



# Annual Progress Report 2009

Submitted by

The Government of

**MALAWI**

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: **14th May 2010**

**Deadline for submission: 15 May 2010**

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: [apr@gavialliance.org](mailto:apr@gavialliance.org)

any hard copy could be sent to :

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

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

**Note:** Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

**CONFIRMATION OF LEGAL VALIDITY**

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

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

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

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

**By filling this APR the country will inform GAVI about :**

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

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

By signing this page, the Government hereby attest 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 page 2 of this Annual Progress Report (APR).

For the Government of **Malawi**

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

**Minister of Health (or delegated authority):**

Title: .....

Signature: .....

Date: .....

**Minister of Finance (or delegated authority):**

Title: .....

Signature: .....

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 immunisation Inter-Agency Co-ordinating 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.

The GAVI Alliance Transparency and Accountability Policy 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.

Name/Title	Agency/Organisation	Signature	Date

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)  
All comments will be treated confidentially

Comments from partners:

[Not applicable](#)

Comments from the Regional Working Group:

.....  
.....  
.....

# HSCC Signatures Page

*If the country is reporting on HSS*

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), [Mr Patrick Zimpita](#) 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/Organisation	Signature	Date

*HSCC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)  
All comments will be treated confidentially*

Comments from partners:

Not applicable

Comments from the Regional Working Group:

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

This report on the GAVI Alliance CSO Support has been completed by: *Not applicable*

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

We, the undersigned members of the National Health Sector Coordinating Committee, ..... (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date
.....	.....	.....	.....
.....	.....	.....	.....
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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## List of supporting documents attached to this APR

1. Expand the list as appropriate;
2. List the documents in sequential number;
3. Copy the document number in the relevant section of the APR

Document N°	Title	APR Section
	Calculation of <b>[Country's]</b> ISS-NVS support for 2011 ( <i>Annex 1</i> )	1.1; 2.4; 3.7
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## 1. General Programme Management Component

### 1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-excell)

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 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 the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

*Provide justification for any changes in births:* No changes. The population projections are similar to those indicated in the JRF.

*Provide justification for any changes in surviving infants:* An error in population projections was observed in the JRF report for 2009 where surviving children were reported as 671,746 instead of 672,766.

*Provide justification for any changes in Targets by vaccine:* No changes

*Provide justification for any changes in Wastage by vaccine:* No changes

### 1.2 Immunisation achievements in 2009

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

#### **Achievements:**

The program has achieved a national DPT-HepB+Hib3 coverage of 93% (baseline 84%) against the 3-year target of 98% of the implementation. 96% (baseline 81%) of the districts have achieved a DPT-HepB+Hib3 coverage of  $\geq 80\%$ . This achievement is 6% above the 3-year target of the 90% of districts achieving DPT-HepB+Hib3 coverage of  $\geq 80\%$ . National measles coverage is at 92% (baseline 85%) and this has surpassed the set target of 90%, and 96% of the districts (baseline 58%) have achieved measles coverage of  $\geq 80\%$ . This achievement is above the 85% set target. 96% of the outreach clinics (baseline 86%) were conducted against a set target of 90%. So far the under-five mortality rate is at 76/1000 (baseline 133/1000) live births (MICS, 2006).

The EPI Sub TWG (ICC) met three times.

### Major Activities:

- Local immunization days conducted in June and July in all districts targeting low performing health facilities helped to increase immunization coverage. Three low performing districts (Thyolo, Lilongwe and Mzimba) were also targeted in December.
- Vaccine refrigerators were procured using HSS funds in 2009.
- Maintenance of cold rooms and stand-by generators were done.
- Supportive and peer supervision were conducted
- Vaccine Management Assessment (VMA) was done.

### Challenges and solutions

- Frequent breakdown of refrigerators. New refrigerators were ordered and this will alleviate the problem in some health facilities.
- Frequent breakdown of national cold rooms. Maintenance of cold rooms is now regularly done.
- Shortage of kerosene in northern region. Local immunization days were done to help increase immunization coverage in affected areas.
- Inadequate transport for outreach, patient referral and transportation of EPI supplies. Lorries for transportation of supplies, ambulances, utility vehicles, motor cycles and bicycles to assist in the outreach services have been purchased.

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

NA

### 1.3 Data assessments

- 1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)<sup>1</sup>.

There was no survey conducted in 2009. The last survey was in 2006 MICS. WHO/UNICEFJRF and official country estimates are the same

- 1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [ YES / **NO** ]. If YES:

Please describe the assessment(s) and when they took place.

Not applicable

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

- i) Review meetings with District EPI Officers on EPI activities including data management issues.
- ii) Supportive supervisory visits to districts and health facilities provided an opportunity

<sup>1</sup> Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

- for on job training including data management.
- iii) Meetings between EPI and HMIS were done to harmonize two data sets.

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

- i) Procurement of desk top computers for district EPI Officers using GAVI/HSS funds.
- ii) Training of EPI Officers in districts in computerized data management skills will be conducted in 2010 using GAVI/HSS.

#### 1.4 Overall Expenditures and Financing for Immunisation

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

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

<i>Expenditures by Category</i>	<b>Expenditure Year 2009</b>	<b>Budgeted Year 2010</b>	<b>Budgeted Year 2011</b>
Traditional Vaccines <sup>2</sup>	US\$2,290,719.70	1,125,685.00	2,029,024.00
New Vaccines	US\$660,404.98	953,274.00	1,354,704.00
Injection supplies with AD syringes	US\$291,869.46	210,370.00	222,466.00
Injection supply with syringes other than Ads	0	0	0
Cold Chain equipment	0	0	175,600.00
Operational costs	US\$429,042.97	US\$400,000.00	US\$230,430.89
Other (please specify)			
<b>Total EPI</b>	<b>US\$3,673,037</b>	<b>US\$2,478,959.00</b>	<b>US\$4,012,224.89</b>
<b>Total Government Health</b>	<b>US\$221,615,898</b>	<b>US\$211,727,530</b>	Budget estimates not yet finalized

**Exchange rate used** | MK151.00

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

The EPI cMYP (2010-2014) which provides strategies for sustainability beyond current GAVI support.

