eliminated without an improvement in the socio-economic status of the poorest classes. Nevertheless, some of the factors contributing to ill health among young children are due to poor child care and feeding practices. The diseases that are the leading causes of morbidity and mortality in young children, poliomyelitis, measles, diphtheria, pertussis, tetanus, tuberculosis can be prevented or have their fatality reduced if efforts are made to reinforce and Extend the coverage of the Expanded Program for Immunization (EPI). It is important to note that the Ministry of Health has taken an official position in favor of EPI as a priority of the Malagasy Government in the health sector.

2. The problem statement

The following table shows the results of vaccination coverage surveys conducted in 1991 and 1993, and the estimated coverage-rate by antigen based on routine data from 1989 until the last quarter of 1995.

| ANTIGEN | 1989 | 1990 | 1991 | 1991* | 1992 | 1993 | 1993* | 1994 | 11/95 |
|------------------|------|------|------|-----------------------------------|------|------|----------------------------------|------|-------|
| BCG | 79 | 91 | 71 | 82.7 | 84 | 82 | 77.3 | 81 | 82 |
| DPT 3 | 51 | 58 | 53 | 58.1 | 65 | 64 | 48.6 | 66 | 68 |
| POLIO 3 | 47 | 60 | 51 | 58.1 | 65 | 64 | 48.6 | 65 | 67 |
| MEASLES | 44 | 51 | 42 | 55.9 | 51 | 52.2 | 51.1 | 54 | 59 |
| TT2 (15-49) | 15 | 20 | 9.5 | | 4.1 | 3.5 | | 1.2 | NA |
| T2 F PREGNANT | | | | Crude: 74.6 Record: 60.3 | | 16 | Crude 74.4 Record: 48.8 | 7 | NA |

Routine

* Vaccination coverage survey

The above table shows an improvement in the vaccination coverage rate from 1989 to 1991 (especially for BCG) followed by a fall in 1993. The stagnation of the immunization coverage since 1993 can be explained by the following constraints:

- Slow down of the Ministry of Health during and after the 1991-1992 political transition;
- Steady degradation of the health infrastructure and poor access to health services (20% of the population are out of reach during 6 months of the year due to geographical and climatic factors);
- In the western and southern provinces, drought and unavailability of health managers/staff during the political transition;
- Extreme demotivation of health staff due to overall economic deterioration and lack of supervision; and
- Poor infrastructure leading to low cold chain coverage.

65% of health centers carry out vaccination activities. From the results of the 1993 vaccination coverage survey by region and population density, the following observations can be made:

- The three western regions of Madagascar (Toliara, Mahajanga and Antsiranana) representing 31% of the total population, have the lowest vaccination coverage rates;
- The three eastern regions (Toamasina, Antananarivo and Fianarantsoa) representing 69% of the total population, have the highest vaccination coverage rates.

Thirty eight percent of health centers for the eastern provinces and 30% of those in the western provinces have cold chain facilities. The province of Toliara which has the lowest vaccination coverage rate (17.6%), has cold chain coverage (31%) similar to the national average.

According to initial planning, all health centers should be provided with vaccination equipment such as syringes, needles, Vaccination kit-A, Vaccination kit-B, vaccination cards, sterilizers, and wicks.

The above data indicate that important differences in coverage exist between provinces. Those differences are not related to the availability of vaccination equipment, nor to disparities in financial resources.

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The main causes of this discrepancy between regions are the following:

- unadapted planning, management and supervision of EPI activities;
- low community participation; and,
- limited geographical coverage of cold chain (30% of health centers).

3. The purpose

The purpose of this Grant is to assist UNICEF and the Government of Madagascar (GRM) to continue to assure a broader coverage of the Expanded Program on Immunization (EPI) in the country. Under the Grant, UNICEF will provide technical support, technical assistance, equipment and vaccines for the Expanded Program for Immunization (EPI) in collaboration with the Ministry of Health (MOH). The project will be implemented by the MOH in all regions of Madagascar.

The Grant will provide total funding of US\$ 1,236,000 to UNICEF for a period of two years. The funds will support activities conducted by UNICEF in collaboration with MOH for the EPI program.

With support from this Grant and other donors, UNICEF will contribute to the following mid-decade and world summits for children goals:

- the global eradication of poliomyelitis by the year 2000;
- the elimination of neonatal tetanus by 1995;
- the reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1995, as a major step to the global eradication of measles in the longer run; and
- the maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child-bearing age.

