



GAVI Alliance

# Annual Progress Report **2014**

Submitted by

The Government of  
**Malawi**

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **22/06/2015**

**Deadline for submission: 27/05/2015**

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavi.org](mailto:apr@gavi.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: **2014**

Requesting for support year: **2016**

## 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	2016
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2016

**DTP-HepB-Hib (Pentavalent)** vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

## 1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2017	No extension
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	Rotavirus, 2-dose schedule	2017	No extension
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2017	No extension

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For <b>2014</b> ISS reward
HSFP	Yes	Next tranche of HSFP Grant Yes	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

There is no APR Monitoring IRC Report available for Malawi from previous year.

## 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 High Level Review Panel (HLRP) 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		Name	
Date		Date	
Signature		Signature	

*This report has been compiled by (these persons may be contacted in case the GAVI Secretariat 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 Kwame CHIWAYA/NPO/EPI	World Health Organization		
Dr Susan KAMBALE/NPO/CAN	World Health Organization		
Geoffrey Zimkambani Chirwa/EPI Manager	EPI/MoH		
Moussa VALLE/EPI Logistician	EPI/MoH		
Caseby BANDA/EHO/Primary Health Care	PHC/MoH		
Evance MWENDO/Assistant EPI Logistician	EPI/MoH		
Hector KAMKWAMBA/Deputy Director	Health Education Services/MoH		
Hannah HAUSI/Immunization Technical Advisor	MCSP		
Edwin CHIPALA/Registration Officer	Pharmacies, Medicines and Poisons Board (PMPB)		
Lingstone PHIRI/EPI Officer	EPI/MoH		
Sam CHEMBE/Deputy Director	Planning Policy Development/MoH		

Hastings CHIUMIA/ADCS	NCDs/MoH		
Rose KANDULU/EPI Coordinator	Lilongwe District Health Officer		
Brenda MHONE/Disease Surveillance Officer	EPI/MoH		

ICC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org)

All comments will be treated confidentially

Comments from Partners:

The EPI Sub-TWG which is equivalent to the ICC reviewed the APR and endorsed it with minor changes.

Comments from the Regional Working Group:

Not Applicable

### 2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **No report**, 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
No report	No report		

HSCC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org)

All comments will be treated confidentially

Comments from Partners:

HSWG did not meet and review the 2014 APR.

Comments from the Regional Working Group:

Not Applicable

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

Malawi is not reporting on CSO (Type A & B) fund utilisation in 2015

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## 4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Total births	687,604	687,604	703,641	709,367	719,825	726,165
Total infants' deaths	27,311	27,311	28,324	47,123	28,789	47,013
Total surviving infants	660,293	660,293	675,317	662,244	691,036	679,152
Total pregnant women	687,604	687,604	703,641	935,353	719,825	956,973
Number of infants vaccinated (to be vaccinated) with BCG	687,604	665,086	703,641	702,273	719,825	726,165
BCG coverage[1]	100 %	97 %	100 %	99 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	660,293	573,120	675,317	615,887	691,036	638,403
OPV3 coverage[2]	100 %	87 %	100 %	93 %	100 %	94 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]	687,604	638,403	703,641	648,999	719,825	672,360
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]	660,293	603,497	675,317	615,887	691,036	638,403
DTP3 coverage[2]	100 %	91 %	100 %	93 %	100 %	94 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	10	5	10	5	9	5
Wastage[5] factor in base-year and planned thereafter for DTP	1.11	1.05	1.11	1.05	1.10	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	641,871	638,403	703,641	648,999		672,360
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	616,376	603,497	675,317	615,887		638,403
DTP-HepB-Hib coverage[2]	93 %	91 %	100 %	93 %	0 %	94 %

Wastage[5] rate in base-year and planned thereafter (%) [6]	5	4	10	5		4
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.04	1.11	1.05	1	1.04
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	641,871	632,080	675,317	648,999	691,036	672,360
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	641,871	598,364	675,317	615,887	691,036	638,403
Pneumococcal (PCV13) coverage[2]	97 %	91 %	100 %	93 %	100 %	94 %
Wastage[5] rate in base-year and planned thereafter (%)	5	4	4	4	4	4
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.04	1.04	1.04	1.04	1.04
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	641,871	585,769	675,317	648,999	691,036	672,360
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus	641,871	547,738	675,317	615,887	691,036	638,403
Rotavirus coverage[2]	97 %	83 %	100 %	93 %	100 %	94 %
Wastage[5] rate in base-year and planned thereafter (%)	5	5	4	4	4	4
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.05	1.04	1.04	1.04	1.04
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		598,427	0	648,999	624,700	672,360
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles		0	562,913	615,887	590,257	638,403
Measles	0 %	0 %	83 %	93 %	85 %	94 %

coverage[2]						
Wastage[5] rate in base-year and planned thereafter (%)		0	25	25	25	25
Wastage[5] factor in base-year and planned thereafter (%)	1	1	1.33	1.33	1.33	1.33
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %
Pregnant women vaccinated with TT+	553,199	487,682	579,050	561,212	604,653	583,754
TT+ coverage[7]	80 %	71 %	82 %	60 %	84 %	61 %
Vit A supplement to mothers within 6 weeks from delivery	239,037	91,830	244,178	187,070	249,306	239,243
Vit A supplement to infants after 6 months	343,802	281,322	365,893	298,009	388,706	339,576
Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100	4 %	5 %	4 %	5 %	4 %	5 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

[5] The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ .  
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.

