GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Malawi

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and 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/country/

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance 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 the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, 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 languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the 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: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2014
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2014

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: N/A
HSS	Yes	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of 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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	WILLIE SAMUTE	**Name**	RANDSON P. MWADIWA
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
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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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

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.

Name/Title	Agency/Organization	Signature	Date
DR STORN KABULUZI, DIRECTOR, PREVENTIVE HEALTH SERVICES	MINISTRY OF HEALTH		
DR KWAME CHIWAYA, NATIONAL PROGRAMME OFFICER, EPI	WHO		
MR ALLAN MACHESO, CHILD HEALTH SPECIALIST	UNICEF		
DR BRIDGET MALEWEZI, ACTING PROGRAMME MANAGER, VACCINES	CLINTON HEALTH ACCESS INITIATIVE		
MRS HANNA HAUSI, IMMUNIZATION ADVISOR	MCHIP		

DELIWE MALEMA, MATERNAL AND CHILD HEALTH	USAID		
MR MAZIKO MATEMBA, DIRECTOR, HREP,CSO	HEALTH AND RIGHTS EDUCATION PROGRAMME		
MR LAZARUS JUZIWELO, MATERNAL AND CHILD HEALTH COORDINATOR	LILONGWE DISTRICT HEALTH OFFICE		
MRS AGNES D. KATSULUKUTA, DEPUTY DIRECTOR/PROGRAMME MANAGER- EPI	EXPANDED PROGRAMME ON IMMUNIZATION		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), jointly , 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.

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

Name/Title	Agency/Organization	Signature	Date
MR W SAMUTE, SECRETARY FOR HEALTH	MINISTRY OF HEALTH		
DR ANN PHOYA, DIRECTOR	MINISTRY OF HEALTH-SWAP		
Ms TRISH ARARU, HEALTH PLANNING AND POLICY	MINISTRY OF HEALTH		
MRS. DOROTHY NYASULU, ASSITANT REPRESENTATIVE	UNFPA		

Mr. GIFT KAMANGA, RESEARCH	UNC/RESEARCH INSTITUTIONS		
MR. MAZIKO MATEMBA, DIRECTOR	HREP/CIVIL SOCIETY		
DR SAM PHIRI, EXECUTIVE DIRECTOR	LIGHT HOUSE		
MR. HASTINGS BOTHA, DEPUTY DIRECTOR	GOM LOCAL GOVERNMENT		
MERCI PINDANI, DEAN OF NURSING	UNIVERSITY OF MALAWI KAMUZU COLLEGE OF NURSING		
EVA MALICOICHI, REGISTRAR	COLLEGE OF HEALTH SCIENCES		
FLORENCE SALIMA, SENIOR ADMINSTRATIVE OFFICER	NURSES AND MIDWIVES COUNCIL OF MALAWI		

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)

Malawi is not reporting on CSO (Type A & B) fund utilisation in 2012

3. Table of Contents

This APR reports on Malawi's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	642,301	642,301	655,231	655,231	668,801	668,801	682,962	682,962	697,650	697,650
Total infants' deaths	40,836	40,836	40,872	40,872	40,985	40,985	41,091	41,091	41,178	41,178
Total surviving infants	601465	601,465	614,359	614,359	627,816	627,816	641,871	641,871	656,472	656,472
Total pregnant women	642,301	642,301	655,231	655,231	668,801	668,801	682,962	697,650	697,650	697,650
Number of infants vaccinated (to be vaccinated) with BCG	642,301	647,990	655,231	655,231	668,801	668,801	682,962	682,962	697,650	697,650
BCG coverage	100 %	101 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	601,465	601,583	614,359	614,359	627,816	627,816	641,871	641,871	656,472	656,472
OPV3 coverage	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1	642,301	628,813	655,231	655,231	668,801	668,801	682,962	668,801	697,650	697,650
Number of infants vaccinated (to be vaccinated) with DTP3	601,465	607,878	614,359	614,359	627,816	627,816	641,871	641,871	656,472	656,472
DTP3 coverage	112 %	101 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	170,463	241,388	655,231	655,231	668,801	668,801	682,962	682,962	697,650	
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	168,687	0	614,359	614,359	627,816	627,816	641,871	641,871	656,472	
Pneumococcal (PCV13) coverage	28 %	0 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	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	1.05	1.05	1.05	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	728,570	192,690		668,801		682,962		
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		0	525,000	179,844		627,816		641,871		
Rotavirus coverage		0 %		29 %		100 %		100 %		0 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5		5		5		

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1.05		1.05		1.05		1
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	601,465	595,878	614,359	614,359	627,816	627,816	641,871	641,871	656,472	656,472
Measles coverage	100 %	99 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Pregnant women vaccinated with TT+	481,726	520,782	504,528	504,528	528,353	528,353	553,199	553,199	579,050	579,050
TT+ coverage	75 %	81 %	77 %	77 %	79 %	79 %	81 %	79 %	83 %	83 %
Vit A supplement to mothers within 6 weeks from delivery	224,805	157,375	229,331	229,331	234,080	234,080	239,037	239,037	244,178	244,178
Vit A supplement to infants after 6 months	1,196,054	376,063	1,244,669	1,244,669	1,301,017	1,301,017	1,329,203	1,329,203	1,360,123	1,360,123
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	3 %	6 %	6 %	6 %	6 %	6 %	4 %	6 %	6 %

*

** 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  None
- Justification for any changes in **surviving infants**

  None
- Justification for any changes in **targets by vaccine**

  None
- Justification for any changes in **wastage by vaccine**

  Not Applicable

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

The target set of 95% for penta was surpassed with coverage of 98% at national level. In addition, all districts achieved coverage of ≥80% penta.

Key major activities: Supportive supervisory visits,review meetings, MLM trainings, introduction of PCV13, Cold chain inventory assessment.

Challenges faced: Refrigerators which run on kerosene did not operate during some periods due to shortage of fuel. Vaccines were stored to the nearest health facility with working refrigerator. Some under five clinics were cancelled due to shortage of petrol and diesel. Canceled clinics were rescheduled depending on the availability of the fuel.

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

Not applicable

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **yes, available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate
DHS	2010	DTP3:92.7% for Male

DHS	2010	DTP3-93.4% for Female

How have you been using the above data to address gender-related barrier to immunisation access?

There is no barrier because immunization services are provided equally to both male and female children as shown by above figures.