#### 1.5 Interagency Coordinating Committee (ICC)

<sup>2</sup> Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1<sup>st</sup> 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.

How many times did the ICC meet in 2009? **3 times**

Please attach the minutes (**Document N° 1**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report (**Document N° 5**).

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4  
The EPI Sub TWG encouraged the EPI Secretariat to continue sustaining the high immunization coverage and quality disease surveillance activities.

Are any Civil Society Organisations members of the ICC?: [ **Yes / No** ]. If yes, which ones?

List CSO member organisations:

Mr Maziko Matemba from Health and Rights Education Programme (HREP) is CSO Representative. He represents 35 CSOs some of which are Care International, Sight Savers International, SONISO, Africare, Ladder for Development, Youth Activist Organisation, Girl Leader Empowerment Organisation, Concern Universal, Every Child organisation, Manet +, GTZ, MHEN, CIDA Malawi, Save the Children (USA), Church and Society, FOCEDI, CAYO, Interaid, White Ribbon Alliance, Health Consortium, Drug Fight Malawi, Hygiene Village, Sue Rider Foundation, etc.

#### 1.6 Priority actions in 2010-2011

What are the country's main objectives and priority actions for its EPI programme for 2010-2011?  
Are they linked with cMYP?

- i) Introduction of new vaccines (pneumococcal conjugate and rota vaccines).
- ii) Construction of the new national cold room
- iii) Sustaining the high immunization coverage
- iv) Sustaining high quality disease surveillance activities
- v) Development of EPI policy

## 2. Immunisation Services Support (ISS)

### 1.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$1,986,000.00 (MK139, 747,791.00)

Remaining funds (carry over) from 2008: US\$220,959.00 (MK30, 934,247.94)

Funds brought forward: US\$52,066.01 (MK7,289,241.34)

Balance carried over to 2010: US\$96,968.00 (MK13, 575,560.00)

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

- i) Local immunization days in health facilities with low immunization coverage.
- ii) Disease surveillance briefings on Acute Flaccid Paralysis (AFP), measles and NNT in all health facilities.
- iii) Supportive supervisory visits.
- iv) Maintenance of cold room and stand by generator.
- v) Development of EPI feedback bulletin.
- vi) Review meetings with district EPI Officers.

### 1.2 Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[ IF YES ]** : please complete **Part A** below.

**[ IF NO ]** : please complete **Part B** below.

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

Not applicable

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

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

Not applicable

### 1.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document N° 2**). (Terms of reference for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (**Document N° 3**).

### 1.4 Request for ISS reward

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

- if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and
- if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.<sup>3</sup>

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

### 3.1 Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

**Table 4:** Vaccines received for 2009 vaccinations against approvals for 2009

	[ A ]		[ B ]	
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *	Total doses of postponed deliveries in 2010
DPT-HepB+Hib	2,365,200	2 December, 2008	2,365,200	0

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

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

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?..)	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>

<sup>3</sup> The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

vaccine shipments? (in the country and with UNICEF SD)	
--	--

3.2 Introduction of a New Vaccine in 2009

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	Not Applicable
Phased introduction [YES / NO]	Date of introduction .....
Nationwide introduction [YES / NO]	Date of introduction .....
The time and scale of introduction was as planned in the proposal? If not, why?	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>

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

Funds of Vaccines Introduction Grant received: US\$ Not applicable	Receipt date:
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Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant.

Not applicable
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Please describe any problems encountered in the implementation of the planned activities:

Not applicable
----------------

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]

If YES, how much? US\$.....

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

Not applicable
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3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year **Not applicable**

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

### 3.3 Report on country co-financing in 2009 (if applicable)

**Table 5:** Four questions on country co-financing in 2009

<b>Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
<b>Schedule of Co-Financing Payments</b>	<b>Planned Payment Schedule in 2009</b>	<b>Actual Payments Date in 2009</b>	<b>Proposed Payment Date for 2010</b>
	(month/year)	(day/month)	
1 <sup>st</sup> Awarded Vaccine (specify)	August, 2009	November, 2009	August, 2010
2 <sup>nd</sup> Awarded Vaccine (specify)			
3 <sup>rd</sup> Awarded Vaccine (specify)			
<b>Q. 2: Actual co-financed amounts and doses?</b>			
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>	
1 <sup>st</sup> Awarded Vaccine (specify)	Us\$660,404.98	148,500	
2 <sup>nd</sup> Awarded Vaccine (specify)			
3 <sup>rd</sup> Awarded Vaccine (specify)			
<b>Q. 3: Sources of funding for co-financing?</b>			
1. Government ( <b>Government of Malawi</b> )			
2. Donor (specify)			
3. Other (specify)			
<b>Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?</b>			
1. <b>Government committed to continued co-financing for vaccines and injection materials despite other competing health priorities.</b>			
2. <b>Apparent donor fatigue slows the implementation of some of the planned activities</b>			
3.			
4.			

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy [http://www.gavialliance.org/resources/9\\_Co\\_Financing\\_Default\\_Policy.pdf](http://www.gavialliance.org/resources/9_Co_Financing_Default_Policy.pdf)

Not applicable

### 3.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [April 1-15 2009]

If conducted in 2008/2009, please attach the report. (Document N° 4)

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

Was an action plan prepared following the EVSM/VMA? [ YES / NO ]

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

- i) Maintain temperature recordings twice a day at all levels and use continuous computerized recording system at national vaccine store. Additional thermometers have been procured and will be distributed to health facilities.
- ii) Improvement on stock management. Monitoring forms will be revised
- iii) Training: Cold chain technicians were trained in maintenance of refrigerators.
- iv) Supervision: On job training on EPI activities and vaccine management issues have been done during supportive supervisory visits.