[6] GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

## 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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 2016 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**

There are some changes for 2015 and 2016 live births. The methodology has changed, we have discovered a more accurate of calculating live births using the total population, multiplying with the Crude Birth Rate (CBR) for each district and then adding the sum for all the districts.

There is some some changes in the number of pregnant women for 2015 and 2016. Similarly, the methodology has changed. We have discovered a more accurate of calculating the number of pregnant women by using total population, multiplying by Total Fertility Rate (TFR) for each district multiply and then adding the sum of all the district figures.

- Justification for any changes in **surviving infants**

There are some changes. The methodology has changed, we have discovered a more accurate of calculating number of surviving infants using Infant Mortality Rate (IMR) multiply by live births to find the deaths and then subtract deaths from live births for each district to find the surviving infants.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

There are no changes except for measles second dose in 2016. The programme anticipates that by 2016, the coverage of measles second dose will be at least equal to measles 1.

- Justification for any changes in **wastage by vaccine**

There are no changes.

### 5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Malawi DHS	2010	92.7%	93.4%

5.2.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

There are no significance discrepancies of numbers of girls from boys when it comes to vaccination or provision of any health care services in Malawi.

5.2.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.2.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically? (For more information on gender-related

barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavi.org/about/mission/gender/>

The programme did not encounter any gender barriers in children accessing immunization services. Women also are able to access immunization services for themselves. However, the proportion of men who take their children for immunization is significantly small. The responsibility is left to women.

### 5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

<b>Exchange rate used</b>	1 US\$ = 480	Enter the rate only; Please do not enter local currency name
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**Table 5.3a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	KFw	MCSP	NA
Traditional Vaccines*	1,443,950	0	0	0	0	1,443,950	0	0
New and underused Vaccines**	11,274,070	1,028,616	10,245,454	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	3,064,798	0	2,851,500	0	0	213,298	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	845,549	622,714	0	0	0	0	222,835	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
Surveillance		0	0	0	191,196	0	0	0
Total Expenditures for Immunisation	16,628,367							
Total Government Health		1,651,330	13,096,954	0	191,196	1,657,248	222,835	0

Traditional vaccines: BCG, DTP, OPV, 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

### 5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **5**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 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 [5.3 Overall Expenditures and Financing for Immunisation](#)

The EPI Sub-TWG which is equivalent to the ICC met, reviewed the 2014 APR and endorsed it.

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

If Yes, which ones?

<b>List CSO member organisations:</b>
Malawi Health Equity Network (MHEN)

## 5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

### Main Objectives

- Sustaining high routine immunization coverage for all antigens
- Sustaining high quality surveillance on AFP, measles and NNT
- Raise community awareness on importance of immunization

### Priority Actions

- Introduction of Measles Second Dose (MSD) and Inactivated Polio Vaccine (IPV)
- Improve documentation, archiving, data management and sharing
- Conduct Periodic Intensification of Routine Immunization in low performing health facilities
- Conduct EPI comprehensive and disease surveillance review
- Advocacy for more funding for immunization
- Switch from using TT to Td and tOPV to using bOPV
- Improve vaccine preventable disease and AEFI surveillance indicators
- Conduct regular supervision to lower levels to improve knowledge and skills for health worker
- Review EPI monitoring tools and distribute the new tools to districts for use service
- Increase Cold chains pace and efficiency at all levels
- Establish NITAG and AEFI expert review committee
- Conduct chain temperature monitoring study
- Support districts affected by floods in January 2015 to re-establish functional immunisation services and conduct catch-up campaigns to reach the unvaccinated children in these districts.

## 5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD	Malawi Government/KFw
Measles	AD	Malawi Government/KFw
TT	AD	Malawi Government/KFw
DTP-containing vaccine	AD	Malawi Government/KFw
IPV	NA	NA
NA	NA	NA

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)

There were no obstacles encountered

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

The programme used incinerators where in places where they exist and burn and bury in places where incinerators are not available.

## **6. Immunisation Services Support (ISS)**

### **6.1. Report on the use of ISS funds in 2014**

Malawi is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

### **6.2. Detailed expenditure of ISS funds during the 2014 calendar year**

Malawi is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

### **6.3. Request for ISS reward**

Request for ISS reward achievement in Malawi is not applicable for 2014



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

### 7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1:** Vaccines received for 2014 vaccinations against approvals for 2014

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

	[ A ]	[ B ]	[ C ]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
Pneumococcal (PCV13)	1,495,800	1,805,900	0	No
DTP-HepB-Hib	1,569,900	1,611,000	0	No
Rotavirus	1,230,100	1,345,500	0	No
Measles second dose	0	0	0	Not selected

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 did not experience problems.