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

What action have you taken to achieve this goal?

The programme provides immunization services equally to both male and female children.

5.4. Data assessments

5.4.1. 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 passport.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

2010 DHS which covered family planning, maternal and child health, malaria, HIV/AIDS, and other health related issues.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

- **Introduction of electronic immunization data reporting system in all the districts**
- **Provision of computers to all districts for data management**
- **Training and review meetings for EPI personnel in data management**
- **Supportive supervisory visits**
- **Review of monitoring forms and child health passport**

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

Refresher courses, supportive supervisory visits, DQS, review meetings will be conducted.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 155	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	CHAI	None	None
Traditional Vaccines*	2,029,024	2,029,024	0	0	0	0	0	0
New and underused Vaccines**	12,798,968	6,708,527	6,090,441	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	545,118	389,059	156,059	0	0	0	0	0

Cold Chain equipment	843,064	237,056	368,952	51,056	186,000	0	0	0
Personnel	1,808,180	929,652	518,219	232,437	49,000	78,872	0	0
Other routine recurrent costs	2,407,919	1,360,447	793,641	0	0	253,831	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
None		0	0	0	0	0	0	0
Total Expenditures for Immunisation	20,432,273							
Total Government Health		11,653,765	7,927,312	283,493	235,000	332,703	0	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

In 2011,the programme did not experience any financial gaps because GAVI, UNICEF, WHO,CHAI and other partner's funds supplemented SWAp funds to meet the total funding requirements for 2011. However, there was a delay in disbursement of funds for procurement of vaccines due to shortage of forex and also delayed access of the last tranche of GAVI funds due to change in financial system. This delay affected the timely implementation of some activities.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Funding allocated was adequate but there was a delay in disbursement of funds for procurement of vaccines and also delayed access of the last tranche of GAVI funds.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Not Applicable

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	959,944	1,325,333
New and underused Vaccines**	18,215,594	26,646,837
Injection supplies (both AD syringes and syringes other than ADs)	654,612	764,280
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	1,414,728	467,511
Personnel	15,764,064	17,482,232
Other routine recurrent costs	2,611,970	2,466,795
Supplemental Immunisation Activities	0	4,261,589
Total Expenditures for Immunisation	39,620,912	53,414,577

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

The Malawi Government will provide all the funding as indicated in the 2011/2012fiscal year. In addition all GAVI HSS funds for 2012 has been received and funds for the new vaccines and related injections materials will be provided as per GAVI decision letter. GAVI funds are expected to cover over 90 percent of the cost of the new vaccines and their injection supplies while the Government of Malawi through SWAp will need to provide the remaining funds. Funds from other partners such as WHO, UNCEF, MCHIP, CHAI etc are expected to be provided as per commitment indicated for 2012. The programme is in the process of developing the budget for 2012/2013 fiscal year.In this budget, the cost of traditional vaccines and related injection materials, co-financing for new vaccines and other programme activities are included.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

There is a high financing gap in 2013 due to planned SIAs that are not yet funded. Other unfunded items include routine capital costs. 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, UNICEF, CHAI, MCHIP and other partners 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.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Not selected**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
Incorporation of GAVI funds into the Government of Malawi Integrated Financial Management System (IFMS) below-the-line deposit account	Yes
Administering GAVI funds through Integrated Financial Management System (IFMS)	Yes
Production of GAVI income and expenditure quarterly statements	Yes
Prepare annual financial statements to be submitted to GAVI secretariat with the APR and to the ICC and HSCC	Yes
Filling of vacancies in the Internal Audit Unit	Yes
GAVI funds are audited annually by independent external auditors	Yes

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

GAVI Financial Management Assessment was conducted in 2010. The requirement and conditions that were agreed in the Aide Memoire in managing GAVI funds has since been fulfilled; 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. The Internal Audit Unit has been strengthened by two auditors. One is a Principal Internal Auditor and the other one is an Auditor. A report for the year end June 2010 was finalised in February 2011 and was submitted to GAVI Secretariat. In addition the SWAp final audit report of financial year ending 2011 has been included as attachment.

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

Not Applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **4**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, 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 5.5 Overall Expenditures and Financing for Immunisation

The EPI-TWG expressed concern over the delay of the disbursement of funds towards the procurement of vaccines. Members were informed that the problem is over and funds will be disbursed as soon as possible.

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

If Yes, which ones?

List CSO member organisations:
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 +
GIZ
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

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

Main Objectives

- •□□□□□□□□**Sustaining high routine immunisation coverage**
- •□□□□□□□□**Sustaining high quality surveillance on AFP, Measles & NNT**

Priority Actions

- •□□□□□□□□**Conducting programmatic evaluations, including an update on cold chain inventory, comprehensive EPI review, DQS, EVM and PIE.**
- •□□□□□□□□**Capacity building at all levels**
- •□□□□□□□□**Improve documentation and data management**
- •□□□□□□□□**Improving monitoring, supervision and feedback**
- •□□□□□□□□**Procuring cold chain equipment and expanding national and regional cold rooms**
- •□□□□□□□□**Strengthening advocacy and social mobilisation activities**
- •□□□□□□□□**Replacing and maintaining transport equipment (vehicles,motorcycles, boats and bicycles)**
- •□□□□□□□□**Strengthening safe injection practices and waste management**
- •□□□□□□□□**Introduction of rotavirus vaccine and measles second dose/Measles Rubella vaccine.**

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
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?

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

Not Applicable

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

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

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	0	0
Total Expenditures in 2011 *(D)*	0	0
Balance carried over to 2012 *(E=C-D)*	0	0

6.1.1. 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.

Not Applicable

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are 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

Not Applicable

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

Not Applicable

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

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

6.3. Request for ISS reward

Request for ISS reward achievement in Malawi is not applicable for 2011

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		2,630,700	0
Pneumococcal (PCV13)		1,285,200	27,000
Rotavirus		0	0

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

If values in [A] and [B] are different, specify:

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

  The programme anticipated a high demand for PCV13 and requestedan advance shipment of another 642,600 doses which was supposed to be delivered in first quarter of 2012. These vaccines arrived in December 2011. In total,the programme received 1,285,200. The shipment for the co-financed doses arrived in 2012. The reason for high consumption of PCV13 was attributed to vaccination of a back log cohort of children in the first four months of introduction.

  The programme shifted penta formulation from lyophilized to liquid towards third quarter of 2011 and the first shipment of liquid penta with buffer arrived in July 2011.