Before the end of 1996:

- Reach 80% vaccination coverage with diphtheria, whooping cough, tetanus and poliomyelitis (3 doses DPT/OPV) vaccine among children aged 0-11 months.
- Reach 90% vaccination coverage with BCG vaccine among under one children.

- Reach 80% vaccination coverage with measles vaccine among children aged under one year of age.
- Reach 50% vaccination coverage with tetanus toxoid (TT2+) among women of childbearing age.
- Reduce the incidence of poliomyelitis by 50%.

III. TASKS

1. Strategies

From an analysis of the situation, the following two strategies will be adopted:

- Strengthening of the activities on the island as a whole, and particularly in the provinces of Antananarivo, Toamasina and Fianarantsoa, by reinforcing the management and supervision activities, extending the geographical coverage of cold chain, and increasing social mobilization efforts.
- Relaunching of vaccination activities in all districts of the country, and particularly in the provinces of Toliara, Mahajanga and Antsiranana, so that the latter may catch up with Antananarivo, Toamasina and Fianarantsoa immunization levels.

2. Activities

2.1. Continuation of on-going activities

(i) Vaccination activities:

- Carry out vaccination activities on a daily basis in primary health care centers (CSB), and during every contact with the target population.
- Make vaccines permanently available in all health centers equipped with cold chain equipment;
- Make EPI equipment available in all health centers;
- Ensure maintenance and repairs of existing rolling material and cold chain;
- Ensure the implementation of outreach vaccination activities around health centers so as to increase accessibility to target populations, to ensure the catchup of non-vaccinated children, and to reduce by half the drop-out rate which at present stands at 20%.

- Ensure regular and integrated supervision: each health center should be supervised at least once monthly or once quarterly by district medical officers, and each district to be supervised by the regional level once quarterly.

(Responsible agencies : MOH, UNICEF)

(ii) Epidemiological surveillance:

- Strengthening of the epidemiological surveillance of EPI target diseases, namely poliomyelitis, neonatal tetanus and measles;
- Determination of sentinel posts distributed over different points of the island;
- Identification of high risk areas;
- Information and training of medical officers of sentinel posts and other health personnel of the public and private sectors, on case definition and reporting of poliomyelitis and neo-natal tetanus (NNT);
- Reporting of polio cases will be followed by counter-attack measures for each detected case, such as vaccination of surrounding areas and local vaccination days, to prevent epidemic flare-up;
- Taking of stool samples for isolation purposes and identification of virus.

(iii) Strengthening of activities :

- Vaccination activities in the provinces of Antananarivo, Toamasina and Fianarantsoa, should be reinforced, while maintaining support to the other provinces. In addition, all existing fixed vaccination centers will be made operational and functional through the repairing of deficient equipment or procurement of new cold chain, immunization and sterilization equipment.
- Work toward a geographical cold-chain coverage of 50% for the whole country.
- In order to achieve this target, increase the refrigerator stock by 170 units for the Eastern provinces and by 188 for the Western provinces.

(Responsible agencies : MOH, UNICEF)

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2.2 Other Vaccination activities

Vaccination activities which were not implemented due to poor planning by health personnel or inadequate location of cold chain equipment, will be reviewed at the local level and necessary corrections will be made.

(i) Social Mobilization :

Information campaigns and sensitization of health officials, as well as those of the Ministry of Education, the Population Department, political and religious leaders, and non-governmental organizations (NGO) are planned.

The central level will carry out working sessions in the 36 towns of the country in order to jointly determine:

- where are the bottlenecks and ways to go round them;
- relevant actions to be taken;
- setting-up of a local system of monitoring.

The regional level will carry out the same activities at the district level.

The district health officer and the head of each health center will be responsible for setting up a health committee with the participation of the community. The health committee will be informed and sensitized to actively participate in the management and financing of the health center with the aim of revitalizing the health structure. Moreover, community representatives will ensure an active monitoring of the target population.

(ii) Local Immunization Days :

Local Immunization Days will be organized in at-risk areas in six regions, more particularly in the areas of concentration of UNICEF interventions (Manakara, Vohipeno and Farafangana).

Activities will include:

- ▶ information of regional health directorates;
- ▶ information of members of parliament;
- ▶ information of the population in those areas;
- ▶ information of local authorities.