- 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)

**GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.**

- With support from CHAI, a vaccine Zero stock-out training was conducted in Malawi for health worker.
- More vaccine stock books and injection materials were distributed to all the health facilities.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

Not applicable

## 7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	DPT-HepB-Hib, 10 dose already introduced in Malawi.

When is the Post Introduction Evaluation (PIE) planned? **September 2013**

Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Nationwide introduction	Yes	10/07/2015
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	There was delayed disbursement of the MSD VIG through UNICEF and WHO. This affected the time frame of preparatory activities. After in-country consultation, a decision was made to move the introduction of MSD to July 2015. This would allow adequate time for preparation.

When is the Post Introduction Evaluation (PIE) planned? **January 2016**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	PCV13 was introduced in Malawi in November 2011

When is the Post Introduction Evaluation (PIE) planned? **September 2013**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Rotavirus was already introduced in Malawi in October 2012.

When is the Post Introduction Evaluation (PIE) planned? **September 2013**

7.2.2. 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° 9 )

1. Regions and districts should have their own introduction plans to guide implementation of introduction of new vaccines. *Not yet implemented*
2. IEC materials should be available timely by National level to districts, and districts to health facilities. *In progress*
3. Updated immunization monitoring chart should be plotted and displayed. *Done. however the display vary from health*

facility to health facility. Some do not display them.

4. Static clinics should conduct daily immunization clinic to improve coverage. *In progress, however, in health facilities with small targets restrict themselves to the clinic days.*

5. The EPI programme should develop and distribute written protocol on AEFI reporting and management. *AEFI protocol is available in draft form and the development process is spearheaded by the Pharmacy Medicine and Poisons Board (PMPB).*

6. Conduct regular supportive supervision to lower levels and reinforce the culture of providing written feedback and follow up on implementation of recommendations. *In progress*

7. National EPI programme should introduce the use of Freeze Watch (or other appropriate temperature monitoring devices) for all vaccine during transportation. *In progress, TOT was conducted on Fridge tag 2 and most districts have cascaded the trainings to health facility workers.*

8. National EPI programme should procure and distribute more refrigerators to increase capacity in some districts. *In progress: 65 refrigerators were bought and distributed to districts from a NORAD grant. Through a KfW grant, 375 refrigerators are to be procured and delivery is expected in December 2015. From the GAVI HSS 1 grant, 75 refrigerators have been budgeted. The construction of the Mzuzu Cold room is underway.*

9. The Ministry of Health should urgently liaise with ESCOM to provide power connection to the New Southern Zone cold store which is still not connected to power grid. *Power is connected and is in use.*

10. The ministry of health should call for a meeting to discuss modalities on data sharing between Wellcome Trust Research Laboratory, MOH and other partners and specify frequency of reporting. *In progress*

11. The National EPI programme should disseminate the supervisory checklist to districts for adaptation and use. *Done*

12. The DHOs should ensure that emergency kits for managing AEFIs and investigation forms are available in all health facilities. *Not done*

13. The Pharmacy Medicine and Poisons Board and EPI/MOH should collaborate and work closely to strengthen Post Marketing Surveillance. *In progress*

### 7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

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**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

### 7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

Rotavirus vaccine impact and Effectiveness study by Malawi Liverpool Wellcome Trust

#### 1. Early indications of population impact

-Reducing hospitalization incidence rate

-Shifting age distribution

## 2. Strong evidence of vaccine effectiveness

- Despite accelerated EPI schedule
- Despite breadth of genotypes in community
- Regardless of control group
- Higher for G1 than other genotypes
- Persistence of G2

## 7.3. New Vaccine Introduction Grant lump sums 2014

### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	1,037,338	497,922,240
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	1,037,338	497,922,240
Total Expenditures in 2014 (D)	0	0
Balance carried over to 2015 (E=C-D)	1,037,338	497,922,240

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year ( Document No 10,11) . 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

MSD and IPV VIG funds are in-country disbursed through WHO and UNICEF respectively. Processes to transfer funds to District Health Offices for district level preparatory activities currently underway, managed by WHO and UNICEF country offices. As at March 31 2015, a national Task Force is in place to lead the preparations at country level. NTF Sub-committees on training, social mobilisation, transport, protocol are in place and working. Vaccine orders have been made through UNICEF SD. Training of trainers from the districts are underway.

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

There was delayed disbursement of the MSD and IPV VIGs through UNICEF and WHO. The funds reached the country offices in December 2014. This affected the time frame of preparatory activities. After in-country consultation, a decision was made to move the introduction of MSD and IPV to July 2015. This would allow adequate time for preparations.

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

Development of MSD and IPV introduction training and field guide documents for health workers, finalisation of MSD and IPV communication materials; training of health workers and volunteers, distribution of vaccines and supplies to districts and health facilities, pre-introduction intensified public awareness and social mobilisation activities; Pre-introduction and post introduction supervision in the districts; post introduction evaluation of MSD and IPV in January 2016.