  Shipments of PCV13 were split in small quantities which affected in country distribution to regions and some districts, hence affecting stock levels.

- 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)

  Communication between MoH and UNICEF country office on shipment schedules is on-going.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Yes**

If **Yes**, how long did the stock-out last?

There were reports of stock outs of PCV13 at lower levels during the first few months due to highdemand for the vaccine .

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

Some children in health facilities with stock outs did not receive the first dose or subsequent dose of PCV13.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	PCV13	
Phased introduction	No	
Nationwide introduction	Yes	12/11/2011

The time and scale of introduction was as planned in the proposal? If No, Why ?	No	**Initial plan was to introduce PCV13 in 2010 but it was delayed due to inadequate cold chain capacity.**

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **July 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

Have not conducted any PIE before.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **No**

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	223,000	3,345,000,000
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	223,000	3,345,000,000
Total Expenditures in 2011 (D)	195,500	2,932,500,000
Balance carried over to 2012 (E=C-D)	27,500	412,500,000

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

Training of health workers, Advocacy and social mobilization, IEC,Distribution of supplies, Programme Management, Revision of monitoring tools,and Supportive supervision.

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

Funding was inadequate for training of health workers. Additionalfunding was sourced from Government, WHO, UNICEF, CHAI and some NGOs.

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

Post Introduction Evaluation (PIE) for PCV. The programme is seeking forreprogramming US$2,500.00 meant for Technical Assistant to be used for PIE.

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	440,512	142,000

1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	189,000	27,000
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Government of Malawi	
Donor	None	
Other	None	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	8,919	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	January	Malawi Government
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	January	Malawi Government
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	January	Malawi Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	At the meantime continued technical assistance is provided through our collaborating partners	

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/about/governance/programme-policies/co-financing/

Not Applicable

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **April 2009**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Inadequate storage capacity for dry stores	Construction of a national warehouse for dry store	National warehouse was constructed
Inadequate storage capacity for vaccines	Construction of a new national	National cold room under construction
Inadequate storage capacity for vaccines	Construction of regional cold rooms	Southern region cold room under construction
Inadequate storage capacity for vaccines	Procurement of refrigerators	Vaccine refrigerators were procured
Old thermometers were giving improper readings	Procurement of thermometers.	New thermometers procured and distributed in 2010
Outdated cold chain inventory	Conduct cold chain inventory	A cold chain inventory was conducted in 2011
Inadequate knowledge on cold chain management	Train health workers on cold chain management	Cold chain Technicians were trained in 2010
Inadequate knowledge on cold chain maintenance	Train health workers on cold maintenance	Cold chain Technicians were trained in 2010
Lack of freeze indicators in the system	Introduce freeze indicators in the system	Fridge tags were procured for selected health faci
Lack of freeze indicators in the system	Introduce freeze indicators in the system	The programme has plans to introduce freeze indica

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

Not Applicable

When is the next Effective Vaccine Management (EVM) assessment planned? **August 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Malawi does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2011, 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. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° **10**) that has endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Malawi is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements **No**

If you don't confirm, please explain

Not Applicable

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: 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
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	601,465	614,359	627,816	641,871	656,472	3,141,983
	Number of children to be vaccinated with the first dose	Table 4	#	628,813	655,231	668,801	682,962	697,650	3,333,457
	Number of children to be vaccinated with the third dose	Table 4	#	607,878	614,359	627,816	641,871	656,472	3,148,396
	Immunisation coverage with the third dose	Table 4	%	101.07 %	100.00 %	100.00 %	100.00 %	100.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	817,130					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	160000.00	165000.00	170000.00	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	160000.00	165000.00	170000.00

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,158,100	-158,455,563,100	-169,490,699,800	-183,288,033,700
Number of AD syringes	#	2,205,100	2,239,000	2,286,700	2,336,100
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	24,500	24,875	25,400	25,950
Total value to be co-financed by GAVI	$	2,791,500	-338,781,118,000	-356,805,025,500	-375,553,403,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	109,700	158,457,680,600	169,492,862,400	183,290,242,900

Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	254,000	338,785,760,000	356,809,695,000	375,558,050,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	8.65 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	628,813	655,231	56,659	598,572
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	1,886,439	1,965,693	169,976	1,795,717
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,980,761	2,063,978	178,475	1,885,503
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		20,805	1,800	19,005
H	**Stock on 1 January 2012**	*Table 7.11.1*	817,130			
I	**Total vaccine doses needed**	*F + G – H*		1,267,653	109,616	1,158,037
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2,205,013	0	2,205,013
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		24,476	0	24,476
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		2,766,019	239,181	2,526,838
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		102,534	0	102,534
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		142	0	142
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		165,962	14,351	151,611
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		10,268	0	10,268
T	**Total fund needed**	*(N+O+P+Q+R+S)*		3,044,925	253,531	2,791,394
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		253,531		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		8.65 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	7483558.01 %			7837881.84 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	668,801	50,050,110,817	-50,049,442,016	682,962	53,529,754,567	-53,529,071,605
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	2,006,403	150,150,332,450	-150,148,326,047	2,048,886	160,589,263,701	-160,587,214,815
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	2,106,724	157,657,912,683	-157,655,805,959	2,151,331	168,618,781,751	-168,616,630,420
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	10,687	799,767,845	-799,757,158	11,152	874,080,583	-874,069,431
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	2,117,411	158,457,680,527	-158,455,563,116	2,162,483	169,492,862,334	-169,490,699,851
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	2,238,970	0	2,238,970	2,286,643	0	2,286,643
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	24,853	0	24,853	25,382	0	25,382
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,270,818	319,609,142,596	-319,604,871,778	4,294,692	336,612,884,320	-336,608,589,628
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	4,270,818	0	104,113	4,294,692	0	106,329
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	145	0	145	148	0	148
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	256,250	19,176,617,405	-19,176,361,155	257,682	20,196,810,681	-20,196,552,999
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	10,426	0	10,426	10,648	0	10,648
T	Total fund needed	*(N+O+P+Q+R+S)*	4,641,752	338,785,760,000	-338,781,118,248	4,669,499	356,809,695,000	-356,805,025,501
U	Total country co-financing	*I x country co-financing per dose (cc)*	338,785,760,000			356,809,695,000		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7483558.01 %			7837881.84 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	8296810.92 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	697,650	57,882,701,357	-57,882,003,707
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	2,092,950	173,648,104,069	-173,646,011,119
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	2,197,598	182,330,550,756	-182,328,353,158
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	11,567	959,692,119	-959,680,552
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	2,209,165	183,290,242,875	-183,288,033,710
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	2,336,014	0	2,336,014
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	25,930	0	25,930
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,270,316	354,300,044,039	-354,295,773,723
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	108,625	0	108,625
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	151	0	151
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	256,219	21,258,005,962	-21,257,749,743
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	10,878	0	10,878
T	Total fund needed	*(N+O+P+Q+R+S)*	4,646,189	375,558,050,000	-375,553,403,811
U	Total country co-financing	*I x country co-financing per dose (cc)*	375,558,050,000		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	8296810.92 %		

