

## **Annual Progress Report 2008**

Submitted by

## The Government of

## Malawi

Reporting on year: 2008

Requesting for support year: 2010/2011

Date of submission: 29th May 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following email address: <u>apr@gavialliance.org</u>

and any hard copy could be sent to :

GAVI Alliance Secrétariat, Chemin de Mines 2. CH 1202 Geneva, Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of Malawi

Minister o	f Health:	Minister of Finance:		
Title:		Title:		
Signature:		Signature:		
Date:		Date:		

This report has been compiled by:

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## **ICC Signatures Page**

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date			
	[	]				
<u>Comments from partners</u> : You may wish to send informal comments to: <u>apr@gavialliance.org</u> All comments will be treated confidentially						
As this report been reviewed by the GAVI core RWG: y/n						
A copy has been forwarded to WHO Country Office						

### HSCC Signatures Page (NA)

If the country is reporting on HSS, CSO support

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
	L	]	ll

<u>Comments from partners</u> : You may wish to send informal comment to: <u>apr@gavialliance.org</u> All comments will be treated confidentially

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

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

Name:	
Post:	
Organisation	
Date:	
Signature:	

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:	
Post:	
Organisation	·
Date:	
Signature:	

We, the undersigned members of the National Health Sector Coordinating Committee, ...... (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date

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

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

#### Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number		Achievements as per JRF		Targets					
		2008	2009	2010	2011	2012	2013	2014	2015
Births		702,968	722,799	743,217	764,242	808,187	831,147	854,792	879,143
Infants' deaths		49,652	51,053	52,495	53,980	57,084	58,706	60,376	65,095
Surviving infants		653,316	671,746	690,722	710,262	751,103	772,441	794,416	814,048
Pregnant women		783,979	806,095	828,867	852,315	901,324	926,930	953,299	980,457
Target population	vaccinated with BCG	670,620	693,887	720,920	748,957	800,105	822,836	846,244	870,352
BCG coverage*		95%	96%	97%	98%	99%	99%	99%	99%
Target population	vaccinated with OPV3	598,382	624,724	649,279	674,749	721,059	749,268	778,528	805,591
OPV3 coverage**		92%	93%	94%	95%	96%	97%	98%	99%
Target population	vaccinated with DTP (DTP3)***	596,281	624,724	649,279	674,749	721,059	749,268	778,528	805,591
DTP3 coverage**		91%	93%	94%	95%	96%	97%	98%	99%
Target population	vaccinated with DTP (DTP1)***	590,431	631,441	656,186	681,852	728,570	756,992	786,472	805,908
Wastage <sup>1</sup> rate in I	base-year and planned thereafter	6%	10%	10%	10%	10%	10%	10%	10%
	•	these rows as m	any times as	s the number o	of new vaccine	s requested			
Target population HepB+Hib3	vaccinated with 3 <sup>rd</sup> dose of DPT-	596,281	624,724	649,279	674,749	721,059	749,268	778,528	805,591
Covera	ge**	91%	93%	94%	95%	96%	97%	98%	99%
Target population HepB+Hib1	vaccinated with 1 <sup>st</sup> dose of DPT-	590,431	631,441	656,186	681,852	728,570	756,992	786,472	805,908
Wastage <sup>1</sup> rate in I	base-year and planned thereafter	6%	10%	10%	10%	10%	10%	10%	10%
Target population	vaccinated with 1 <sup>st</sup> dose of Measles	574,943	597,854	621,650	646,338	691,015	718,370	746,751	773,346
Target population	vaccinated with 2 <sup>nd</sup> dose of Measles	Not applicable							
Measles coverage	9**	88%	89%	90%	91%	92%	93%	94%	95%
Pregnant women	vaccinated with TT+	440,118	459,474	480,743	502,866	540,794	565,427	591,045	617,688
TT+ coverage****		56%	57%	58%	59%	60%	61%	62%	63%
Vit A supplement	Mothers (<6 weeks from delivery)	168,454	180,700	193,236	206,345	226,292	241,033	256,244	272,534
	Infants (>6 months)	911,867	924,322	972,536	1,022,776	1,105,624	1,161,752	1,220,223	1,281,131
Annual DTP Drop	out rate [(DTP1-DTP3)/DTP1]x100	-1%	10%	9%	8%	7%	6%	5%	4%
Annual Measles D	Drop out rate (for countries applying for YF)	Not applicable	[	1	1	Т			

\* Number of infants vaccinated out of total births \*\* Number of infants vaccinated out of surviving infants

<sup>&</sup>lt;sup>1</sup> The formula to calculate a vaccine wastage rate (in percentage): [ (A - B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table  $\alpha$  after Table 7.1.