## 7.4. Report on country co-financing in 2014

**Table 7.4** : Five questions on country co-financing

	<b>Q.1: What were the actual co-financed amounts and doses in 2014?</b>
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Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	483,116	153,500
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	299,500	84,600
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	24,600	97,900
<b>Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?</b>		
Government	1028616	
Donor	0	
Other	0	
<b>Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?</b>		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	14,988	170,400
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	8,735	94,000
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	0	0
<b>Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding</b>		
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	November	Government of Malawi
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	November	Government of Malawi
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	November	Government of Malawi
<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>		
<ul style="list-style-type: none"> <li>• Financial Sustainability strategies</li> <li>• Resource mobilization for immunisation</li> <li>• Financial management</li> </ul> <p>As well as continued technical assistance provided through our collaborating partners</p>		

**\*Note:** co-financing is not mandatory for IPV

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in 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/programmes\\_systems/supply\\_chain/evm/en/index3.html](http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.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? **November 2012**

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

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? **January 2016**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Malawi does not report on NVS Preventive campaign

## 7.7. Change of vaccine presentation

Malawi does not require to change any of the vaccine presentation(s) for future years.

## 7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2016 for the following vaccines:

- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 2-dose schedule**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 2-dose schedule**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2016, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 2-dose schedule**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 2-dose schedule**

## 7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)  
**Yes**

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 are not disclosed

**Table 7.10.2: Freight Cost**

Vaccine Antigen	Vaccine Type	2011	2012	2013	2014	2015	2016
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID				3.40 %	4.30 %	3.60 %
Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED				13.80 %	13.00 %	12.60 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID				4.40 %	4.50 %	3.00 %
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule				3.90 %	4.20 %	4.40 %

## 7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	660,293	675,317	679,152	2,014,762
	Number of children to be vaccinated with the first dose	Parameter	#	641,871	703,641	672,360	2,017,872
	Number of children to be vaccinated with the third dose	Parameter	#	616,376	675,317	638,403	1,930,096
	Immunisation coverage with the third dose	Parameter	%	93.35 %	100.00 %	94.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.11	1.04	
	Stock in Central Store Dec 31, 2014		#	1,348,400			
	Stock across second level Dec 31, 2014 (if available)*		#	1,348,400			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Parameter	\$		0.20	0.20	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	



fv	Freight cost as % of vaccines value	Parameter	%		4.30 %	3.60 %	
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\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

There is no difference

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

4.5

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

Co-financing group	Low
--------------------	-----

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015	2016
Number of vaccine doses	#	1,416,400	2,084,000	969,800
Number of AD syringes	#	1,620,600	2,299,500	1,108,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	18,000	25,300	11,975
Total value to be co-financed by GAVI	\$	3,009,000	4,251,000	1,850,000

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

		2014	2015	2016
Number of vaccine doses	#	153,500	234,500	116,800
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 [1]	\$	314,000	464,000	223,000

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

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-finance	V				
B	Number of children to be vaccinated with the first dose	Table 4	641,871	703,641		
B1	Number of children to be vaccinated with the third dose	Table 4	616,376	703,641		

C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,889,666	2,070,987		
E	Estimated vaccine wastage factor	Table 4	1.05	1.11		
F	Number of doses needed including wastage	$D \times E$		2,298,795		
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if(wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375</math>  <math>\geq 0</math></li> </ul>				
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$				
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$				
H2	Reported stock on January 1st	Table 7.11.1	1,119,500	1,348,400		
H3	Shipment plan	Approved volume		2,318,500		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		2,318,500		
J	Number of doses per vial	Vaccine Parameter				
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$				
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$				
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$				
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$				
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$				
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$				
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$				
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$				
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
T	Total fund needed	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$				
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$				

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

	Formula	2014			
		Total	Government	GAVI	
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	672,360	72,232	600,128
B1	Number of children to be vaccinated with the third dose	Table 4	638,403	68,584	569,819
C	Number of doses per child	Vaccine parameter (schedule)	3		

D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,969,201	211,550	1,757,651
E	Estimated vaccine wastage factor	Table 4	1.04		
F	Number of doses needed including wastage	$D \times E$	2,047,969	220,012	1,827,957
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if (wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0</math></li> </ul>	- 38,169	- 4,100	- 34,069
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$	923,330	99,193	824,137
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$	1,671,576	179,576	1,492,000
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,086,500	116,722	969,778
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,108,473	0	1,108,473
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	11,952	0	11,952
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,952,441	209,750	1,742,691
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	49,660	0	49,660
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	66	0	66
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	70,288	7,551	62,737
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	2,072,455	222,643	1,849,812
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	217,300		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	10.74 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.



**Table 7.11.1: Specifications for Measles second dose, 10 dose(s) per vial, LYOPHILISED**

ID	Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter #	660,293	675,317	679,152	2,014,762
	Number of children to be vaccinated with the first dose	Parameter #	0	0	672,360	672,360
	Number of children to be vaccinated with the second dose	Parameter #		562,913	638,403	1,201,316
	Immunisation coverage with the second dose	Parameter %	0.00 %	83.36 %	94.00 %	
	Number of doses per child	Parameter #	1	1	1	
	Estimated vaccine wastage factor	Parameter #	1.00	1.33	1.33	
	Stock in Central Store Dec 31, 2014	#	0			
	Stock across second level Dec 31, 2014 (if available)*	#	0			
	Stock across third level Dec 31, 2014 (if available)*	Parameter #	0			
	Number of doses per vial	Parameter #		10	10	
	AD syringes required	Parameter #		Yes	Yes	
	Reconstitution syringes required	Parameter #		Yes	Yes	
	Safety boxes required	Parameter #		Yes	Yes	
cc	Country co-financing per dose	Parameter \$		0.00	0.00	
ca	AD syringe price per unit	Parameter \$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter \$		0	0	
cs	Safety box price per unit	Parameter \$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter %		13.00 %	12.60 %	
fd	Freight cost as % of devices value	Parameter %				