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	601,465	614,359	627,816	641,871	2,485,511
	Number of children to be vaccinated with the first dose	Table 4	#	241,388	655,231	668,801	682,962	2,248,382
	Number of children to be vaccinated with the third dose	Table 4	#	0	614,359	627,816	641,871	1,884,046
	Immunisation coverage with the third dose	Table 4	%	0.00 %	100.00 %	100.00 %	100.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	376,450				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	760000.00	165000.00	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

Co-financing tables for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Co-financing group	Low

	2011	2012	2013	2014
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20
Your co-financing	0.20	0.20	760000.00	165000.00

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

		2012	2013	2014
Number of vaccine doses	#	1,904,900	-433,753,169,900	-96,172,944,600
Number of AD syringes	#	2,543,700	2,239,000	2,286,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	28,250	24,875	25,400
Total value to be co-financed by GAVI	$	7,197,500	-1,609,224,389,500	-356,801,555,000

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

		2012	2013	2014
Number of vaccine doses	#	108,600	433,755,287,400	96,175,107,200

Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country	$	403,000	1,609,232,360,000	356,809,695,000

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.39 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	241,388	655,231	35,323	619,908
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	724,164	1,965,693	105,968	1,859,725
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	760,373	2,063,978	111,266	1,952,712
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		325,902	17,569	308,333
H	**Stock on 1 January 2012**	*Table 7.11.1*	376,450			
I	**Total vaccine doses needed**	*F + G – H*		2,013,430	108,541	1,904,889
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2,543,671	0	2,543,671
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		28,235	0	28,235
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		7,047,005	379,893	6,667,112
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		118,281	0	118,281
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		164	0	164
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		422,821	22,794	400,027
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		11,845	0	11,845
T	**Total fund needed**	*(N+O+P+Q+R+S)*		7,600,116	402,686	7,197,430
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		402,686		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.39 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	20485172.10 %			4447438.76 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	668,801	137,005,035,850	-137,004,367,049	682,962	30,374,316,704	-30,373,633,742
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	2,006,403	411,015,107,549	-411,013,101,146	2,048,886	91,122,950,112	-91,120,901,226
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	2,106,724	431,566,037,051	-431,563,930,327	2,151,331	95,679,128,749	-95,676,977,418
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	10,687	2,189,250,343	-2,189,239,656	11,152	495,978,371	-495,967,219
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	2,117,411	433,755,287,393	-433,753,169,982	2,162,483	96,175,107,120	-96,172,944,637
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	2,238,970	0	2,238,970	2,286,643	0	2,286,643
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	24,853	0	24,853	25,382	0	25,382
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	7,410,939	1,518,143,608,300	-1,518,136,197,361	7,568,691	336,612,897,155	-336,605,328,464
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	7,410,939	0	104,113	7,568,691	0	106,329
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	145	0	145	148	0	148
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	444,657	91,088,751,701	-91,088,307,044	454,122	20,196,797,846	-20,196,343,724
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	10,426	0	10,426	10,648	0	10,648
T	Total fund needed	*(N+O+P+Q+R+S)*	7,970,280	1,609,232,360,000	-1,609,224,389,720	8,139,938	356,809,695,000	-356,801,555,062
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,609,232,360,000			356,809,695,000		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	20485172.10 %			4447438.76 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2012**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

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

ID		Source		2011	2012	2013	2014	TOTAL
	Number of surviving infants	Table 4	#	601,465	614,359	627,816	641,871	2,485,511
	Number of children to be vaccinated with the first dose	Table 4	#	0	192,690	668,801	682,962	1,544,453
	Number of children to be vaccinated with the second dose	Table 4	#	0	179,844	627,816	641,871	1,449,531
	Immunisation coverage with the second dose	Table 4	%	0.00 %	29.27 %	100.00 %	100.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	160000.00	145600.00	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014
Minimum co-financing			0.20	0.20
Your co-financing			160000.00	145600.00

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

		2012	2013	2014
Number of vaccine doses	#	505,900	-98,863,192,400	-78,394,470,900
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	5,625	18,375	16,025
Total value to be co-financed by GAVI	$	1,354,500	-264,706,290,000	-209,901,253,500

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

		2012	2013	2014
Number of vaccine doses	#	0	98,864,847,000	78,395,912,600
Number of AD syringes	#	0	0	0

Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country	$	0	264,710,720,000	209,905,114,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	192,690	0	192,690
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	385,380	0	385,380
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*	0	404,649	0	404,649
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		101,163	0	101,163
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		505,812	0	505,812
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		5,615	0	5,615
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		1,289,821	0	1,289,821
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		64,492	0	64,492
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		1,354,313	0	1,354,313
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		0.00 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	5975721.54 %			5437907.00 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	668,801	39,965,685,408	-39,965,016,607	682,962	37,138,838,429	-37,138,155,467
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B X C*	1,337,602	79,931,370,815	-79,930,033,213	1,365,924	74,277,676,858	-74,276,310,934
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	1,404,483	83,927,993,137	-83,926,588,654	1,434,221	77,991,604,204	-77,990,169,983
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	249,959	14,936,853,801	-14,936,603,842	7,435	404,308,386	-404,300,951
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,654,442	98,864,846,938	-98,863,192,496	1,441,656	78,395,912,590	-78,394,470,934
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	18,365	0	18,365	16,003	0	16,003
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,218,828	252,105,413,473	-252,101,194,645	3,676,223	199,909,587,979	-199,905,911,756
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	4,218,828	0	0	3,676,223	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	210,942	12,605,306,528	-12,605,095,586	183,812	9,995,525,622	-9,995,341,810
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	4,429,770	264,710,720,000	-264,706,290,230	3,860,035	209,905,113,600	-209,901,253,565
U	Total country co-financing	*I x country co-financing per dose (cc)*	264,710,720,000			209,905,113,600		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5975721.54 %			5437907.00 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2012**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