# \*\*\* Indicate total number of children vaccinated with either DTP alone or combined \*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women **Table B: Updated baseline and annual targets**

Number		Achievements as per JRF				Targets			
Humber		2008	2009	2010	2011	2012	2013	2014	2015
Births		702,968	722,799	743,217	764,242	808,187	831,147	854,792	879,143
Infants' deaths		49,652	51,053	52,495	53,980	57,084	58,706	60,376	65,095
Surviving infants		653,316	671,746	690,722	710,262	751,103	772,441	794,416	814,048
Pregnant women		783,979	806,095	828,867	852,315	901,324	926,930	953,299	980,457
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BCG coverage*		95%	96%	97%	98%	99%	99%	99%	99%
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DTP3 coverage**		91%	93%	94%	95%	96%	97%	98%	99%
Target population	vaccinated with DTP (DTP1)***	590,431	631,441	656,186	681,852	728,570	756,992	786,472	805,908
Nastage <sup>2</sup> rate in I	base-year and planned thereafter	6%	10%	10%	10%	10%	10%	10%	10%
	Duplicate	these rows as m	any times a	s the number o	of new vaccine	s requested			
Target population <b>HepB+Hib3</b>	vaccinated with 3 <sup>rd</sup> dose of DPT-	596,281	624,724	649,279	674,749	721,059	749,268	778,528	805,591
		91%	93%	94%	95%	96%	97%	98%	99%
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Pregnant women vaccinated with TT+		440,118	459,474	480,743	502,866	540,794	565,427	591,045	617,688
TT+ coverage****		56%	57%	58%	59%	60%	61%	62%	63%
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Vit A supplement	Infants (>6 months)	911,867	924,322	972,536	1,022,776	1,105,624	1,161,752	1,220,223	1,281,131
Annual DTP Drop	out rate [(DTP1-DTP3)/DTP1]x100	-1%	10%	9%	8%	7%	6%	5%	4%
Annual Measles D	Drop out rate (for countries applying for YF)	Not applicable		-1	-				1

\* Number of infants vaccinated out of total births

<sup>&</sup>lt;sup>2</sup> The formula to calculate a vaccine wastage rate (in percentage): [ (A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table  $\alpha$  after Table 7.1.

\*\* Number of infants vaccinated out of surviving infants
 \*\*\* Indicate total number of children vaccinated with either DTP alone or combined
 \*\*\*\* Number of pregnant women vaccinated with TT+ out of total pregnant women

## 1. Immunization Programme Support (ISS, NVS, INS)

#### 1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

The funds received from GAVI/ISS have been incorporated in the Ministry of Health budget which goes to Ministry of finance and is accounted for as donor funds to the ministry of Health.

#### 1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

A. Mechanism for Management

- i. First two tranches were accessed in April 2008.
- ii. Disbursements of funds have followed the existing MoH procedures.
- iii. Planned activities using ISS funds were discussed at the EPI Sub TWG (ICC) meetings.
- **B. Encountered Problem**

There has been no problem with ISS funds since we started accessing them in April, 2008.

#### 1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance Immunization Services Support contribution.

Funds received during 2008 Nil Remaining funds (carry over) from 2007 US\$992,000 Balance to be carried over to 2009 US\$283,871.00

#### Table 1.1: Use of funds during 2008\*

	Tatal and south in	AMOUNT OF FUNDS					
Area of Immunization	Total amount in US \$		PRIVATE				
Services Support		Central	Region/State/Province	District	SECTOR & Other		
Vaccines							
Injection supplies							
Personnel							
Transportation							
Maintenance and overheads							
Training							
IEC / social mobilization	81,510.00	47,468.00	10,621.00	23,421.00			
Outreach							
Supervision	21,671.00	11,518.00	10,153.00				
Monitoring and evaluation	116,654.00	79,578.00	37,076.00				
Epidemiological surveillance	179,548.00	56,564.00	41,169.00	81,815.00			
Vehicles							
Cold chain equipment							
Other	209,036.00	14,650.00	11,343.00	183,043.00			
1.Local immunization days							
2.Equipment and supplies	99,710.00	59,613.00	16,347.00	23,750.00			
Total:	708,129.00	269,391.00	126,709.00	312,029.00			
Remaining funds for next	283,871.00						
year:							

#### 1.1.3 ICC meetings

How many times did the ICC meet in 2008? 3 times Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: Yes/No if yes, which ones?