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

No Applicable

**Co-financing tables for Measles second dose, 10 dose(s) per vial, LYOPHILISED**

Co-financing group	Low
--------------------	-----

	2014	2015	2016
Minimum co-financing			
Recommended co-financing as per			
Your co-financing			

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	641,871	675,317	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	1,925,613	2,025,951	
E	Estimated vaccine wastage factor	Table 4	1.05	1.04	
F	Number of doses needed including wastage	$D \times E$		2,106,990	
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1	1,054,250	236,500	
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		2,133,000	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	5.75 %		
B	Number of children to be vaccinated with the first dose	Table 4	672,360	38,649	633,711
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	2,017,080	115,947	1,901,133
E	Estimated vaccine wastage factor	Table 4	1.04		
F	Number of doses needed including wastage	$D \times E$	2,097,764	120,585	1,977,179
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	- 1,516	- 87	- 1,429
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,097,000	120,541	1,976,459
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	2,217,121	0	2,217,121
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	23,068	0	23,068
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	7,083,666	407,185	6,676,481
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	99,328	0	99,328
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	126	0	126
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	212,510	12,216	200,294
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	7,395,630	425,117	6,970,513
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	419,400		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.75 %		

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

ID	Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter #	660,293	675,317	679,152	2,014,762
	Number of children to be vaccinated with the first dose	Parameter #	641,871	675,317	672,360	1,989,548
	Number of children to be vaccinated with the third dose	Parameter #	641,871	675,317	638,403	1,955,591
	Immunisation coverage with the third dose	Parameter %	97.21 %	100.00 %	94.00 %	
	Number of doses per child	Parameter #	3	3	3	
	Estimated vaccine wastage factor	Parameter #	1.05	1.04	1.04	
	Stock in Central Store Dec 31, 2014	#	236,500			
	Stock across second level Dec 31, 2014 (if available)*	#	236,500			
	Stock across third level Dec 31, 2014 (if available)*	Parameter #	0			
	Number of doses per vial	Parameter #		1	1	
	AD syringes required	Parameter #		Yes	Yes	
	Reconstitution syringes required	Parameter #		No	No	
	Safety boxes required	Parameter #		Yes	Yes	
cc	Country co-financing per dose	Parameter \$		0.20	0.20	
ca	AD syringe price per unit	Parameter \$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter \$		0	0	
cs	Safety box price per unit	Parameter \$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter %		4.50 %	3.00 %	

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

There is no difference

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

Co-financing group	Low
--------------------	-----

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.20	0.20	0.20



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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	641,871	675,317	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	1,925,613	2,025,951	
E	Estimated vaccine wastage factor	Table 4	1.05	1.04	
F	Number of doses needed including wastage	$D \times E$		2,106,990	
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	H2 of previous year - $0.25 \times F$ of previous year			
H2	Reported stock on January 1st	Table 7.11.1	1,054,250	236,500	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		2,133,000	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	5.75 %		
B	Number of children to be vaccinated with the first dose	Table 4	672,360	38,649	633,711
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	2,017,080	115,947	1,901,133
E	Estimated vaccine wastage factor	Table 4	1.04		
F	Number of doses needed including wastage	$D \times E$	2,097,764	120,585	1,977,179
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	- 1,516	- 87	- 1,429
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,097,000	120,541	1,976,459
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	2,217,121	0	2,217,121
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	23,068	0	23,068
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	7,083,666	407,185	6,676,481
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	99,328	0	99,328
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	126	0	126
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	212,510	12,216	200,294
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	7,395,630	425,117	6,970,513
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	419,400		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.75 %		

**Table 7.11.1: Specifications for Rotavirus, 2-dose schedule**

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	660,293	675,317	679,152	2,014,762
	Number of children to be vaccinated with the first dose	Parameter	#	641,871	675,317	672,360	1,989,548
	Number of children to be vaccinated with the second dose	Parameter	#	641,871	675,317	638,403	1,955,591
	Immunisation coverage with the second dose	Parameter	%	97.21 %	100.00 %	94.00 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.04	1.04	
	Stock in Central Store Dec 31, 2014		#	753,500			
	Stock across second level Dec 31, 2014 (if available)*		#	753,500			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	Country co-financing per dose	Parameter	\$		0.20	0.20	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		4.20 %	4.40 %	