When is the next EVSM/VMA\* planned? [2012]

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

### 3.5 Change of vaccine presentation

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

DPT-HepB-Hib liquid formulation (1 dose). Refer to the minutes of the EPI Sub TWG (ICC) meeting of 13<sup>th</sup> May, 2010.

Please attach the minutes of the ICC meeting (Document N° 5) that has endorsed the requested change.

3.6 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010 (Not applicable)

If 2010 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 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for .....[vaccine type(s)] vaccine for the years 2011-.....[end year]. At the same time it commits itself to co-finance the procurement of .....[vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of .....[vaccine type(s)] vaccine support is in line with the new cMYP for the years ..... [1<sup>st</sup> and last year] which is attached to this APR (**Document N°.....**).

The country ICC has endorsed this request for extended support of .....[vaccine type(s)] vaccine at the ICC meeting whose minutes are attached to this APR. (**Document N°.....**)

3.7 Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

**[YES, I confirm] / [NO, I don't]**

If you don't confirm, please explain: <b>NA</b>
---

## 4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

### 4.1 Receipt of injection safety support in 2009 (for relevant countries)

Are you receiving Injection Safety support in cash [ YES/**NO** ] or supplies [ YES/**NO** ]?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

**Table 7:** Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received
Not applicable	Not applicable	Not applicable

Please report on any problems encountered:

Not applicable
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### 4.2 Progress of transition plan for safe injections and management of sharps waste.

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

**Table 8:** Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	0.05mls AD syringe	Government of Malawi
Measles	0.5mls AD syringe	Government of Malawi
TT	0.5mls AD syringe	Government of Malawi
DTP-containing vaccine	0.5mls AD syringe	GAVI/Government of Malawi

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.
--

Does the country have an injection safety policy/plan? [ YES / NO ]

**If YES:** Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)

**If NO:** Are there plans to have one? (Please report in box below)

There was no problem encountered with the deliveries of injection materials in 2009

4.3 Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution) Not applicable

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

Fund from GAVI received in 2009 (US\$): .....

Amount spent in 2009 (US\$):.....

Balance carried over to 2010 (US\$):.....

**Table 9:** Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
<b>Total</b>	

If a balance has been left, list below the activities that will be financed in 2010:

**Table 10:** Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
<b>Total</b>	

## 5. Health System Strengthening Support (HSS)

### **Instructions for reporting on HSS funds received**

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15<sup>th</sup> May 2010.
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** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

### **Background to the 2010 HSS monitoring section**

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study<sup>4</sup> that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further tranches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

### 5.1 Information relating to this report

- 5.1.1 Government fiscal year (cycle) runs from **July** month) to **June** month).
- 5.1.2 This GAVI HSS report covers 2009 calendar year from January to December
- 5.1.3 Duration of current National Health Plan is from **2004** (month/year) to **2010** (month/year).
- 5.1.4 Duration of the current immunisation cMYP is from **2010** (month/year) to **2015** (month/year)

<sup>4</sup> All available at <http://www.gavialliance.org/performance/evaluation/index.php>

5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for 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
<i>Government focal point to contact for any programmatic clarifications:</i>			
Mr Patrick Zimpita	MoH	Coordination	<a href="mailto:pzimpita@yahoo.co.uk">pzimpita@yahoo.co.uk</a> +265 1 789 400
<i>Focal point for any accounting of financial management clarifications:</i>			
Mrs Dominica. Chidiaudzu	MoH	Technical support on finance	+265 789 400 <a href="mailto:dchidiaudzu@yahoo.co.uk">dchidiaudzu@yahoo.co.uk</a>
<i>Other partners and contacts who took part in putting this report together:</i>			
Dr. Kwame Chiwaya	WHO	Technical support	<a href="mailto:chiwayak@mw.afro.who.int">chiwayak@mw.afro.who.int</a> , +2651772755
Mr. Allan Macheso	UNICEF	Technical support	<a href="mailto:amacheso@unicef.org">amacheso@unicef.org</a> , +2651770770
Mr Maziko Matemba	CSO	Technical	<a href="mailto:mazikomatemba@gmail.com">mazikomatemba@gmail.com</a> +265 99995 1274

5.1.6 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 (especially financial information and indicators values) 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.*]

Department of Planning and Policy Development in the Ministry of Health coordinates implementation of activities. The GAVI HSS Core Group monitors the implementation of the activities based on the approved GAVI HSS proposal. Information is sourced from all the relevant sections including, but not limited to, procurement unit, finance section, Ministry of Finance, human resource development section, planning department, physical assets management, schistosomiasis control programme and EPI.

5.1.7 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?

The Ministry of Health has HSS Core group whose membership comprise officers coordinating HSS Global funds and those coordinating GAVI funds. The core group looks at the aspects of complementarity of support for the two programmes (GAVI and GF HSS). This also promotes transparency and accountability.

#### 5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? **2 times**

Please attach the minutes (**Document N° 6**) from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report

Latest Health Sector Review report is also attached (**Document N° 7**).