List CSO member organisations

During the second quarter of 2008 EPI Sub TWG(ICC) meeting, it was agreed to incorporate additional members including a representative of CSO

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

Major activities conducted

- The national dry store which was constructed with support from Unicef was officially handed over to MoH
- Health facility based trainings on EPI disease surveillance for health workers.
- Review meetings
- Integrated measles follow up campaign (vitamin A and deworming)
- Local immunization days in low performing health facilities.
- Maintenance of cold rooms and standby generators.
- Procurement of office equipment (laptops, photo copiers, desktops, LCDs, printers, UPs)

Problems encountered

• There was delay in releasing funds for integrated measles follow up campaign.

#### Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N°.....) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (DOCUMENT N°.....) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

#### 1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

List major recommendations

Not applicable. To be conducted in 2010

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES	NO
-----	----

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

NA	

#### <u>Please highlight in which ICC meeting the plan of action for the last DQA was discussed</u> <u>and endorsed by the ICC</u>. [mm/yyyy]

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:
NA
List challenges in collecting and reporting administrative data:
NA

#### 1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

#### 1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008] None. DPT-HepB+Hib was introduced in 2002

[List any change in doses per vial and change in presentation in 2008] None

#### Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DPT-HepB+Hib	2 dose	349,600	2002	14.03.2008
DPT-HepB+Hib	2 dose	390,400	2002	23.05.2008
DPT-HepB+Hib	2 dose	370,000	2002	08.08.2008
DPT-HepB+Hib	2 dose	290,000	2002	21.11.2008
DPT-HepB+Hib	2 dose	79,100	2002	21.11.2008

Please report on any problems encountered.

[List problems encountered] None

#### 1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Major activities conducted

- Health facility based trainings on EPI disease surveillance for health workers.
- Review meetings
- Integrated measles follow up campaign (vitamin A and deworming)
- Local immunization days in low performing health facilities.
- Maintenance of cold rooms and standby generators.
- Procurement of office equipment

#### Major activities planned

- To conduct Health facility based trainings on EPI disease surveillance for health workers
- To conduct RED training.
- To conduct review meetings with health workers.
- To conduct vaccine management assessment and training
- To conduct cold chain inventory
- To conduct comprehensive EPI review
- To conduct local immunization days
- To construct national and regional vaccine stores
- To construct regional warehouses
- To procure vehicles, bicycles, motorcycles, boats, cold chain and warehouse equipment.

#### Problems encountered

• There was delay in releasing funds for integrated measles follow up campaign.

#### 1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: [dd/mm/yyyy] These funds were received in 2001 during Phase 1 of the GAVI support

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2001	US\$100,000	2001	0	<ul> <li>Training of health workers</li> <li>Supervisory visits</li> <li>Monitoring activities</li> </ul>	

#### 1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? July 2003

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

[List major recommendations] Not applicable

Was an action plan prepared following the EVSM/VMA? Yes/No Not applicable

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[List main activities] Not applicable

When will the next EVSM/VMA\* be conducted? April 2009

\*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

## Table 1.2

Vaccine 1: DPT-HepB+Hib	
Anticipated stock on 1 January 2010	500,000 doses
Vaccine 2:	
Anticipated stock on 1 January 2010	
Vaccine 3:	
Anticipated stock on 1 January 2010	

#### 1.3 Injection Safety

#### 1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? Supplies

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
Safety Boxes	28,800	April
Safety Boxes	28,600	October
ADs BCG	404,000	April
ADs BCG	404,000	October
Reconstitution syringes (DPT-HepB+Hib)	410,500	April
Reconstitution syringes (DPT-HepB+Hib)	410,400	October
2 mls Reconstitution syringes (BCG)	80,800	April
2 mls Reconstitution syringes (BCG	80,800	October
5 mls Reconstitution syringes (Measles)	53,500	April
5 mls Reconstitution syringes (Measles)	53,500	October
ADs (0.5ml)	1,631,200	April
ADs (0.5ml)	1,629,700	October

Please report on any problems encountered.

There was no problem encountered with the deliveries of injection materials in 2008

## 1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

The injection support for Malawi ended in 2008. The government has taken over the procurement of injection materials.

Please report how sharps waste is being disposed of.

Sharps are disposed of by use of incinerators and where there are no incinerators, they are burnt and ashes thrown in a pit or buried.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

No problems encountered as MoH has taken over the procurement of injection safety materials.