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

There is no difference

**Co-financing tables for Rotavirus, 2-dose schedule**

Co-financing group	Low
--------------------	-----

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.20	0.20	0.20

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	641,871	675,317	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	1,925,613	2,025,951	
E	Estimated vaccine wastage factor	Table 4	1.05	1.04	
F	Number of doses needed including wastage	$D \times E$		2,106,990	
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	H2 of previous year - $0.25 \times F$ of previous year			
H2	Reported stock on January 1st	Table 7.11.1	1,054,250	236,500	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		2,133,000	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	5.75 %		
B	Number of children to be vaccinated with the first dose	Table 4	672,360	38,649	633,711
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	2,017,080	115,947	1,901,133
E	Estimated vaccine wastage factor	Table 4	1.04		
F	Number of doses needed including wastage	$D \times E$	2,097,764	120,585	1,977,179
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	- 1,516	- 87	- 1,429
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,097,000	120,541	1,976,459
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	2,217,121	0	2,217,121
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	23,068	0	23,068
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	7,083,666	407,185	6,676,481
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	99,328	0	99,328
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	126	0	126
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	212,510	12,216	200,294
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	7,395,630	425,117	6,970,513
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	419,400		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.75 %		



## 8. Health Systems Strengthening Support (HSS)

Please use this APR section (8. Health Systems Strengthening Support) to report on grant implementation of the previous HSS grant which was approved before 2012. In addition, please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

### 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 2014**. All countries are expected to report on:
  - a. Progress achieved in 2014
  - b. HSS implementation during January – April 2015 (interim reporting)
  - c. Plans for 2016
  - d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, 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 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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 objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing [gavihss@gavi.org](mailto:gavihss@gavi.org).

5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).

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 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 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

8. 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.

## 8.1. Report on the use of HSS funds in 2014 and request of a new tranche

Please provide data sources for all data used in this report.

### 8.1.1. Report on the use of HSS funds in 2014

Please complete [Table 8.1.3.a](#) and [8.1.3.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 8.1.3.a](#) and [8.1.3.b](#).**

### 8.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: **468** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	3641127	3796469	3905734	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	3641127	3796469	3905734	0	0	0
Total funds received from GAVI during the calendar year (A)	3790000	1898250	5803750	0	0	0
Remaining funds (carry over) from previous year (B)	0	1335079	1920278	6779777	3823788	3472403
Total Funds available during the calendar year (C=A+B)	3790000	3233329	7734028	6779777	3823788	3472401
Total expenditure during the calendar year (D)	2358418	1280872	954251	2955989	351385	629070
Balance carried forward to next calendar year (E=C-D)	1335079	184070	6779777	3823788	3472403	2843333
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	3796469	5803750	0	0	0	0

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress	0	0	0	0



<i>Reviews)</i>				
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0
Total expenditure during the calendar year (D)	0	0	0	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	530876327	569470350	585860100	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	530876327	569470350	585860100	0	0	0
Total funds received from GAVI during the calendar year (A)	530705663	284824087	870562500	0	0	0
Remaining funds (carry over) from previous year (B)	0	200261789	288041645	1015466520	572068203	519360531
Total Funds available during the calendar year (C=A+B)	530705663	485285875	1158604145	1015466520	572068203	519360531
Total expenditure during the calendar year (D)	330243876	197244230	143137625	443398317	52707672	94360531
Balance carried forward to next calendar year (E=C-D)	200261789	288041645	1015466520	572068203	519360531	423000000
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	569470350	585860100	0	0	0	0

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0
Total expenditure during the calendar year (D)	0	0	0	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

### Report of Exchange Rate Fluctuation

Please indicate in the table [Table 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	146	150	150	250	335	430
Closing on 31 December	151	168	160	350	430	468

### Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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: 19)**

If any expenditures for the January April 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

**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: 21)**

## 8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. 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 8.2: HSS activities in the 2014 reporting year**

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
<b>Objective 1</b>			
<b>Capacity building</b>	Activity 1.1 Train Health Assistants	100	MoH Training
<b>Objective 3</b>			
<b>Transport</b>	Activity 3.3: Purchase push bikes for use by HSAs	10	MoH Procurement
<b>Cold chain equipment</b>	Activity 3.9 Procurement of cold chain equipment	20	MoH Procurement
<b>Objective 4</b>			
<b>Infrastructure</b>	Activity 4.6 Construction of Cold room in Mzuzu for Northern Zone	10	MoH Infrastructure

8.2.1 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
NA	NA

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

- Activity 1.1 Train health assistants, has been implemented but the institution has not been paid due to challenges in accessing HSS1 funds.
- Activity 3.3 Purchase of push bikes, has not been implemented due to challenges in accessing HSS1 funds. Progress is put at 10% because tendering process was done.
- Activity 3.9 Procurement of cold chain equipment, has not been implemented fully due to challenges in accessing HSS1 funds. Progress is put at 20% because it is at contractual level.
- Activity 4.6 Construction of cold room in Mzuzu for Northern zone, has been stalled due to challenges in accessing HSS1 funds. Progress is put at 20% because a contract is place and the contractor at one time was on site and started some work. Now the work has been stalled.

8.2.3 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

### 8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

**Table 8.3: 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	2014 Target						Data Source	Explanation if any targets were not achieved
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	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

## 8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

It has been problematic rather than major achievement as major activities could not be done due to difficulties in accessing HSS1 funds. MK423,000,000.00 is meant for the construction of Mzuzu cold room, procurement of cold chain equipment, procurement of bicycles and payment to the Malawi College of Health Sciences which have not been done up to date due to challenges to the disbursement of funds.

