GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *Malawi*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **16.05.2011 10:01:30**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

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

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

SUSPENSION/ TERMINATION
The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION
The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS
The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

- *Accomplishments using GAVI resources in the past year*
- *Important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015
NVS	Pneumococcal (PCV13), 1 doses/vial, Liquid	Pneumococcal (PCV13), 1 doses/vial, Liquid	2014

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2010

HSS	2011

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

By signing this page, the Government of Malawi hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Malawi

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	DR CHARLES MWANSAMBO	**Name**	D.C.Y. WIRIMA
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
DR S. KABULUZI	Director of Preventive Health Services, MoH	+265 1789400	E-mail: skabuluzi@yahoo.com	
MR HETHERWICK NJATI	Acting Director (Health Planning and Policy)			
DR ANNE PHOYA	Director SWAp			
MRS A.D. KATSULUKUTA	Deputy Director (EPI) , MoH	+265 1725637	adkatsulukuta@yahoo.co.uk	
MR. H.M.Z. NKUNIKA	Global Fund HSS Coordinator , MoH	+265 1789400	hudsonnkunika@yahoo.com	

Full name	Position	Telephone	Email	Action
CHIFUNDO KAJAWO	Budget Officer/Desk Officer for Ministry of Health,MoF	+265 999398130	ckajawo@yahoo.co.uk	
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EMILLY ALDIS	Programme Manager/CHAI	+265884765471	ealldis@clintonhealthaccess.org	
DR FRANCIS MAGOMBO	WHO, HSS Focal Point			
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2.2. ICC Signatures Page

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

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
EMILY ALLDIS, PROGRAMME MANAGER, VACCINES	CLINTON HEALTH ACCESS INITIATIVE			
MAZIKO MATEMBA, HREP-CIVIL SOCIETY	HEALTH AND RIGHTS EDUCATION PROGRAMME			
DR FRANCIS MAGOMBO, MPN, NPO	WHO			
LAZARUS JUZIWELL, MATERNAL AND CHILD HEALTH CORDINATOR	LILONGWE DISTRICT HEALTH OFFICE			
NATHAN MWAFULIRWA, SENOIR PROGRAMME OFFICER, HEALTH AND WATER	JAICA			
CATHERINE CHIPHAZI, CHILD HEALTH SPECIALIST	USAID			
HUMPHREYS MASUKU, DEPUTY DIRECTOR	PREVENTIVE HEALTH/MOH			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Action.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
ANATHANASE NZOKIZSHOLA, UNFPA REPRESENTATIVE	UNFPA			
DR DIETER KOCHER, GDC - HSC CHAIR HDG	GTZ			
HETHERWICK NJATI, ACTING DIRECTOR	PLANNING AND HEALTH POLIC/MOH			
MAZIKO H. MATEMBA, HREP	HREP/CSO			
P. ARARU, CHPO SWAp Sectariat	SWAp MOH			
DR F. ZAWAIRA, WHO REPRESENTATIVE	WHO			
DR SAMPHIRI, DIRECTOR-CIVIL SOCIETY	LIGHTHOUSE			
MT T.G. MASACHE, EZECUTIVE DIRECTOR	MCHS			
DR ANN PHOYA, DIRECTOR-SWAp	SWAp MOH			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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 to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