8. Injection Safety Support (INS)

Malawi is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

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

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **0** US$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	3641127	3796469	3905734	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	3641127	3796469	3905734	0
Total funds received from GAVI during the calendar year (*A*)	0	0	3641000	1898250	5803750	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	1161109	1903652	6544809
Total Funds available during the calendar year (*C=A+B*)	0	0	3641000	3059359	7707402	6544809
Total expenditure during the calendar year (*D*)	0	0	2479891	1235446	1162593	297557
Balance carried forward to next calendar year (*E=C-D*)	0	0	1161109	1823913	6544809	5546022
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	3796469	5803750	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	530876327	569470350	585860100	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	530876327	569470350	585860100	0
Total funds received from GAVI during the calendar year (*A*)	0	0	530705663	284824087	870562500	0

Remaining funds (carry over) from previous year (*B*)	0	0	0	183520921	285547859	981721340
Total Funds available during the calendar year (*C=A+B*)	0	0	530705663	468345008	1156110359	981721340
Total expenditure during the calendar year (*D*)	0	0	347184742	182797859	174389019	49989629
Balance carried forward to next calendar year (*E=C-D*)	0	0	183520921	285547149	981721340	931731711
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	569470350	585860100	0	0

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	140	141	146	150	150	168
Closing on 31 December	140	141	151	150	168	250

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for 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 HSCC in this process.

Accounting

AllGAVI resources to the GoM through MoH are managed through the IntegratedFinancial Management Information System (IFMIS) and accounted for in theAccountant General's final accounts which are presented to National Assembly.

HSS Funds on the Budget

Yesthe resources are included in the national health sector plans and budget. Fromfinancial year July 01, 2011, all GAVI resources are on the Development Budgetof the Ministry of Health.

Ministry of Finnace provides budgetceilings to each Ministry. And each Ministry then works out its prioritisedactivities based on the ceiling. The budgets are then submitted to Ministry ofFinance for consolidation and presentation to Parliament.

Banking

GAVIresources are deposited in the Malawi Government Deposit Account with theReserve Bank of Malawi (RBM) linked to IFMIS and cheques are issued centrallyfrom Accountant General's office.

Reporting

TheMinistry prepares quarterly financial monitoring reports which consolidateexpenditures at all levels ie headquarters, central hospitals , and districthospitals. At the end of financial year, MoH prepares Consolidated financialstatement of cash receipts and payments using Cash basis IPSAS. The statementsare audited by external auditors.

External audit

GAVIresources are subjected to annual audit by external auditors. The 2010/11external auditors were KPMG who issued an unqualified opinion. Copy of reportis attached.

Has an external audit been conducted? Yes

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number:)

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Capacity building at all levels	Train 10 AEHOs per year	10	MoH Training Unit/Environmental Health Section
Procurement of drugs and equipment for NTDs	Purchase fly traps	0	MoH Schistosomiasis Report
Procurement of bicycles and vehicles and boats	Purchase 5 (32 seater) minibuses for HSA training institutions	0	MoH Procurement Unit

Infrastructure improvement	Contribute to construction of annex to MoH Building	30	MoH Infrastructure Unit
Monitoring and Evaluation	Train 20 staff at district and health centre level on data management	78	MoH EPI Unit/HMIS

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Activity 1.1 Train 10 AEHOs per year	Training of 35 officers started in April 2012. In addition, upgrading of 12 Health Surveillance Assistants is expected to be done in 2012. The activity was not implemented in 2011 for the reasons described in 9.2.2 paragraph 3.
Activity 1.4 Train 30 health workers/district in R	Training of 1328 health facility workers is planned to take place in June 2012. Transfer of funds to districts for the trainings is in progress. The activity was not implemented in 2011 for the reasons described in 9.2.2 paragraph 3.
Activity 1.6 Train 30 health workers at district l	81 officers (EPI District Coordinators, HSA Trainers, and Tutors from training health institutions) were trained in MLM 78 officers (EPI District Coordinators, HSA Trainers, and Tutors from training health institutions) on MLM modules are expected to be trained in July 2012. 808 health workers from health facilities are expected to be trained on 2 MLM modules (Module 5 -Monitoring the Immunization system and Module 8-Disease Surveillance) in June 2012. Transfer of funds to districts for the trainings is in progress.
Activity 1.7 Enroll 5 EPI Officers MSc Public Heal	Two officers started training in January 2012 and 1 officer will start training in September 2012.
Activity 1.9 Conduct refresher courses for 60 Acco	Liquidation meetings were conducted with District Accountants
Activity 2.2 Procurement of albendazole	The procurement process is in advance stage with Central Medical Sores Trust
Activity 2.3 Purchase of praziquantel	The procurement process is in advance stage with Central Medical Sores Trust
Activity 3.3 Purchase of 3000 bicycles for HSAs	The activity was rescheduled for 1st quarter 2012. The evaluation of tenders is done a contract has been awarded waiting for delivery of 2,000 bicycles within 8 weeks.
Activity 3.4 Purchase of 8 motorised boats	This activity was not done because funds allocated on this activity were not adequate to purchase a single boat.
Activity 3.7 Purchase 5 (32 seater) minibuses for	The activity was rescheduled for 1st quarter 2012. The evaluation of tenders is done, a contract has been awarded and waiting for delivery within 8 weeks.
Activity 4.1 Contribute to construction of annex t	Designing, tendering and construction documents are ready and await approval. Construction work is expected to start in the third quarter of 2012.
Activity 4.2 Install solar electricity in 30 facil	Tendering was done and contracts were identified and await signing of contracts. Work is expected to start within the second quarter of 2012.
Activity 4.3 Expand solar power to 70 facilities a	Tendering was done and contracts were identified and waiting signing of contracts. Work is expected to start within the second quarter of 2012.
Activity 4.4 Install electricity in 20 health fac	Due to the devaluation of the local currency fewer health facilities could be electrified. The programme, therefore, proposes to use these funds for solar electrification in activities 4.2 and 4.3.
Activity 4.5 Construction of 27 Health Posts	Documentation is ready for advertising. Work is expected to start within the third quarter of 2012.
Activity 4.6 Construction of one vaccine store at	The construction work for the national cold room started in November 2011 and is expected to be completed in June 2012.
Activity 4.7 Construct 3 regional vaccine stores/d	The construction of the cold room for Southern Region started in November 2011 and expected to be completed in June 2012. The remaining funds on this activity will not be adequate to construct 2 new regional cold rooms for northern and central regions. The programme proposes to renovate the existing building in the northern region using the remaining funds so that cold space can be increased to accommodate new vaccines.
Activity 5.1 Train 20 staff at district and health	Data training of District EPI Officers and review meetings on data management were conducted, Supportive supervision as an M&E activity were conducted.