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

### Problem:

- GAVI funds kept in local currency, once it is devaluates, a loss is encountered and affects implementation of activities.
- Disbursement of funds for the remaining activities have been a challenge due to the ineffectiveness of the IFMIS

Prolonged procurement process for the construction of the Mzuzu cold room for Northern Region and procurement of refrigerators including bicycles.

### Solution:

- Opening of a foreign denominated account, has been done following the audit recommendations.
- A separate operation account for GAVI funds has been also opened following the audit recommendation.
- Transfer of the remaining MK423,000,000.00 to the new operation account is in progress following the audit recommendations.
- To minimize the prolonged procurement process, it is proposed that
  - part of HSS2 funds meant for procurement of cold chain equipment, bicycles, boats and M&E tools be routed to UNICEF.
  - part of HSS2 funds meant for procurement of motor vehicles be routed to WHO.
- Using the foreign denominated account, involving a fiduciary oversight agent and a procurement agent.
- Contracting a coordinator for the HSS2 funds using the project management portion

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

The Ministry prepares quarterly financial monitoring reports which consolidate expenditures at all levels i.e. Headquarters, Central hospitals, and District hospitals. At the end of financial year, MoH prepares Consolidated financial statement of cash receipts and payments using Cash Based IPSAS which includes GAVI resources. The statements are audited by external auditors. In addition, activity reports are prepared.

8.4.4. 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.

The HSS M&E Framework was developed to guide the monitoring of the implementation of the activities. In addition, review meetings are conducted at district, zonal and national levels to facilitate monitoring.

In the context of SWAp, biannual and annual review meetings are conducted which include immunization as one of the subject at the review. SWAp also selected measles coverage as one of the key indicator for the Common Approach to Budgetary Support (CABS). In addition, penta3 coverage and fully immunization child coverage are among the main indicators in the National M&E matrix. At the SWAp annual review, these indicators are reviewed together with other indicators.

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

The participation of the CSOs is coordinated by the Malawi Health Equity Network (MHEN) who (in collaboration with Ministry of Health and Ministry of Local Government and Rural Development) will particularly be responsible for coordinating the participation of civil society organizations in the following specific activities:

1. Development of a training manual for Village Development Committees (VDCs) in health village settings
2. Printing of Health Village Settings training manual for Village Development Committees
3. Sensitization of members of the District Executive Committee (DEC)
4. ToT for VDC trainings
5. Training of VDCs
6. Mapping exercise of CSO
7. National Conference on experiences of CSOs in immunization services
8. Zonal meetings for CSOs
9. National review meetings for EPI

Notwithstanding above, CSOs will continue to support the MoH in providing targeted interventions for hard to reach population groups and unimmunized children, particularly in the areas of awareness creation, education, and community mobilization towards demand creation and uptake of health services. At national level, the CSOs will continue to advocate for more funding to EPI/EHP services from the Malawi Government

8.4.6. 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.

8.4.7. 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

All GAVI resources to the GoM through MoH are managed through the Integrated Financial Management Information System (IFMIS) under 'below the line' account (off budget) and accounted for in the Accountant General's final accounts. However, the IFMIS have been found to be ineffective as there were some flaws in the system. HSS1 was managed through this system

The following constraints have been encountered:

- Disbursement of funds has been a challenge since the IFMIS was no longer reliable.
- Prolonged procurement process
- Financial reports could not be generated through IFMIS
- Prolonged procurement process

Action taken to address any issues and improve management

- Opening of a foreign denominated account has been done following the audit recommendations
- A separate account for GAVI funds has been also opened following the audit recommendation

- Transfer of the remaining MK423,000,000.00 to the new account is in progress
- Proposal to send part of HSS2 meant for procurement of cold chain equipment to UNICEF
- Proposal to send part of HSS2 funds meant for procurement of motor vehicles to WHO.
- Using the foreign denominated account, involving a fiducially agent and a procurement agent
- Contracting a coordinator for the HSS2 funds using the project management portion
- Putting an oversight committee in place.

## 8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

**Table 8.5:** Planned activities for 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2015 actual expenditure (as at April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
Objective 1						
Capacity Building	Activity 1.1 Train Health Assistants	40435	0	Activity 1.1 Train Health Assistants	None, Activity done but institution not yet paid	40435
Transport	Activity 3.3: Purchase push bikes for use by HSAs	76422		Activity 3.3: Purchase push bikes for use by HSAs	None	76422
Objective 3						
Transport	Activity 3.3: Purchase push bikes for use by HSAs	76422		Activity 3.3: Purchase push bikes for use by HSAs	None	76422
Cold chain equipment	Activity 3.9 Procurement of cold chain equipment	345515		Activity 3.9 Procurement of cold chain equipment	None	345515
		538794	0			538794

## 8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval 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 8.6:** Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Planned Activity for 2016	Original budget for 2016 (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 2016 (if relevant)
NA	NA	0	0	NA	0
		0			

## 8.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing [gavihss@gavi.org](mailto:gavihss@gavi.org)

## 8.8. 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 8.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
KFw	205382	One year (2014)	Traditional vaccines

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

## 8.9. Reporting on the HSS grant

8.9.1. 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 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
NA	NA	NA

8.9.2. 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.