#### 5.2 Receipt and expenditure of HSS funds in the 2009 calendar year

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

**Table 11:** Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)			\$3,641,127	\$3,796,469	\$3,905,734				
Revised annual budgets (if revised by previous Annual Progress Reviews)			\$3,641,127	\$3,796,469	\$3,905,734				
Total funds received from GAVI during the calendar year			\$3,641,000	\$1,898,250	\$0				
Total expenditure during the calendar year			\$2,479,891	\$913,681	\$0				
Balance carried forward to next calendar year			\$1,310,864	\$397,183	\$0				
Amount of funding requested for future calendar year(s)			\$0	\$1,898,250	\$3,905,500				

**Comments:** The requested amount in 2009 was \$3,796,500 and \$1,898,250 was disbursed in April 2010 with a balance of \$1,898,250. The total amount remaining for Malawi is \$5,803,750 after corrections. The figure quoted of \$5,802,750 in the letter from GAVI dated 15<sup>th</sup> July 2010 on Malawi comments is different from our corrected figure by \$1,000

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS (*For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement*):

Delayed disbursement of funding resulted in late implementation of planned activities.

**Table 12:** HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
<b>Objective 1:</b>	To improve knowledge and skills among different cadres in the health sector	
Activity 1.1:	Train 40 health assistants (HAs) per year	Not done in 2009 due to the abolishment of the HA cadre by the MoH. However, the HSS Core Group suggested to reprogramme the funds towards the training of Assistant Environment Health Officers as the job description is the same as that of the HA cadre. The ministry is therefore requesting GAVI to consider reprogramming these funds. The level of achievement is 0%. Funds were used for activity 1.3 (USD11,124.00) and 3.6 (USD104,304).
Activity 1.2:	Train 4 Health Sector Personnel in MSc in Health Planning/Management	To date 3 Officers are undergoing training overseas at a total cost of USD122,477.00. Training overshot the planned by budget by USD82,477.00 because the Masters course enrolled are two year courses instead of the envisaged one year courses. The plan was to train 4 Officers over a period of three years but it was felt necessary to fast track the training in the first and second year. The level of achievement is about 150% (3/2). Additional funds were sourced from activity 1.7. (USD82,477.00)
Activity 1.3:	Train 60 Cold Chain Technicians in cold chain management and provision of tools	The training was conducted between February and April 2010 and 67 Cold Chain Technicians have been trained with a total cost of US\$106,123.59. The procurement of cold chain tools will be done when third tranche is received. Additional funds were used from activities 1.1 (USD11,124.00) and 1.4 (USD52,000.00). The plan was to train 20 cold chain technicians per year over a period of three years but it was felt necessary to fast track the training in the first year due to frequent breakdown of refrigerators. The level of achievement is about 335% (67/20).
Activity 1.4:	Train 30 health workers per district in RED strategy in Years 1 to 3	Not done and level of achievement is 0%, but the activity will be implemented in 2010. US\$52,000.00 was used for activity 1.3.
Activity 1.5:	Pay field allowances for health workers	Done and level of achievement is 100%.
Activity 1.6:	Train 30 health workers at district level in Mid-Level Management (MLM) in Years 1 to 3.	Not done and level of achievement is 0%, but the activity will be implemented in 2010. US\$62,000.00 was used for activity 3.8.
Activity 1.7:	Enrol 5 EPI Officers MSc in Public Health	One Officer was trained at a cost of US\$6,781.00 and US\$82,477.00 was used to cover up the training cost under activity 1.2 and US\$10,742 was used for activity 3.6. The level of achievement is 50% (1/2).
Activity 1.8:	Train 30 Accounts clerk up to certificate in accounting level	In order to enhance financial management capacity in finance and audit sections, the management at MoH decided to train two Senior Accounting Officers to Masters level instead of 30 accounts clerks at certificate level at a cost of US\$31,117.00. The level of achievement is 20% (2/10).
Activity 1.9:	Refresher courses for 60 Accounting personnel per year	Not done and level of implementation is 0%. US\$42,000.00 was used for activity 3.6.
<b>Objective 2:</b>	<b>To improve equitable access to EHP services and treatment of the neglected tropical diseases using EPI as a platform</b>	

Activity 2.1:	Purchase of fly traps for control of trypanosomiasis	Not done but consultations are still under way among the relevant stakeholders such as the Departments of Animal Health, Forestry and Parks and Wildlife. The level of achievement is 0%. US\$5,000.00 was used in activity 3.6.
Activity 2.2:	Procurement of albendazole	Done and 2,299,000 tablets procured for mass treatment of school children. The level of achievement is 100%.
Activity 2.3:	Procurement of praziquantel	Done and 1,148,000 tablets procured for mass treatment of school children. The level of achievement is 100%.
<b>Objective 3:</b>	<b>To ensure availability of essential equipment and services for the smooth delivery of EHP at all levels.</b>	
Activity 3.1:	Purchase 30 ambulance motorcycles for districts with low deliveries in health facilities	Not done and level of achievement is 0% because other partners have already procured motorcycle ambulances to support Reproductive Health Unit. US\$10,462.00 was used to supplement activity 3.2. The MoH proposes to reprogramme the balance funds (US\$60,966.00) on this activity for procurement of motorcycles under activity 3.2.
Activity 3.2:	Purchase 30 motorcycles for districts	Done and the level of achievement is 100%. However, the available funds were not adequate such that additional US\$10,462.00 under activity 3.1 was used.
Activity 3.3:	Purchase 3000 push bikes for use by HSAs	Not done and the level of achievement is 0%. This will be implemented in 2010 using funds for years 1 and 2. US\$87,000.00 was used for activity 3.8.
Activity 3.4:	Procure 8 motorised boats for hard to reach areas	Not done and the level of achievement is 0%. However, consultations are underway with Marine Department on proper specifications and the activity has been reprogrammed in 2010. US\$85,920.00 was used for activity 3.6.
Activity 3.5:	Purchase of 5 light trucks 7 tonne	Done and the level of achievement is 100%.
Activity 3.6:	Purchase of 30 4X4 Station Wagon	4 station wagons and 3 double cabs vehicles were procured in 2009 at a cost of US\$426,993.00 with level of achievement of 70% (7/10). These vehicles were not budgeted for 2009 but were fast tracked because of the lengthy procurement procedures and the advantage of buying in bulk. Funding was sourced from activities 1.9 (US\$42,000.00), 2.1 (US\$5,000.00), 3.1 (US\$60,966.00), 4.5 (US\$128,574) and 4.6 (US\$210,286). In the first quarter of 2010, 9 twin cabs were procured at a cost of US\$372,445.00 using 2009 funds from activities 1.1 (US\$104,304), 1.7 (US\$10,742), 3.11 (US\$36,000.00) 3.4 (US\$85,920.00), 3.9.1 (US\$54,672.00), 3.9.1 (US\$8,100.00) and 4.4 (US\$24,583.00). The level of achievement for 2010 90% (9/10).
Activity 3.7:	Purchase of 5 Minibuses for HSA training institutions	One was procured using funds amounting to US\$116,274.00 from activity 4.4. This was supposed to be procured using funds from second tranche but it was reprogrammed for 2009 because of the urgent need for the minibus. The level of achievement is 100% (1/1).
Activity 3.8:	Purchase of 30 (4X4) Land Cruiser (Ambulances)	Done and the level of achievement is 100% (20/20). The cost for the 20 ambulances was equivalent to the total budget for year 1 and 2 due to under-estimation of the unit cost. Additional funds were sourced from activities 1.6 (US\$62,000.00), 3.3 (US\$87,000.00), 3.9.1(US\$16,930) and 5.1 (US\$162,501).