3. Table of Contents

This APR reports on Malawi's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	629,928	642,301	655,231	668,801	682,962	697,650
Total infants' deaths	40,109	40,836	40,872	40,985	41,091	41,178
Total surviving infants	589,819	601,465	614,359	627,816	641,871	656,472
Total pregnant women	629,928	642,301	655,231	668,801	682,962	697,650
# of infants vaccinated (to be vaccinated) with BCG	694,391	642,301	655,231	668,801	682,962	697,650
BCG coverage (%) *	110%	100%	100%	100%	100%	100%
# of infants vaccinated (to be vaccinated) with OPV3	601,620	601,465	614,359	627,816	641,871	656,472
OPV3 coverage (%) **	102%	100%	100%	100%	100%	100%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	642,902	642,301	655,231	668,801	682,962	697,650
# of infants vaccinated (to be vaccinated) with DTP3 ***	601,615	601,465	614,359	627,816	641,871	656,472
DTP3 coverage (%) **	102%	100%	100%	100%	100%	100%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	642,902	642,301	655,231	668,801	682,962	697,650
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	601,615	601,465	614,359	627,816	641,871	656,472
3rd dose coverage (%) **	102%	100%	100%	100%	100%	100%
Wastage[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal	0	192,690	655,231	668,801	682,962	697,650
Infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal	0	179,844	614,359	627,816	641,871	656,472
Pneumococcal coverage (%) **	0%	30%	100%	100%	100%	100%
Wastage[1] rate in base-year and planned thereafter (%)	0%	5%	5%	5%	5%	5%
Wastage[1] factor in base-year and planned thereafter	1	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1st dose of Measles	583,921	601,465	614,359	627,816	641,871	656,472
Measles coverage (%) **	99%	100%	100%	100%	100%	100%
Pregnant women vaccinated with TT+	472,446	481,726	504,528	528,353	553,199	579,050
TT+ coverage (%) ****	75%	75%	77%	79%	81%	83%
Vit A supplement to mothers within 6 weeks from delivery	200,539	224,805	229,331	234,080	239,037	244,178
Vit A supplement to infants after 6 months	840,842	1,196,054	1,244,669	1,301,017	1,329,203	1,360,123
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	6%	6%	6%	6%	6%	6%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

The 2010 National Statistics Office (NSO) population census report indicates a lower proportion for births than the previous APR and other documents

Provide justification for any changes in **surviving infants**

The 2010 National Statistics Office (NSO) population census report indicates a lower proportion for surviving infants than the previous APR and other documents

Provide justification for any changes in **targets by vaccine**

The 2010 National Statistics Office (NSO) population census report indicates a lower proportion for surviving infants than the previous APR and other documents

Provide justification for any changes in **wastage by vaccine**

Not applicable

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

All antigens at national level are over 95%. In addition we have achieved the 90% coverage in childhood immunization at national level and all districts have achieved a coverage of above 80%.

5.2.2.

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

All targets were achieved.

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

Not applicable

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? No

If Yes, please give a brief description on how you have achieved the equal access.

Immunization services are provided equally to both male and female children.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

Immunization services are provided equally to both male and female children.

5.3. Data assessments

5.3.1.

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

Discrepancies exist because administrative data is collected through tally sheets or registers while survey data is collected through child health profiles. If the child health profile retention is low, the immunization coverage survey data is also affected.

***** Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

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

DHS 2010 which looked at, family planning, maternal and child health, malarial, HIV/AIDS, and other health related issues.

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

i. Introduction of electronic immunization data reporting system.
ii. Provision of computers to all districts for data management
iii. Training and review meetings for EPI personnel in data management.
iv. Supportive supervisory visits
v. Review of monitoring forms

5.3.4.

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

Supportive supervisory visits, refresher courses and review meetings will continue.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US$.

Exchange rate used	1 $US = 150	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name**	**Donor name**	**Donor name**	
Traditional Vaccines*	2,368,817	2,368,817							
New Vaccines	6,179,560	514,000	5,665,560						
Injection supplies with AD syringes	599,663	441,723	151,940						
Injection supply with syringes other than ADs									
Cold Chain equipment	186,000				186,000				
Personnel	9,408,230	9,179,581	228,649						
Other operational costs	1,447,628		981,933	145,695	320,000				
Supplemental Immunisation Activities	4,291,391	4,291,391							
Total Expenditures for Immunisation	*24,481,289*								
Total Government Health		16,795,512	7,028,082	145,695	506,000				

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

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	1,001,116	1,055,543	
New Vaccines	8,257,302	8,682,206	
Injection supplies with AD syringes	680,537	683,325	
Injection supply with syringes other than ADs			
Cold Chain equipment	35,615	40,605	
Personnel	9,842,556	10,044,690	
Other operational costs			
Supplemental Immunisation Activities	2,935,691	2,159,100	
Transport	221,764	226,199	
Maintenance and overheads	174,357	218,474	
Short-term training	440,401	452,457	
IEC/Soscial mobilization	21,224	54,122	
Disease Surveillance	159,181	162,365	
Programme Management	106,121	108,243	
Vehiles	156,528	0	
Other capital equipment	0	80,208	
Shared personnel costs	5,841,738	5,961,338	
Shared transportation costs	522,052	532,493	
Total Expenditures for Immunisation	30,396,183	30,461,368	

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

Please describe trends in immunisation 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 immunisation program over the next three years; whether the funding gaps are manageable, challenging, 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.