Main activities have not been implemented in 2014 due to challenges in the disbursement of the remaining MK423,000,000.00. These activities have spilled over to 2015. One of the activity, training of health workers in Assistant Environmental Health Officers was done but the institution has not be paid; construction of the cold room in the Northern Zone was underway but has stalled because the contractor cannot be paid due to the same challenges; procurement of refrigerators is at a contractual level but could not go further because of similar challenges; and finally the procurement of bicycles is at evaluation of tenders but could not proceed. As a country we are really in a fix since some, such as the contractor has already been engaged with contractual agreement.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)



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

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

Malawi **has NOT received GAVI TYPE A CSO support**

Malawi is not reporting on GAVI TYPE A CSO support for 2014

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

Malawi **has NOT received GAVI TYPE B CSO support**

Malawi is not reporting on GAVI TYPE B CSO support for 2014

## 10. 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

Not yet met, we shall update once the committee has met.

# 11. Annexes

## 11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.

### 11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.

## 11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.



## 11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014 (balance carried forward to 2015)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	<a href="#">To be provided.docx</a> <b>File desc:</b> <b>Date/time :</b> 20/06/2015 05:51:31 <b>Size:</b> 17 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	<a href="#">To be provided.docx</a> <b>File desc:</b> <b>Date/time :</b> 20/06/2015 05:53:09 <b>Size:</b> 17 KB
3	Signatures of members of ICC	2.2	✓	<a href="#">To be provided.docx</a> <b>File desc:</b> <b>Date/time :</b> 20/06/2015 05:56:17 <b>Size:</b> 17 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	<a href="#">Minutes of EPI Sub TWG 18MAY 2015 Final.doc</a> <b>File desc:</b> <b>Date/time :</b> 19/06/2015 06:27:09 <b>Size:</b> 80 KB
5	Signatures of members of HSCC	2.3	✓	<a href="#">No Report.docx</a> <b>File desc:</b> <b>Date/time :</b> 20/06/2015 06:51:59 <b>Size:</b> 17 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	<a href="#">No Report.docx</a> <b>File desc:</b> <b>Date/time :</b> 20/06/2015 06:47:31 <b>Size:</b> 17 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.1	✗	No file loaded

10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	<a href="#">No Report.docx</a> <b>File desc:</b> <b>Date/time :</b> 20/06/2015 06:44:38 <b>Size:</b> 17 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1	✓	<a href="#">GAVI Audit.docx</a> <b>File desc:</b> <b>Date/time :</b> 20/06/2015 06:41:49 <b>Size:</b> 13 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	<a href="#">Malawi-EVM Report-14 Dec 12.docx</a> <b>File desc:</b> <b>Date/time :</b> 19/06/2015 06:21:47 <b>Size:</b> 4 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	<a href="#">EVM-Malawi-improvement plan - 2.xls</a> <b>File desc:</b> <b>Date/time :</b> 19/06/2015 06:24:04 <b>Size:</b> 161 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	<a href="#">Malawi EVM improvement plan 20150620.xls</a> <b>File desc:</b> <b>Date/time :</b> 22/06/2015 03:59:10 <b>Size:</b> 163 KB
16	Valid cMYP if requesting extension of support	7.8	✗	No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	<a href="#">Minutes of EPI Sub TWG 18MAY 2015 Final.doc</a> <b>File desc:</b> <b>Date/time :</b> 19/06/2015 06:07:45 <b>Size:</b> 80 KB

20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	<a href="#">No Report.docx</a> <b>File desc:</b> <b>Date/time :</b> 20/06/2015 06:23:18 <b>Size:</b> 17 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	<a href="#">GAVI Audit.docx</a> <b>File desc:</b> <b>Date/time :</b> 19/06/2015 06:31:05 <b>Size:</b> 13 KB
22	HSS Health Sector review report	8.9.3	✓	<a href="#">No Report.docx</a> <b>File desc:</b> <b>Date/time :</b> 20/06/2015 06:37:42 <b>Size:</b> 17 KB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	✗	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	<a href="#">No Report.docx</a> <b>File desc:</b> <b>Date/time :</b> 20/06/2015 06:35:22 <b>Size:</b> 17 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	✗	No file loaded
28	Justification for changes in target population	5.1	✗	No file loaded

	Other		X	<p><a href="#">Minutes of EPI Sub TWG 1 July 2014. Finaldocx.docx</a>  <b>File desc:</b>  <b>Date/time :</b> 20/06/2015 06:32:58  <b>Size:</b> 35 KB</p> <p><a href="#">Minutes of EPI Sub TWG 17 Oct 2014 Final.doc</a>  <b>File desc:</b>  <b>Date/time :</b> 20/06/2015 06:26:19  <b>Size:</b> 56 KB</p> <p><a href="#">Minutes of EPI Sub TWG 26 Sep 2014 Final.docx</a>  <b>File desc:</b>  <b>Date/time :</b> 20/06/2015 06:28:43  <b>Size:</b> 32 KB</p>