<b>Activity 3.9:</b>	<b>Procurement of cold chain equipment</b>	
Activity 3.9.1:	1 x walk in cold room at national level (-20 degrees)	Not done and the level of achievement is 0%. The procurement of freezer room is deferred for 2010. US\$8,100.00 was used for activities 3.6
	4 x walk in cold rooms (+4 degrees C)	Not done and the level of achievement is 0%. The procurement of the walk in cold room and freezer room is deferred for 2010. Funds were used for activities 3.6 (US\$54,672.00) and 3.8 (US\$16,930).
Activity 3.9.2:	200 X Electricity refrigerators	Done and the level of achievement is 50%. In the first quarter of 2010, 100 refrigerators were procured instead of 200 due to under-estimation of the unit cost. These were planned for 2010 and 2011 but were fast tracked because of over-riding priority. These were procured through SWAp and the refund will be done in using the third tranche.
Activity 3.9.3:	200 X Gas refrigerators	Done and the level of achievement is 50%. In the first quarter of 2010, 100 refrigerators were procured instead of 200 due to under-estimation of the unit cost. These were planned for 2010 and 2011 but were fast tracked because of over-riding priority. These were procured through SWAp and the refund will be done in using the third tranche.
Activity 3.9.4:	150 X Kerosene refrigerators	Done and the level of achievement is 75%. In the first quarter of 2010, 100 refrigerators were procured instead of 200 due to under-estimation of the unit cost. These were planned for 2010 and 2011 but were fast tracked because of over-riding priority. These were procured through SWAp and the refund will be done in using the third tranche.
Activity 3.9.6:	90 X Deep freezers	In the first quarter of 2010, 30 Refrigerators/Freezers were procured instead of 90 due to under-estimation of the unit cost. These were planned for 2010 and 2011 but were fast tracked because of over-riding priority. These were procured through SWAp and the refund will be done in using the third tranche.
Activity 3.10:	Procure 3 standby generators	3 stand by generators were procured in the first quarter of 2010 and awaiting delivery. However, the cost (US\$117,782) was higher than budgeted (US\$45,000.00) and additional funds (US\$72,782.00) were sourced from activity 3.9.4 (US\$60,313.00) and US\$12,468 from activity 3.9.1
Activity 3.11:	Procure folk lift	Contract was awarded and awaiting delivery. The level of achievement is about 50%. US\$36,000.00 was used for activity 3.6.
Activity 3.12:	Procure office equipment and accessories	This was done and delivered during the first quarter of 2010. The level of achievement is 100%.
<b>Objective 4:</b>	<b>To improve access to quality EHP services through infrastructure strengthening</b>	
Activity 4.1:	Contribute towards the construction of an annex to the Ministry of Health	Not applicable
Activity 4.2:	Installation of solar electricity in 30 selected health facilities	Not applicable
Activity 4.3:	Expansion of solar electricity in 70 facilities	Not applicable

Activity 4.4:	Install electricity in 20 health facilities	Not done. It will be done before 2010. Preliminary works are underway. Funds were used for activities 3.6 (US\$24,583.00) and 3.7 (US\$116,274).
Activity 4.5:	Construction of 27 health posts	Not done. It will be done in 2010. Preliminary works are underway. US\$128,574 was used for activity 3.6.
Activity 4.6:	Construction of one national vaccine store	Not done. It will be done before 2010. Contracts have been awarded to building consultants. US\$210,286.00 was used for activity 3.6
Activity 4.7:	Construction of 3 vaccine stores/warehouses at regional level	Not applicable
Activity 4.8:	Construction of 4 vaccine/dry stores on selected districts	Not applicable
<b>Objective 5:</b>	<b>To strengthen the monitoring and evaluation in the health sector</b>	
Activity 5.1:	Train 20 staff at district and health centre level on data management	Not done and level of achievement 0%. US\$162,501.00 was used for activity 3.8.
Activity 5.2:	Evaluate the impact of RED approach including operations research	Not applicable

### 5.3 Report on HSS activities in 2009 reporting year

**Note on Table 12 below:** This section should report according to the original activities featuring in the HSS application. 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. It is very important that the country provides details based on the M& E framework in the original application and approval letter.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

## 5.4 Support functions

*This 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?*

### 5.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

The GAVI HSS funds are reflected in MoH annual budget estimates as SWAp discrete funds. In addition all goods, works and services in GAVI HSS proposal are reflected in procurement plan which is approved by parliament together with the annual MoH budget. The funds are subject to audit by internal and external auditors. One officer from EPI has been incorporated in Internal Procurement Committee due to large volumes of procurement using GAVI HSS resources. The GAVI HSS Core group monitors the implementation of GAVI funded activities thereby promoting transparency.