In 2010, the programme did not experience any financial gaps and SWAp disbursed the funds in a timely manner for procurement of vaccines and other immunization activities. GAVI, UNICEF, WHO and other partner's funds supplemented SWAp funds to meet the total funding requirements for 2010. There is a substantial increase in the total resource requirements for the EPI program in the next three years, due to the introduction of pneumococcal vaccine in 2011 and rotavirus vaccine in 2013. While GAVI funds are expected to cover over 90 percent of the cost of the new vaccines and their injection supplies, the Government of Malawi through SWAp will need to provide the remaining funds.

There is a high financing gap in 2012 and 2013 due to planned SIAs that are not yet funded. Other unfunded items include routine capital costs in 2012 and 2013.The funding gap for the program could be reduced if the probable resources are secured through advocacy with various collaborating partners and donors. Projected funding from Government, SWAp, WHO and UNICEF is assumed to continue.
The Ministry of Health through the EPI program will, as part of its regular monitoring process, monitor the trends in financing, to ensure it is moving towards improved financial sustainability by reducing its financing gaps, and converting more probable financing to secure financing.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number 2,3 & 4) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.4 Overall Expenditures and Financing for Immunisation

Are there any Civil Society Organisations (CSO) member of the ICC ?: Yes

If Yes, which ones?

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions
Health and Rights Education Programme (HREP)	
CARE International	
Sight savers International	
SONISO	
Africare	
Ladder for development	
Youth Activits organisation	
Girl Leader Empowerment organisation	
Concern Universal	
Every Child Organisation	
Manet +	
GTZ	
CIDA Malawi	
Save the Children (USA)	
Church and Society	
FOCEDI	
MHEN	
CAYO	
InterAid	
White Ribbon Alliance	
Drug Fight Malawi	
Hygien Village	
Health Consortium	
Sue Ryder Foundation	
Christian Health Association of Malawi (CHAM)	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

i. Introduction of Pneumococcal vaccine.
ii. Construction of the New National and Regional Cold rooms.
iii. Development of EPI policy.
iv. Sustaining the high immunization coverage.
v. Sustaining high quality disease surveillance activities.
vi. Revision of EPI Manual.
vii. Conduct cold chain inventory.
vii Conduct EPI assessments such as DQS and comprehensive EPI review

All the above activities are included in the cMYP

5.7. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety.

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD	Government of Malawi	
Measles	AD	Government of Malawi	
TT	AD	Government of Malawi	
DTP-containing vaccine	AD	GAVI and Government of Malawi	

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

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

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

No,Not applicable

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Use of incinerators where they exist and burn and burry where incinerators are not available.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 0
Remaining funds (carry over) from 2009	US$ 96,968
Balance carried over to 2011	US$ 0

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

(i) Monitoring and Evaluation
(ii) Local Days Immunization
(iii) Supportive supervision

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? Yes

If Yes, please complete Part A below.
If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

A GAVI Financial Management Assessment was conducted during the year 2010. The requirements and conditions that were agreed in the Aide Memoire in managing GAVI funds has since been fulfilled .i.e. the incorporation of GAVI funds into the Government of Malawi Integrated Financial Management System (IFMS) below the line account and also production of GAVI income and expenditure quarterly statements. As for filling of vacancies in the Internal Audit Unit, the unit has since been strengthened by the coming in of two auditors who were by then in the masters programme. One is a Principal Internal Auditor and the other one is an Auditor. As for the external audit, a report for the year end June 2010 was finalised in February 2011 and has since been submitted to GAVI Secretariat.

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

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

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

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 5) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number 6).

6.4. Request for ISS reward

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

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

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

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2000	2010
				A	B
1	Number of infants vaccinated with DTP3***** (from JRF) **specify**				601,615
2	Number of **additional** infants that are reported to be vaccinated with DTP3				
3	Calculating	$20	per additional child vaccinated with DTP3		
4	**Rounded-up estimate of expected reward**				

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

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

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	2,151,000	2,160,296	479,600	
Pneumococcal	0	0	0	

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

If numbers [A] and [B] above are different

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

Delayed shipments due to manufacturer production capacity.