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

Activity 3.4 (Purchase of 8 motorised boats) funds were not adequate even for purchasing one boat. During the proposal write up the cost of one boat was grossly underestimated. The programme is therefore requesting for approval for reprogramming of funds from this activity 3.4 to be used for activity 4.7 under objective 4 for the renovation of the Northern Region cold room.

Activity 4.7 (Construct 3 regional vaccine stores/dry store)funds were not adequate to construct 3 cold rooms for the Central, southern and northern regions. The programme is therefore proposing to use the balance of funding on this activity for renovation of the existing building in the northern region to increase cold chain space in order to accommodate new vaccines.

In general, most activities could not be implemented in 2011because the last chunk of funding (US $5,803,750) was received in September 2011and there was also another delay for the programme to start accessing the funds due to the change in the financing system from discrete account to Government of Malawi Integrated Financial Management System (IFMS) below-the-line deposit account . This meant that most activities had to be put on hold, and few activities were prioritized for 2011. The programme started accessing thesefunds from February 2012.

The remaining fundsof the GAVI HSS grant as of 1th May 2012 have been greatly affected due todevaluation of the local currency. The money for this grant is not kept in USD,instead it is changed to Malawi Kwacha (MK) and transferred into Government ofMalawi Integrated Financial Management System (IFMS) below-the-line depositaccount.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

Not Applicable

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
OBJECTIVE 1											
Activity 1.1: % of Assistant Environmental Health	0	Malawi College of Health Sciences Records/2007	40	20			0	0	0	MoH Training Unit	Training of 35 officers started in April 2012. In addition, upgrading of 12 Health Surveillance Assistants is expected to be done in 2012
Activity 1.4: % of health workers trained on the R	0	MoH Reports/2007	840	280			0	0	0	MoH EPI Unit	Training of 1328 health facility workers is planned to take place in June 2012. Transfer of funds to districts for the trainings is in progress.

Activity 1.6: % of health workers trained in Mid	0	MoH Reports/2007	840	280			0	0	81	MoH EPI Unit	81 officers (EPI District Coordinators, HSA Trainers, and Tutors from training health institutions) were trained in MLM 78 officers (EPI District Coordinators, HSA Trainers, and Tutors from training health institutions) on MLM modules are expected to be trained in July 2012. 808 health workers from health facilities are expected to be trained on 2 MLM modules (Module 5 - Monitoring the Immunization system and Module 8- Disease Surveillance) in June 2012. Transfer of funds to districts for the trainings is in progress.
Activity 1.7: Number of EPI Officers enrolled for	0	MoH Training Section/2007	5	2			1	0	0	MoH Training Unit	Two officers started training in January 2012 and 1 officer is expected to start training in September 2012.
Activity 1.9: % of Accounting personnel who underw	0	MoH Reports/2007	60	20			0	30	29	MoH Reports	Liquidation meeting with 29 District Accountants
OBJECTIVE 2											
Activity 2.1: % of fly traps procured for control	0	MoH Reports/2007	120	20			0	0	0	MoH Schistosomiasis Report	The procurement process is in advance stage
Activity 2.2: % of albendazole procured	0	MoH Reports/2007	6,000,000	2,000,000			2,299,000	0	0	MoH Schistosomiasis Report	The procurement process is in advance stage with Central Medical Stores Trust
Activity 2.3: % of praziquantel procured	0	MoH Reports/2007	3,000,000	1,000,000			1,148,000	0	0	MoH Schistosomiasis Report	The procurement process is in advance stage with Central Medical Stores Trust
OBJECTIVE 3											

Activity 3.3: % of push bikes procured	0	MoH Reports/2007	3,000	2,200			0	0	0	MoH Procurement Unit	The activity was rescheduled for 1st quarter 2012. The evaluation of tenders has been done, a contract has been awarded and await for delivery of 2,000 bicycles within 8 weeks.
Activity 3.4: Number of motorised boats procured	0	MoH Reports/2007	8	0			0	0	0	MoH Procurement Unit	This activity was not done because funds allocated on this activity were not adequate to purchase a single boat.
Activity 3.7: Number of minibuses purchased	0	MoH Reports/2007	5	5			0	1	0	MoH Procurement Unit	The activity was rescheduled for 1st quarter 2012. The evaluation of tenders has been done, a contract has been awarded and await for delivery of 4 minibuses within 8 weeks.
OBJECTIVE 4											
Activity 4.1: EPI Office Block constructed	0	MoH Reports/2007	1	1			0	0	0	MoH Infrastructure Unit	Designing, tendering and construction documents are ready and await approval. Construction work is expected to start in the third quarter of 2012. At least 30% of the work the preliminary work done.
Activity 4.2: Number of Health facilities installe	0	MoH Reports/2007	30	15			0	0	0	MoH Infrastructure Unit	Tendering was done and contractor were identified and await signing of contracts. Work is expected to start within the second quarter of 2012. At least 25% of the work the preliminary work done.
Activity 4.3: Number of Facilities with solar ele	0	MoH Reports/2007	70	35			0	0	0	MoH Infrastructure Unit	Tendering was done and contracts were identified and waiting signing of contracts. Work is expected to start within the second quarter of 2012. At least 25% of the work the preliminary work done.