### 5.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

IT equipment and motor vehicles were procured and distributed to the Department of Planning and Policy Development under which Central Monitoring and Evaluation Division falls. This was done to enhance M&E of activities. Similar items including motorcycles were distributed to district health offices for data collection and monitoring of EPI activities.

### 5.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Support will be required during evaluation of RED approach strategy in 2011 as per objective 5, activity 5.2

*Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).*

*The column on planned expenditure in the 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 application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here*

**Table 13: Planned HSS Activities for 2010**

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
<b>Objective 1:</b>	To improve knowledge and skills among different cadres in the health sector				
Activity 1.1:	Train 40 health assistants (HAs) per year	US\$115,428.00	US\$149,888.00	US\$0	Revised budget is US\$219,732.00 because it includes US\$104,304.00 as refund from activity 3.6. The HA cadre was abolished by the MoH. The GAVI HSS Core Group has proposed to use the funds to support the training of Assistant Environmental Health Officers which is an equivalent cadre.
Activity 1.2:	Train 4 Planning Officers MSc in Health Economics	US\$40,000.00	0	US\$0	Budget for 2010 on this activity is USD40,000.00 but the revised budget has US\$0.0 because US\$40,000.00 will be used to refund activity 1.7.
Activity 1.3:	Train 60 Cold Chain Technicians (2/district) per year	US\$43,000.00	US\$0.00	US\$106,124.00	Budget for 2010 on this activity is USD43,000.00 but the revised budget has USD0.0 because it will be used to refund activity 1.4 as refund for funds used in year 1.
Activity 1.4:	Train 30 health workers per district from programs on the RED strategy in Years 1 to 3	US\$52,000.00	US\$95,000.00	US\$0	Budget for 2010 on this activity is USD52,000.00 but the revised budget has USD95,000.00 because USD43,000.00 will be a refund from activity 1.3.
Activity 1.5:	Pay field allowances for health workers	US\$15,429.00	US\$15,429.00	US\$0.00	No difference
Activity 1.6:	Train 30 workers per district in Mid-Level Management (MLM) in Years 1 to 3.	US\$62,000.00	US\$124,000.00	US\$0	The revised budget is more than the actual budget for 2010 because US\$62,000.00 will be refunded from activity 3.8.

Activity 1.7:	Enrol 5 EPI Officers MSc in Public Health	US\$100,000.00	US\$140,000.00	US\$0	The revised budget is more than the actual budget for 2010 because US\$40,000.00 will be refunded from activity 1.2. This activity has been reprogrammed for 2010.
Activity 1.8:	Train 30 Accounts clerk up to certificate in accounting level	US\$0	US\$0.00	US\$31,117.00	Minimal difference of US\$1,117.00.
Activity 1.9:	Refresher courses for 60 Accounting personnel per year	US\$42,000.00	US\$84,000.00	US\$0	The revised budget is more than the actual budget for 2010 because US\$42,000.00 will be refunded from activity 3.6. This activity has been reprogrammed for 2010.
<b>Objective 2:</b>	<b>To improve equitable access to EHP services and treatment of the neglected tropical diseases using EPI as a platform</b>				
Activity 2.1:	Purchase of fly traps for control of trypanosomiasis	US\$5,000.00	US\$10,000.00	US\$0	Revised budget is US\$10,000.00 because US\$5,000.00 will be refunded from activity 3.6. Funds have been reprogrammed for 2010
Activity 2.2:	Procurement of albendazole	US\$41,500.00	US\$41,500.00	US\$0	No difference
Activity 2.3:	Procurement of praziquantel	US\$135,000.00	US\$135,000.00	US\$0	No difference
<b>Objective 3:</b>	<b>To ensure availability of essential equipment and services for the smooth delivery of EHP at all levels.</b>				
Activity 3.1:	Purchase 30 motorcycles ambulance	US\$0,000.00	US\$0	US\$0	Not applicable
Activity 3.2:	Purchase 30 motorcycles	US\$0	US\$0.00	US\$181,890.00	The available funds were not adequate such that additional US\$10,462.00 under activity 3.1 was used.
Activity 3.3:	Purchase 3000 push bikes for use by HSAs	US\$174,000.00	US\$198,962.00	US\$0	The revised budget is more than the actual budget for 2010 because US\$87,000.00 will be refunded from activity 3.8. This activity has been reprogrammed for 2010.