What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

Adjusting of vaccine allocation within the period.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

If Yes, how long did the stock-out last? Not applicable

Please describe the reason and impact of stock-out

Not applicable

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	Pneumococcal	
Phased introduction	No	**Date of introduction**
Nationwide introduction	Yes	**Date of introduction** 02.12.2011
The time and scale of introduction was as planned in the proposal?		**If No, why?** Not Applicable, approval was received and introduction is planned for end 2011.

7.2.2.

When is the Post introduction Evaluation (PIE) planned? December 2012

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

Not applicable

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	0
Receipt date	

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Not applicable

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

Not applicable

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US$

Please describe the activities that will be undertaken with the balance of funds

Not applicable

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	174,000	514,722
2nd Awarded Vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid	0	0
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?	
Government	
Donor	No
Other	No

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. Conducive political, government and partners' commitment towards immunization services has accelerated resource mobilization for vaccine co-financing.
2.
3.
4.

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	
2nd Awarded Vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid	
3rd Awarded Vaccine	

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 08.07.2003

When was the last Vaccine Management Assessment (VMA) conducted? 20.04.2009

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 7)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

i.	Construction of the warehouse
ii.	Construction of a new national and regional cold rooms
iii.	Procurement of refrigerators.
iv.	Procurement of thermometers.
v.	Training of cold chain technicians.
vi.	To conduct cold chain inventory in 2011.

When is the next Effective Vaccine Management (EVM) Assessment planned? 14.08.2012

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Not applicable

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for DTP-HepB-Hib vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of DTP-HepB-Hib vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of DTP-HepB-Hib vaccine support is in line with the new cMYP for the years 2012 to 2014 which is attached to this APR (Document No 8).

The country ICC has endorsed this request for extended support of DTP-HepB-Hib vaccine at the ICC meeting whose minutes are attached to this APR (Document No 9).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements:

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	601,465	614,359	627,816	641,871	656,472		3,141,983
Number of children to be vaccinated with the third dose	Table 1	#	601,465	614,359	627,816	641,871	656,472		3,141,983
Immunisation coverage with the third dose	Table 1	#	100%	100%	100%	100%	100%		
Number of children to be vaccinated with the first dose	Table 1	#	642,301	655,231	668,801	682,962	697,650		3,346,945
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		1,916,300	1,946,100	1,963,300	1,986,600	7,812,300
Number of AD syringes	#		2,026,300	2,057,800	2,076,000	2,100,700	8,260,800
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		22,500	22,850	23,050	23,325	91,725

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		5,033,000	4,809,000	4,262,500	3,943,000	18,047,500

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		158,000	171,400	199,300	222,700	751,400
Number of AD syringes	#		167,100	181,300	210,700	235,500	794,600
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,875	2,025	2,350	2,625	8,875
Total value to be co-financed by the country	*$*		415,000	423,500	432,500	442,000	1,713,000

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.62%			8.09%			9.21%			10.08%		
B	**Number of children to be vaccinated with the first dose**	Table 1	642,301	655,231	49,897	605,334	668,801	54,130	614,671	682,962	62,918	620,044	697,650	70,305	627,345
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	1,926,903	1,965,693	149,690	1,816,003	2,006,403	162,390	1,844,013	2,048,886	188,754	1,860,132	2,092,950	210,913	1,882,037
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D x E	2,023,249	2,063,978	157,175	1,906,803	2,106,724	170,509	1,936,215	2,151,331	198,192	1,953,139	2,197,598	221,459	1,976,139
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		10,183	776	9,407	10,687	865	9,822	11,152	1,028	10,124	11,567	1,166	10,401
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		2,074,161	157,950	1,916,211	2,117,411	171,374	1,946,037	2,162,483	199,220	1,963,263	2,209,165	222,624	1,986,541
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		2,193,223	167,017	2,026,206	2,238,970	181,212	2,057,758	2,286,643	210,658	2,075,985	2,336,014	235,407	2,100,607
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		24,345	1,854	22,491	24,853	2,012	22,841	25,382	2,339	23,043	25,930	2,614	23,316
N	**Cost of vaccines**	I x g		5,123,1	390,136	4,73	4,912,3	397,587	4,51	4,389,8	404,415	3,98	4,086,9	411,855	3,675,