Activity 4.4: Number of health facilities installe	0	MoH Reports/2007	20	7			0	0	0	MoH Infrastructure Unit	The programme proposes to use these funds for solar electrification in activities 4.2 and 4.3.
Activity 4.5: Number of health posts constructed	0	MoH Reports/2007	27	9			0	0	0	MoH Infrastructure Unit	Documentation is ready for advertising. Work is expected to start within the third quarter of 2012. At least 10% of the work the preliminary work done.
Activity 4.6: National vaccine store constructed	0	MoH Reports/2007	1	1			0	0	1	MoH Infrastructure Unit	The construction work started in November 2011 and is expected to be completed in June 2012.
Activity 4.7: Number of regional vaccine stores/wa	0	MoH Reports/2007	3	2			0	0	1	MoH Infrastructure Unit	The construction of the cold room for Southern Region started in November 2011 and is expected to be completed in June 2012. The remaining funds on this activity will not be adequate to construct 2 new regional cold rooms for northern and central regions. The programme proposes to renovate the existing building in the northern region using the remaining funds so that cold space can be increased to accommodate new vaccines.
OBJECTIVE 5											
Activity 5.1: % of health workers trained in data	0	MoH Reports/2007	560	186			0	112	145	MoH EPI Unit/HIMS	Data training of District EPI Officers and review meetings on data management were conducted, Supportive supervision were conducted.

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

The country achieved and sustained coverage of >90% in all childhoodimmunizations and >80% at district level in childhood immunizations. Therewere no stock outs for vaccines and injection materials experienced at national level.

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

The delayed signing of the aide memoire resulted in latedisbursement of funding by GAVI. The change in the financing system fromdiscrete account to Government of Malawi Integrated Financial Management System(IFMS) below-the-line deposit account delayed further the accessibility of thefunds to implement planned activities. This meant that most activities had tobe put on hold, and few activities were prioritized for 2011. The devaluationof the local currency has affected greatly the implementation of the HSSactivities since HSS funds are kept in local currency as opposed to US $currency.

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

The Ministry of Health has HSS Core group whose membership comprisesofficers coordinating HSS Global funds and those coordinating GAVI funds. Thecore group looks at the aspects of complementarity of support for the twoprogrammes (GAVI and GF HSS). This also promotes transparency andaccountability. In addition, activity reports are prepared at the end of eachactivity.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

Department of Planning and Policy Development in the Ministry of Healthcoordinates implementation of activities. The GAVI HSS Core Group monitors theimplementation of the activities based on the approved GAVI HSS proposal.Information is sourced from all the relevant sections including, but notlimited to, procurement unit, finance section, human resource developmentsection, planning department, physicalassets management, schistosomiasis control programme, PHC, EPI and Ministry ofFinance. Auditing is being done in line with Financial Management Assessmentaide memoiré recommendations. In addition the programme works in coordination with the Health Management Information System (HMIS) Unit in data management.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organisations). This should include organization type, name and implementation function.

Civil Society Organizations are represented by the Health and RightsEducation Programme in the implementation of the HSS proposal. In additionpartners such as WHO, UNICEF, CHAI, USAID through MCHIP and others participatein the implementation of the HSS proposal.

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

Civil Society Organisations contribution is through participation in HSSproposal development, attending technical working group meetings and monitoringprogress on implementation process that is in line with HSS planned activities.

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

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The management of funds for HSS are being managed through Government ofMalawi Deposit account in IFMS after recommendations that were agreed in theaide memoire.

The delayed signing of the aide memoire resulted in late disbursement offunding by GAVI. In addition, the change in the financing system delayedfurther the accessibility of the funds to implement planned activities.

Due to the delays encountered in accessing the GAVI HSS funds,the programme proposes to go back to the discrete account. Because of thesimilar problems encounted by Malaria Programme, TB Programme and HIVDepartment funded by Global Fund, funds have been removed from the system anddeposited into a discrete account which has been opened; probably GAVI can learnfrom the Global Fund.

In the current aidememoire there is no recommendation where the country is requested to keep theGAVI HSS funds in US$ account. Due to the unstable of the local currency thereis need to include this recommendation.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
OBJECTIVE 1						
Capacity Building at all levels	Train 10 AEHOs per year	185272	0	US$185,272.00	Training of 35 officers started in April 2012.	185272
Capacity Building at all levels	Train 60 Cold chain technicians in cold chain management and provision of tools	31876	9793	US$31,876.00	Supportive supervision on cold chain management	31876
Capacity Building at all levels	Train 30 health workers/district in RED strategy	52000	12028	US$52,000.00	1328 health facility workers are expected to be trained in June 2012.	52000
Capacity Building at all levels	Pay field allowances for health workers during catch up campaigns	15429	15429	US$15,429.00		15429
Capacity Building at all levels	Train 30 health workers at district level in MLM for 1 week	62000	8805	US$62,000.00	81 officers (EPI District Coordinators, HSA Trainers, and Tutors from training health institutions) on MLM modules are expected to be trained in July 2012. 808 health workers from health facilities are expected to be trained in 2 MLM modules.	62000

Capacity Building at all levels	Enroll 5 EPI Officers MSc Public Health	50742	5787	US$50,742.00	Two officers started training in January 2012 and 1 officer is expected to start training in September 2012.	50742
Capacity Building at all levels	Conduct refresher courses for 60 Accounting personnel per year	42000	10500	US$42,000.00		42000
OBJECTIVE 2						
Procurement of drugs and equipment for NTDs	Procurement of albendazole	41500	0	US$41,500.00	The procurement process is in advance stage with Central Medical Stores Trust	41500
Procurement of drugs and equipment for NTDs	Purchase of praziquantel	135000	0	US$135,000.00	The procurement process is in advance stage with Central Medical Stores Trust	135000
OBJECTIVE 3						
Procurement of bicycles, vehicles and boats	Purchase of 30 motor cycles	34663	0	US$34,663.00	The evaluation of tenders has been done, a contract has been awarded and await for delivery of motor cycles within 8 weeks.	34663
Procurement of bicycles, vehicles and boats	Purchase of 3000 bicycles for HSAs	11124	0	US$11,124.00	The evaluation of tenders has been done, a contract has been awarded and await for delivery of bicycles within 8 weeks.	11124
Procurement of bicycles, vehicles and boats	Purchase 30 4X4 Station Wagon	575432	0	US$575,432.00	The evaluation of tenders has been done, a contract has been awarded and await for delivery within 8 weeks.	575432
Procurement of cold chain equipment	Purchase of 1x walk in Freezer room	8100	0	US$8,100.00	Tendering process in progress	8100
Procurement of cold chain equipment	Purchase of 1x walk in Cold room	54672	0	US$54,672.00	Tendering process in progress	54672
Procurement of cold chain equipment	Purchase of electricity refrigerators (200)	262182	0	US$262,182.00	Tendering process in progress	262182
Procurement of cold chain equipment	Purchase of gas refrigerators (200)	166540	0	US$166,540.00	Tendering process in progress	166540
Procurement of cold chain equipment	Purchase of kerosene refrigerators (150)	120626	0	US$120,626.00	Tendering process in progress	120626
Procurement of cold chain equipment	Purchase of solar refrigerators: 40	87500	0	US$87,500.00	Tendering process in progress	87500
Procurement of cold chain equipment	Purchase of deep freezers (90)	36730	0	US$36,730.00	Tendering process in progress	36730
OBJECTIVE 4						
Infrastructure improvement	Contribute to construction of annex to MoH Building	600000	0	US$600,000.00	Designing, tendering and construction documents are ready and await approval. Construction work is expected to start in the third quarter of 2012.	600000