Activity 3.4:	Procure 8 motorised boats for hard to reach areas	US\$0	US\$85,920.00	US\$0	Budget for 2010 on this activity is US\$0.0 but the revised budget has funds because US\$85,920.00 will come from activity 3.6 as refund for funds used in year 1. This activity has been reprogrammed for 2010
Activity 3.5:	Purchase of 5 light trucks 7 tonne	US\$0	US\$0	US\$0	Not applicable
Activity 3.6:	Purchase of 30 4X4 Station Wagon	US\$450,000.00	US\$0	US\$369,000.00	Funds used to refund activities 1.9 (US\$42,000.00), 4.5 (US\$128,574.00) and 4.6 (US\$210,286.00).
Activity 3.7:	Purchase of 5 Minibuses for HSA training institutions	US\$446,429.00	US\$330,155.00	US\$116,274.00	Funds amounting to US\$116,274 will be reprogrammed to activity 4.4 as refund for funds used for year 1.
Activity 3.8:	Purchase of 30 (4X4) Land Cruiser (Ambulances)	US\$400,000.00	US\$0	US\$0	Funds used to refund activities 1.6 (USD62,000.00), 3.3 (USD87,000.00), 3.9.2 (USD16,930) and 5.1 (USD162,501) used in year 1
Activity 3.9:	Procurement of cold chain equipment				
Activity 3.9,1:	1 x Walk in Freezer room	US\$0	US\$0	US\$0	Not applicable
	1 x Walk in Cold Room	US\$0	US\$0	US\$0	Not applicable
Activity 3.9,2:	200 X Electricity refrigerators	US\$0	US\$0	US\$0	Not applicable
Activity 3.9,3:	200 X Gas refrigerators	US\$0	US\$0	US\$0	Not applicable
Activity 3.9,4:	150 X Kerosene refrigerators	US\$0	US\$0	US\$0	Not applicable
Activity 3.9,5:	40 X Solar refrigerators	US\$0	US\$0	US\$0	Not applicable
Activity 3.9,6:	90 X Deep freezers	US\$0	US\$0	US\$0	Not applicable
Activity 3.10:	Procure 3 standby generators	US\$0	US\$0	US\$117,781.00	The cost (US\$117,782) of generators was higher than budgeted (US\$45,000.00) due to underestimation of the unit cost. Additional funds (US\$72,782.00) were sourced from activity 3.9.4 (USD60,313.00) and activity 3.9.1 (US\$12,468)
Activity 3.11:	Procure folk lift	US\$0	US\$0	US\$0	Not applicable

Activity 3.12:	Procure office equipment and accessories	US\$0	US\$0	US\$141,40.93	No difference
<b>Objective 4:</b>	<b>To improve access to quality EHP services through infrastructure strengthening</b>				
Activity 4.1:	Contribute towards the construction of an annex to the Ministry of Health	US\$0	US\$400,000.00	US\$0	Ministry of health has fast-trucked the construction of the EPI Office block due to urgency need of the office space. The ministry therefore requests GAVI to reprogramme US\$400,000.00 from year 3
Activity 4.2:	Installation of solar electricity in 30 selected health facilities	US\$345,000.00	US\$345,000.00	US\$0	No difference
Activity 4.3:	Expansion of solar electricity in 70 facilities	US\$467,180.00	US\$467,180.00	US\$0	No difference
Activity 4.4:	Install electricity in 20 health facilities	US\$0	US\$140,857.00	US\$0	Budget for 2010 on this activity is US\$0.0 but the revised budget has fundsUS\$116,274.00 because the funds will come from activities 3.6 (24,583.00), 3.7 (US\$116,274.00) as refund. This activity has been reprogrammed for 2010.
Activity 4.5:	Construction of 27 health posts	US\$128,574.00	US\$257,148.00	US\$0	The revised budget is more than the budget for 2010 because US\$128,574.00 will come from activity 3.6 as refund for funds used in year 1.
Activity 4.6:	Construction of one national vaccine store	US\$0	US\$210,286.00	US\$0	Budget for 2010 on this activity is USD0.0 but the revised budget is USD210,286.00 and will come from activity 3.6 as refund for funds used in year 1.
Activity 4.7:	Construction of 3 vaccine stores/warehouses at regional level	US\$428,471.00	US\$428,471.00	US\$0	No difference
Activity 4.8:	Construction of 4 vaccine/dry stores on selected districts	US\$142,857.00	US\$142,857.00	US\$0	No difference
<b>Objective 5:</b>	<b>To strengthen the monitoring and evaluation in the health sector</b>				
Activity 5.1:	Train 20 staff at district and health centre level on data management	US\$162,501.00	US\$325,002.00	US\$0	The revised budget is more than the actual budget for 2010 because USD162,501.00 will be refunded from activity 3.8. This activity has been reprogrammed for

					2010
Activity 5.2:	Evaluate the impact of RED approach including operations research	US\$0	US\$0	US\$0	Not applicable
<b>TOTAL COSTS</b>		US\$3,796,469.00	US\$3,796,500.00	US\$922,186.00	

**Table 14:** Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
<b>Objective 1:</b>	To improve knowledge and skills among different cadres in the health sector			
Activity 1.1:	Train 40 health assistants (HAs) per year	US\$115,428.00	US\$185,272.00	Revised budget includes US\$104,304.00 as refund from activity 3.6.
Activity 1.2:	Train 4 Planning Officers MSc in Health Economics	US\$40,000.00	US\$0	Revised budget is US\$0 because US\$40,000.00 is used to refund activity 1.7
Activity 1.3:	Train 60 Cold Chain Technicians (2/district) per year	US\$43,000.00	US\$31,876.00	Revised budget is US\$31,876.00 because US\$11,124.00 has been excluded as refund for activity 1.1. US\$31,876 will be used to procure refrigeration maintenance tools for Cold chain technicians
Activity 1.4:	Train 30 health workers per district from programs on the RED strategy in Years 1 to 3	US\$52,000.00	US\$52,000.00	No difference
Activity 1.5:	Pay field allowances for health workers	US\$15,429.00	US\$15,429.00	No difference
Activity 1.6:	Train 30 workers per district in Mid-Level Management (MLM) in Years 1 to 3.	US\$62,000.00	US\$62,000.00	No difference
Activity 1.7:	Enrol 5 EPI Officers MSc in Public Health	US\$0	US\$50,742.00	Budget is US\$0 and revised is US\$50,742.00 because it is a refund from activities 1.2 (US\$40,000.00) and 3.6 (US\$10,742.00).
Activity 1.8:	Train 30 Accounts clerk up to certificate in accounting level	US\$0	US\$0	Not applicable