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	needed			78		3,042	94		4,807	41		5,426	56		101
O	Cost of AD syringes needed	K x ca		116,241	8,852	107,389	118,666	9,605	109,061	121,193	11,165	110,028	123,809	12,477	111,332
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		15,581	1,187	14,394	15,906	1,288	14,618	16,245	1,497	14,748	16,596	1,673	14,923
R	Freight cost for vaccines needed	N x fv		179,312	13,655	165,657	171,934	13,916	158,018	153,645	14,155	139,490	143,044	14,415	128,629
S	Freight cost for devices needed	(O+P+Q) x fd		13,183	1,004	12,179	13,458	1,090	12,368	13,744	1,267	12,477	14,041	1,415	12,626
T	Total fund needed	(N+O+P+Q+R+S)		5,447,495	414,833	5,032,662	5,232,358	423,483	4,808,875	4,694,668	432,497	4,262,171	4,384,446	441,833	3,942,613
U	Total country co-financing	I 3 cc		414,833			423,483			432,497			441,833		
V	Country co-financing % of GAVI supported proportion	U / T		7.62%			8.09%			9.21%			10.08%		

Table 7.2.1: Specifications for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Instructions		2011	2012	2013	2014			TOTAL

	Instructions		2011	2012	2013	2014			TOTAL
Number of Surviving infants	Table 1	#	601,465	614,359	627,816	641,871			2,485,511
Number of children to be vaccinated with the third dose	Table 1	#	179,844	614,359	627,816	641,871			2,063,890
Immunisation coverage with the third dose	Table 1	#	30%	100%	100%	100%			
Number of children to be vaccinated with the first dose	Table 1	#	192,690	655,231	668,801	682,962			2,199,684
Number of doses per child		#	3	3	3	3			
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05			
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1			
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes			
Reconstitution syringes required	Select YES or NO	#	No	No	No	No			
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes			
Vaccine price per dose	Table 6.1	$	3.500	3.500	3.500	3.500			
Country co-financing per dose		$	0.20	0.20	0.20	0.20			
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053			
Reconstitution syringe price per unit	Table 6.1	$	0.000	0.000	0.000	0.000			
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640			
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%			
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%			

Co-financing tables for Pneumococcal (PCV13), 1 doses/vial, Liquid

Co-financing group	Low

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

Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**		**TOTAL**
Number of vaccine doses	#		2,298,600	2,004,400	2,047,000		6,350,000
Number of AD syringes	#		2,448,200	2,119,400	2,164,600		6,732,200
Number of re-constitution syringes	#		0	0	0		0
Number of safety boxes	#		27,175	23,525	24,050		74,750
Total value to be co-financed by GAVI	*$*		8,609,500	7,506,500	7,666,000		23,782,000

Table 7.2.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**		**TOTAL**
Number of vaccine doses	#		129,700	113,100	115,500		358,300
Number of AD syringes	#		138,200	119,600	122,200		380,000
Number of re-constitution syringes	#		0	0	0		0
Number of safety boxes	#		1,550	1,350	1,375		4,275
Total value to be co-financed by the country	*$*		486,000	423,500	432,500		1,342,000

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV13), 1 doses/vial, Liquid

		Formula	**2011**	**2012**			**2013**			**2014**					
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			5.34%			5.34%			5.34%					
B	**Number of children to be vaccinated with**	Table 1	192,690	655,231	34,989	620,242	668,801	35,718	633,083	682,962	36,475	646,487			

		Formula	2011	2012			2013			2014					
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	the first dose														
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3			
D	**Number of doses needed**	B x C	578,070	1,965,693	104,966	1,860,727	2,006,403	107,154	1,899,249	2,048,886	109,423	1,939,463			
E	**Estimated vaccine wastage factor**	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05			
F	**Number of doses needed including wastage**	D x E	606,974	2,063,978	110,214	1,953,764	2,106,724	112,512	1,994,212	2,151,331	114,894	2,036,437			
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		364,251	19,451	344,800	10,687	571	10,116	11,152	596	10,556			
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		2,428,229	129,665	2,298,564	2,117,411	113,083	2,004,328	2,162,483	115,490	2,046,993			
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1			
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		2,586,238	138,102	2,448,136	2,238,970	119,575	2,119,395	2,286,643	122,121	2,164,522			
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0			
M	**Total of safety**	(K + L)		28,708	1,533	27,1	24,853	1,328	23,5	25,382	1,356	24,0			