## 1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

Not applicable

## 2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

#### Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year 2009	Reporting Year 2010
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	US \$1,495,860	US \$912,224	US \$948,282
New Vaccines	US \$7,259,292	US \$8,458,599	US \$7,179,142
Injection supplies	US \$565,969	US \$748,025	US \$788,381
Cold Chain equipment	0	US \$1,213,060	US \$706,142
Operational costs (campaign)	US \$818,455	0	0
Other (Cold chain maintenance)	US \$822,339	US \$715,763	US \$760,661
Total EPI	US \$11,961,905	US \$11,300,394	US \$10,382,608
Total Government Health	US \$179,139,840	US \$222,705,330	Budgeting in process

Exchange rate used MK140.00

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The major source of financing for the routine program is Government followed by financing from GAVI.

In 2008 the programme managed to source funds for implementation of planned activities.

The programme will continue to advocate for additional resources to ensure implementation of EPI activities.

#### Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ....)

 Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

1 <sup>st</sup> vaccine:DPT-HepB+Hib		2010	2011	2012	2013	2014	2015
Co-financing level per dose		\$0.20	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30
Number of vaccine doses	#	129,356	214,569	244,997	320,541	364,518	398,335
Number of AD syringes	#	131,886	218,761	251,584	326,795	371,623	404,622
Number of re-constitution syringes	#	72,469	120,207	138,153	179,570	204,203	222,409
Number of safety boxes	#	2,268	3,763	4,326	5,621	6,392	6,960
Total value to be co-financed by country	\$	437,166.00	681,386.00	732,847.00	756,457.00	785,904.00	802,659.00

#### Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

2 <sup>nd</sup> vaccine:		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

#### Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US\$)

117				<b>2</b> \		/ //	
3 <sup>rd</sup> vaccine:		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

#### Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?								
Schedule of Co-Financing Payments	Financing Planned Payment Schedule in Reporting Year		Proposed Payment Date for Next Year					
	(month/year)	(day/month)						
1st Awarded Vaccine DPT-HepB+Hib	October 2007	October 2007	August 2008					
2nd Awarded Vaccine (specify)								
3rd Awarded Vaccine (specify)								

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DPT-HepB+Hib	498,400	79,100
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

	3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co- ancing?
1.	None
2.	
3.	
4.	

If the country is in default please describe and explain the steps the country is planning to come out of default.

Not Applicable

## 3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.

#### 3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.

Are there changes between table A and B? Yes/no

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes in births:

The population projections were derived from the 2008 census that was conducted in June 2008 as opposed to previous projections that were derived from 1998 Population and Housing Census

Provide justification for any changes in surviving infants:

The population projections were derived from the 2008 census that was conducted in June 2008 as opposed to previous projections that were derived from 1998 Population and Housing Census

Provide justification for any changes in Targets by vaccine:

The population projections were derived from the 2008 census that was conducted in June 2008 as opposed to previous projections that were derived from 1998 Population and Housing Census

Provide justification for any changes in Wastage by vaccine:

#### Vaccine 1: DPT-HepB+Hib

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)

	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	Table B	#	649,279	674,749	721,059	749,268	778,528	805,591
Target immunisation coverage with the third dose	Table B	#	94	95	96	97	98	99
Number of children to be vaccinated with the first dose	Table B	#	656,186	681,852	728,570	756,992	786,472	805,908
Estimated vaccine wastage factor	Excel sheet Table E - tab 5	#	10	10	10	10	10	10
Country co-financing per dose *	Excel sheet Table D - tab 4	\$	\$.20	\$.30	\$.30	\$.30	\$.30	\$.30

#### Table 3.1: Specifications of vaccinations with new vaccine

\* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

#### Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	2,036,058	2,035,542	2,159,284	2,177,533	2,230,840	2,261,162
Number of AD syringes	#	2,075,874	2,075,309	2,217,336	2,220,016	2,274,325	2,296,851
Number of re-constitution syringes	#	1,140,665	1,140,357	1,217,614	1,219,874	1,249,718	1,262,511
Number of safety boxes	#	35,704	35,694	38,128	38,183	39,117	39,509
Total value to be co-financed by GAVI	\$	\$6,880,969	\$6,464,061	\$6,458,943	\$5,138,839	\$4,809,706	\$4,556,328

#### Vaccine 2: .....

Same procedure as above (table 3.1 and 3.2)

	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	Table B	#						
Target immunisation coverage with the third dose	Table B	#						
Number of children to be vaccinated with the first dose	Table B	#						
Estimated vaccine wastage factor	Excel sheet Table E - tab 5	#						
Country co-financing per dose *	Excel sheet Table D - tab 4	\$						

#### Table 3.3: Specifications of vaccinations with new vaccine

\* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

### Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

#### Vaccine 3: .....

Same procedure as above (table 3.1 and 3.2)