Infrastructure improvement	Install solar electricity in 30 facilities	345000	0	US$345,000.00	Tendering was done and contractor was identified and await signing of contracts. Work is expected to start within the second quarter of 2012.	345000
Infrastructure improvement	Expand solar power to 70 facilities and 6 staff houses per facility	467180	0	US$467,180.00	Tendering was done and contracts were identified and waiting signing of contracts. Work is expected to start within the second quarter of 2012.	467180
Infrastructure improvement	Construction of 27 Health Posts	128574	0	US$128,574.00	Documentation is ready for advertising. Work is expected to start within the third quarter of 2012.	128574
Infrastructure improvement	Construction of one vaccine store at national level	142857	0	US$142,857.00	The construction work started in November 2011 and is expected to be completed in June 2012.	142857
Infrastructure improvement	Construct 3 regional vaccine stores/dry store	142857	0	US$142,857.00	The construction of the cold room for Southern Region started in November 2011 and is expected to be completed in June 2012.	142857
OBJECTIVE 5						
Monitoring and Evaluation	Train 20 staff at district and health centre level on data management	162501	0	US$162,501.00	There will be some sessions including supportive supervision and review meetings on data management	162501
		3962357	62342			3962357

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Procurement of bicycles, vehicles and boats	Purchase of 3000 bicycles for HSAs	11124	US$11,124.00	The evaluation of tenders has been done, a contract has been awarded and await for delivery of bicycles within 8 weeks.	11124
		11124			

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded

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

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
MoH (EPI, Finance, Infrastructure, Training and Procurement)	Relevant TWGs, audit report and surveys	

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

The word version of the APR has some incomplete tables when you want to work outside the online. Some questions are left out and this causes some problems when you want to transfer the information to the online APR.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010??

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

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

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

Malawi is not reporting on GAVI TYPE A CSO support for 2012

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

Malawi is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

General consensus from the EPI Sub-TWG (ICC) was thatconsideration should be made on extra PCV supplies for a backlog of children.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

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 2011	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.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

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 2011	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.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

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 2011	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

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	GAVI1 001.jpg File desc: File description... Date/time: 5/22/2012 9:01:12 PM Size: 927287
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	GAVI1 001.jpg File desc: File description... Date/time: 5/22/2012 10:09:17 PM Size: 927287
3	Signatures of members of ICC	2.2	✓	GAVI3 001.jpg File desc: File description... Date/time: 5/22/2012 9:03:45 PM Size: 725157
4	Signatures of members of HSCC	2.3	✗	GAVI4 001.jpg File desc: File description... Date/time: 5/22/2012 9:05:59 PM Size: 525877
5	Minutes of ICC meetings in 2011	2.2	✓	Doc 5 Minutes of EPI Sub-TWG Meeting March 17 2011.doc File desc: File description... Date/time: 5/22/2012 9:06:48 PM Size: 44032
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Doc 6 Minutes of EPI Sub TWG Meeting May 7 2012.docx File desc: File description... Date/time: 5/22/2012 9:07:26 PM Size: 48060
7	Minutes of HSCC meetings in 2011	2.3	✗	Doc 7 HSRG 31st March 2011.doc File desc: File description... Date/time: 5/22/2012 9:08:18 PM Size: 80384
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	Doc 8 4a HSRG minutes 19 dec 2011 signed.docx File desc: File description... Date/time: 5/22/2012 9:09:23 PM Size: 234254
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	Doc 9 GAVI HSS Financial Statement 2011.jpg File desc: File description... Date/time: 5/22/2012 9:10:54 PM Size: 633772
10	new cMYP APR 2011	7.7	✓	Doc 10 Malawi cMYP_2012to2016_Final.doc File desc: File description...

				Date/time: 5/22/2012 9:13:03 PM Size: 1186304
11	new cMYP costing tool APR 2011	7.8	✓	Doc 11 Malawi cMYP EPI_Log_Forecasting_Tool_2012_v04.xlsx File desc: File description... Date/time: 5/22/2012 9:14:35 PM Size: 982305
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Doc 9 GAVI HSS Financial Statement 2011.jpg File desc: File description... Date/time: 5/22/2012 11:12:44 PM Size: 633772
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Doc 14 GAVI Intro PCV Grant Financial Statement 2011.jpg File desc: File description... Date/time: 5/22/2012 9:16:20 PM Size: 571633
15	EVSM/VMA/EVM report APR 2011	7.5	✓	Doc 15 Malawi VMA report5.doc File desc: File description... Date/time: 5/22/2012 10:07:37 PM Size: 3132928
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	Doc 15 Malawi VMA report5.doc File desc: File description... Date/time: 5/22/2012 11:18:12 PM Size: 3132928
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	Doc 15 Malawi VMA report5.doc File desc: File description... Date/time: 5/22/2012 11:22:50 PM Size: 3132928
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	Doc 22 MoH SWAp final report.pdf File desc: File description... Date/time: 5/22/2012 11:36:28 PM Size: 1888961
20	Post Introduction Evaluation Report	7.2.2	✓	Doc 20 PIE Report Not Applicable.docx File desc: File description... Date/time: 5/22/2012 11:51:15 PM Size: 9939
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	Doc 6 Minutes of EPI Sub TWG Meeting May 7 2012.docx File desc: File description... Date/time: 5/22/2012 10:10:21 PM Size: 48060
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	Doc 22 MoH SWAp final report.pdf File desc: File description...

				Date/time: 5/22/2012 9:27:29 PM Size: 1888961
23	HSS Health Sector review report	9.9.3	✕	Doc 23 Minutes of HSS Core Group Meeting May 10 2011.docx File desc: File description... Date/time: 5/22/2012 11:47:47 PM Size: 19516