		Formula	2011	2012			2013			2014					
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	boxes (+ 10% of extra need) needed	/100 * 1.11				75			25			26			
N	**Cost of vaccines needed**	I x g		8,498,802	453,825	8,044,977	7,410,939	395,788	7,015,151	7,568,691	404,213	7,164,478			
O	**Cost of AD syringes needed**	K x ca		137,071	7,320	129,751	118,666	6,338	112,328	121,193	6,473	114,720			
P	**Cost of reconstitution syringes needed**	L x cr		0	0	0	0	0	0	0	0	0			
Q	**Cost of safety boxes needed**	M x cs		18,374	982	17,392	15,906	850	15,056	16,245	868	15,377			
R	**Freight cost for vaccines needed**	N x fv		424,941	22,692	402,249	370,547	19,790	350,757	378,435	20,211	358,224			
S	**Freight cost for devices needed**	(O+P+Q) x fd		15,545	831	14,714	13,458	719	12,739	13,744	735	13,009			
T	**Total fund needed**	(N+O+P+Q+R+S)		9,094,733	485,646	8,609,087	7,929,516	423,483	7,506,033	8,098,308	432,497	7,665,811			
U	**Total country co-financing**	I 3 cc		485,646			423,483			432,497					
V	**Country co-financing % of GAVI supported proportion**	U / T		5.34%			5.34%			5.34%					

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: HSS section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2010 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		18	Yes
Signatures of members of ICC		19	Yes
Signatures of members of HSCC		20	Yes
Minutes of ICC meetings in 2010		2, 3, 16	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		4, 9	Yes
Minutes of HSCC meetings in 2010		22	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		10, 21	Yes
Financial Statement for ISS grant in 2010		15	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		5, 12	Yes
EVSM/VMA/EVM report		7	
External Audit Report (Fiscal Year 2010) for ISS grant		6	
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		8	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant		17	
Latest Health Sector Review Report		11	

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:** Doc 1 Ministry of Health Signature	**File name:** Doc 1 Ministry of Health Signature.JPG **Date/Time:** 16.05.2011 09:43:00 **Size:** 621 KB		
2	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Doc 2 Minutes of EPI Sub TWG 8th April 2010	**File name:** Doc 2 Minutes of EPI_ TWG 8th April 2010.docx **Date/Time:** 15.05.2011 16:35:50 **Size:** 19 KB		

ID	File type Description	File name Date and Time Size	New file	Actions
3	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Doc 3 Minutes of the EPI Sub TWG Lilongwe Hotel 13th May 2010	**File name:** Doc 3 Minutes of the EPI Sub TWG Lilongwe Hotel 13th May 2010.docx **Date/Time:** 15.05.2011 16:35:50 **Size:** 16 KB		
4	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** Doc 4 Minutes of EPI Sub-TWG 17th March 2011	**File name:** Doc 4 Minutes of EPI Sub-TWG 17th March 2011.doc **Date/Time:** 15.05.2011 16:35:50 **Size:** 43 KB		
5	**File Type:** Financial Statement for HSS grant in 2010 * **File Desc:** Doc 5 Financial statement GAVI ISS-HSS 2010	**File name:** Doc 5 Financial statement GAVI ISS-HSS 2010.xlsx **Date/Time:** 15.05.2011 16:37:44 **Size:** 15 KB		
6	**File Type:** External Audit Report (Fiscal Year 2010) for ISS grant **File Desc:** Doc 6 Audited 2009-10	**File name:** Doc 6 Audited 2009-10.zip **Date/Time:** 15.05.2011 16:41:24 **Size:** 365 KB		
7	**File Type:** EVSM/VMA/EVM report **File Desc:** Doc 7 VMA Report April, 2009	**File name:** Doc 7 VMA Report April, 2009.zip **Date/Time:** 15.05.2011 16:51:35 **Size:** 2 MB		
8	**File Type:** new cMYP starting 2012 **File Desc:** Doc 8 Malawi cMYP_2011Update_Final	**File name:** Doc 8 Malawi cMYP_2011Update_Final.docx **Date/Time:** 15.05.2011 16:54:49 **Size:** 230 KB		
9	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** Doc 9 Minutes of EPI Sub TWG Meeting Held at Crown Hotel 9th May 2011	**File name:** Doc 9 Minutes of EPI Sub TWG Meeting Held at Crown Hotel 9th May 2011.docx **Date/Time:** 15.05.2011 16:56:14 **Size:** 17 KB		
10	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:** Doc 11 HSRG 31st March 2011	**File name:** Doc 11 HSRG 31st March 2011.doc **Date/Time:** 15.05.2011 17:07:32 **Size:** 78 KB		
11	**File Type:** Latest Health Sector Review Report **File Desc:** Doc 12 Final%20Aide%20Memoire[1]for annual review 2010	**File name:** Doc 12 Final%20Aide%20Memoire[1]for annual review 2010.doc **Date/Time:** 15.05.2011 17:11:09 **Size:** 100 KB		
12	**File Type:** Financial Statement for HSS grant in 2010 *	**File name:** Doc 10 Financial statement GAVI HSS Jan-Apr 2011.xlsx		