	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	Table B	#						
Target immunisation coverage with the third dose	Table B	#						
Number of children to be vaccinated with the first dose	Table B	#						
Estimated vaccine wastage factor	Excel sheet Table E - tab 5	#						
Country co-financing per dose *	Excel sheet Table D - tab 4	\$						

### Table 3.5: Specifications of vaccinations with new vaccine

\* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

#### Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

**4. Health Systems Strengthening (HSS)** (Country started accessing HSS Funds in April 2009. Request for second tranche of funds 2009 submitted but funds not yet received)

#### Instructions for reporting on HSS funds received

- As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APRprocess since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
- 2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15<sup>th</sup> May of the year after the one being reported.
- 3. This section only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
- 4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
- 5. Please use additional space than that provided in this reporting template, as necessary.

#### 4.1 Information relating to this report:

- a) Fiscal year runs from .....(month) to .....(month).
- b) This HSS report covers the period from .....(month/year) to .....(month year)
- c) Duration of current National Health Plan is from .....(month/year) to .....(month/year).
- d) Duration of the immunisation cMYP:
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10<sup>th</sup> March 2008. Minutes of the said meeting have been included as annex XX to this report.'* 

Name	Organisation	Role played in report submission	Contact email and telephone number								
Government focal point to contact for any clarifications											
Other partners and contacts who to	ook part in putting t	his report together									

f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.* 

g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

#### 4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

		Year									
	2007	2008	2009	2010	2011	2012	2013	2014	2015		
Amount of funds approved											
Date the funds arrived											
Amount spent											
Balance											
Amount requested											

Amount spent in 2008: Remaining balance from total: <u>Table 4.3 note</u>: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS	6 Activities i	in reporting year	ar (ie. 2008)			
Major Activities	Planned Activity for reporting year	Report on progress <sup>3</sup> (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1:						

<sup>&</sup>lt;sup>3</sup> For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed Annual Progress Report 2008

Activity 3.2:			
Support Functions			
Management			
M&E			
Technical Support			

<u>Table 4.4 note</u>: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right.

Table 4.4 Planned H	ISS Activities for current year (ie	e. January – Decer	nber 2009) and emp	bhasise which have been carr	ied out between January and April 2009
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					

M&E support costs			
Technical support			
TOTAL COSTS		(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments							
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**		
Objective 1:							
Activity 1.1:							
Activity 1.2:							
Objective 2:							
Activity 2.1:							
Activity 2.2:							
Objective 3:							
Activity 3.1:							
Activity 3.2:							
Support costs							
Management costs							
M&E support costs							
Technical support							
TOTAL COSTS							

#### 4.6 Programme implementation for reporting year:

a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

#### 4.7 Financial overview during reporting year:

<u>4.7 note:</u> In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

# 4.8 General overview of targets achieved

Table 4.8	Table 4.8 Progress on Indicators included in application											
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

### 4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

#### **Financial Comptroller Ministry of Health:**

Name:

Title / Post:

Signature:

Date:

# 5. Strengthened Involvement of Civil Society Organisations (CSOs) (Not applicable)

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

# This section is to be completed by countries that have received GAVI TYPE A CSO support<sup>4</sup>

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

## 5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

<sup>&</sup>lt;sup>4</sup> Type A GAVI Alliance CSO support is available to all GAVI eligible countries. Annual Progress Report 2008

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

# 5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

# 5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

	Total funds	2008 Funds US\$			Total funds	
ACTIVITIES	approved	Funds received	Funds used	Remaining balance	due in 2009	
Mapping exercise						
Nomination process						
Management costs						
TOTAL COSTS						

# 5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

## This section is to be completed by countries that have received GAVI TYPE B CSO support<sup>5</sup>

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

# 5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

<sup>&</sup>lt;sup>5</sup> Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan. Annual Progress Report 2008

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

# 5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

	Total	2008	B Funds US\$ (	Total	Total		
NAME OF CSO	funds approved			Remaining balance	funds due in 2009	funds due in 2010	
Management costs (of all CSOs)							
Management costs (of HSCC / TWG)							
Financial auditing costs (of all CSOs)							
TOTAL COSTS							

#### 5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

## 5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

# 6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	Yes	
Reporting Period (consistent with previous calendar year)	Yes	
Government signatures	Later	
ICC endorsed	Later	
ISS reported on	Yes	
DQA reported on	Not Applicable	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	Not Applicable	
HSS reported on	Not applicable	
ICC minutes attached to the report	Later	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	Not applicable	

# 7. Comments

ICC/HSCC comments:

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.