An organizing committee of immunization days consisting of heads of health centers and the district health officer will be set up in all areas equipped with refrigerators. Local Immunization Days will be organized in all provinces: two days per month for a period of three months.

2.3. Linkages with other programs

With regard to the overall strengthening of the Primary Health Care Program, three UNICEF-assisted projects, namely, FIB/IB (Fahasalamana-Iraisam-Bahoaka/Bamako Initiative), EPI and MCH are closely linked. EPI and MCH are respectively the 'engine' and 'skeleton' of the FIB/IB Project. The immunization and MCH activities constitute essential elements of the minimum package of services offered by the FIB/IB project to the target populations.

The cost-recovery system which is set up in the FIB initiative is based on the successful experiences made in Guinea and Benin, and is organized in such a way that preventive services are ultimately subsidized by the curative services at health center level. Twice a year, the cost of petrol required for the cold chain, sterilization and outreach is budgeted as a mandatory expenditure, just as the renewal of essential drugs. It is expected that EPI and MCH recurrent costs will progressively be recovered by the profits made through the FIB initiative as it develops.

Projects such as the 150 boreholes in the South or community-based nutrition projects on the East coast will serve as entry point for EPI mobilization and immunization activities. The synergism between those different interventions will not only lead to a decrease in morbidity and mortality associated with water-borne diseases, but also to a reduction in malnutrition.

The Social Mobilization Program will also be an essential support to the achievement of the Expanded Program on Immunization. Indeed, where immunization services are operational, target population (women and children) will be mobilized through appropriate IEC programs. In the FIB health centers, members of the local health and management committees will be responsible for immunization activities, information, social mobilization and promotion of community participation.

IV. PERSONNEL

The EPI unit at the Health and Nutrition section at UNICEF will be responsible for the implementation of this program. This unit will work in close collaboration with the Ministry of Health.

V. ROLES AND RESPONSIBILITIES

The role of UNICEF is to provide technical assistance and support the Ministry of Health for EPI. Within the Ministry of Health the strengthening of the PHC Program which includes EPI, is based on an administrative and management structure set at three levels : central, regional and district.

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Central level: The Community Health Department is headed by a Director who is assisted by four heads of service since 1993. This central department coordinates all the activities of the program, viz.: development and update of management tools, monitoring and evaluation of EPI activities, and consolidation of EPI regional annual plans of action into the national plan of action.

Actions of external partners are coordinated through inter-agency meetings, the MCH coordination and monitoring committee, and the EPI committee.

Regional level: Regional Health Inspections have a Director coordinating all the activities of health centers. This level prepares the provincial EPI annual plan of action.

District level: A district health officer is responsible for health center activities. S/he prepares the district annual plan of action and ensures through supervision that the minimum package of activities is properly implemented by all health centers, including supplies of vaccines and vaccination materials, surveillance of cold-chain.

VI. UNICEF-EPI COST AND FUNDING STRATEGY FOR 1995-1996

The total cost of EPI for two years (1995-1996) is US\$ 5,178,000 (28% for vaccine procurement) of which US\$ 1,652,600 is still to be found and is solicited from USAID. Considering the availability of funds for child survival, USAID/Madagascar will allocate to UNICEF/EPI the amount of US\$ 1,236,000.

An analysis of EPI costs will be undertaken within the FIB/IB Project for 130 sites (both are UNICEF projects). UNICEF and the Malagasy Government will seek to obtain funding or cooperation from donors for the generalization of the strategy of revitalization of PHC at the national level and for the development of EPI.

Other sources for supplementary funds for EPI are the following:

- ▶ Rotary Polio Plus for vaccine procurement (about US\$ 252,000 for polio vaccine);
- ▶ Canada (US\$ 400,000 in 1994);
- ▶ The Japanese Government through JICA supported EPI to a mean annual amount of US\$ 325,301 to date;
- ▶ Dutch Committee (US\$ 110,000).

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Attachment No. 2
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The financial management of funds provided by USAID as well as by other donors (Government of Canada, Government of Japan, Rotary, UNICEF Dutch Committee, UNICEF Canadian Committee) will be ensured by the UNICEF Office in Antananarivo. The equipment, vaccines and other supplies will be purchased by UNICEF through its UNIPAC Warehouse in Copenhagen. The UNICEF Antananarivo Office is mandated to sign an agreement with USAID provided that prior clearance has been obtained from UNICEF Program Funding Office in New York Headquarters.

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