ID	File type Description	File name Date and Time Size	New file	Actions
	File Desc: Doc 10 Financial statement GAVI HSS Jan-Apr 2011	**Date/Time:** 15.05.2011 17:14:23 **Size:** 15 KB		
13	**File Type:** other **File Desc:** GAVI-HREP MALAWI ADVOCACY	**File name:** Doc 13 GAVI-HREP MALAWI ADVOCACY.docx **Date/Time:** 15.05.2011 17:16:31 **Size:** 407 KB		
14	**File Type:** other **File Desc:** APR HSS Section	**File name:** HSS section of the APR 2010 @ 18 Feb 2011.docx **Date/Time:** 15.05.2011 17:18:39 **Size:** 190 KB		
15	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:** Doc 5 Financial statement GAVI ISS-HSS 2010	**File name:** Doc 5 Financial statement GAVI ISS-HSS 2010.xlsx **Date/Time:** 15.05.2011 17:27:39 **Size:** 15 KB		
16	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Doc 2 Minutes of EPI_ TWG 8th April 2010	**File name:** Doc 2 Minutes of EPI_ TWG 8th April 2010.docx **Date/Time:** 15.05.2011 17:30:02 **Size:** 19 KB		
17	**File Type:** External Audit Report (Fiscal Year 2010) for HSS grant **File Desc:** Doc 6 Audited 2009-10	**File name:** Doc 6 Audited 2009-10.zip **Date/Time:** 15.05.2011 17:33:49 **Size:** 365 KB		
18	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** Doc 14 Ministry of Finance Signature	**File name:** Doc 14 Ministry of Finance Signature.JPG **Date/Time:** 16.05.2011 09:47:40 **Size:** 621 KB		
19	**File Type:** Signatures of members of ICC * **File Desc:** Doc 15 ICC Signatures	**File name:** Doc 15 ICC Signatures.JPG **Date/Time:** 16.05.2011 09:51:20 **Size:** 561 KB		
20	**File Type:** Signatures of members of HSCC * **File Desc:** Doc 16 HRDG Signatures	**File name:** Doc 16 HRDG Signatures.JPG **Date/Time:** 16.05.2011 09:54:43 **Size:** 666 KB		
21	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:** Doc 11 HSRG 31st March 2011	**File name:** Doc 11 HSRG 31st March 2011.doc **Date/Time:** 16.05.2011 09:57:37 **Size:** 78 KB		
22	**File Type:**	**File name:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	Minutes of HSCC meetings in 2010 * **File Desc:**	Malawi HSRG meeting - Feb 2010.doc **Date/Time:** 17.06.2011 06:18:05 **Size:** 75 KB		
23	**File Type:** other **File Desc:** Clarification from country on HSCC minutes endorsing APR	**File name:** Malawi 2010 HSRG MINUTES.msg **Date/Time:** 23.06.2011 03:47:46 **Size:** 37 KB		