Activity 1.9:	Refresher courses for 60 Accounting personnel per year	US\$42,000.00	US\$42,000.00	No difference
<b>Objective 2:</b>	<b>To improve equitable access to EHP services and treatment of the neglected tropical diseases using EPI as a platform</b>			
Activity 2.1:	Purchase of fly traps for control of trypanosomiasis	US\$0	US\$0	Not applicable
Activity 2.2:	Procurement of albendazole	US\$41,500.00	US\$41,500.00	No difference
Activity 2.3:	Procurement of praziquantel	US\$135,000.00	US\$135,000.00	No difference
<b>Objective 3:</b>	<b>To ensure availability of essential equipment and services for the smooth delivery of EHP at all levels.</b>			
Activity 3.1:	Purchase 30 motorcycles ambulance	US\$0	US\$0	Not applicable
Activity 3.2:	Purchase 30 motorcycles	US\$0	34,663.00	Not applicable
Activity 3.3:	Purchase 3000 push bikes for use by HSAs	US\$0	US\$11,124.00	No difference
Activity 3.4:	Procure 8 motorised boats for hard to reach areas	US\$0	US\$0	Not applicable
Activity 3.5:	Purchase of 5 light trucks 7 tonne	US\$0	US\$0	Not applicable
Activity 3.6:	Purchase of 30 4X4 Station Wagon	US\$450,000.00	US\$575,432.00	The revised budget is US\$8,174.00 instead of US\$450,000.00 because US\$324,321.00 will be used to refund activities 1.1 (US\$104,304.00), 1.7 (US\$10,742.00), 3.4 (US\$85,920.00), 3.9.1 (US\$8,100.00), 3.9.1 (US\$54,672.00), 3.11 (US\$36,000.00) and 4.4 (US\$24,583.00).
Activity 3.7:	Purchase of 5 Minibuses for HSA training institutions	US\$0	US\$0	Not applicable
Activity 3.8:	Purchase of 30 (4X4) Land Cruiser (Ambulances)	US\$0	US\$0	Not applicable

Activity 3.9:	Procurement of cold chain equipment			
Activity 3.9,1:	1 x Walk in Freezer room	US\$0	US\$8,100.00	Revised budget is US\$8,100.00 because it is a refund from activity 3.6.
	1 x Walk in Cold Room	US\$0	US\$54,672.00	Revised budget is US\$54,672.00 because it is a refund from activity 3.6.
Activity 3.9,2:	200 X Electricity refrigerators	US\$262,182.00	US\$262,182.00	To refund SWAp for the procurement of 100 refrigerators
Activity 3.9,3:	200 X Gas refrigerators	US\$166,540.00	US\$166,540.00	To refund SWAp for the procurement of 100 refrigerators
Activity 3.9,4:	150 X Kerosene refrigerators	US\$60,313.00	US\$120,626.00	To refund SWAp for the procurement of 100 refrigerators
Activity 3.9,5:	40 X Solar refrigerators	US\$87,500.00	US\$87,500.00	No difference
Activity 3.9,6:	90 X Deep freezers	US\$36,730.00	US\$36,730.00	To refund SWAp for the procurement of 30 refrigerators
Activity 3.10:	Procure 3 standby generators	US\$0	US\$0	No difference
Activity 3.11:	Procure folk lift	US\$0	US\$36,000.00	Revised budget is US\$36,000.00 because it is a refund from activity 3.6.
Activity 3.12:	Procure office equipment and accessories	US\$0	US\$0	Not applicable
<b>Objective 4:</b>	<b>To improve access to quality EHP services through infrastructure strengthening</b>			
Activity 4.1:	Contribute towards the construction of an annex to the Ministry of Health	US\$1,000,000.00	US\$600,000.00	No difference
Activity 4.2:	Installation of solar electricity in 30 selected health facilities	US\$345,000.00	US\$345,000.00	No difference
Activity 4.3:	Expansion of solar electricity in 70 facilities	US\$467,180.00	US\$467,180.00	No difference
Activity 4.4:	Install electricity in 20 health facilities	US\$0	US\$0	Not applicable
Activity 4.5:	Construction of 27 health posts	US\$128,574.00	US\$128,574.00	No difference

Activity 4.6:	Construction of one national vaccine store	US\$0	US\$0	Not applicable
Activity 4.7:	Construction of 3 vaccine stores/warehouses at regional level	US\$0	US\$0	Not applicable
Activity 4.8:	Construction of 4 vaccine/dry stores on selected districts	US\$142,857.00	US\$142,857.00	No difference
<b>Objective 5:</b>	<b>To strengthen the monitoring and evaluation in the health sector</b>			
Activity 5.1:	Train 20 staff at district and health centre level on data management	US\$162,501.00	US\$162,501.00	No difference
Activity 5.2:	Evaluate the impact of RED approach including operations research	US\$50,000.00	US\$50,000.00	No difference
<b>TOTAL COSTS</b>		US\$3,905,734.00	US\$3,905,500.00	

Table 14b. Plan for 2010-2011, HSS Requirements

AREA OF SUPPORT	YEAR 2010	YEAR 2011
<b>ACTIVITY COSTS</b>	<b>YEAR 2010</b>	<b>YEAR 2011</b>
<b>Objective 1: To improve knowledge and skills of different cadres in the health sector in Malawi</b>		
Activity 1.1 Train 10 AEHOs per year	US\$149,888.00	US\$185,272.00
Activity 1.2 Train 4 Health Sector Personnel in MSc Health Planning/Management Years 1-3	0	US\$0
Activity 1.3 Train 60 Cold chain technicians in cold chain management and provision of tools	US\$0.00	US\$31,876.00
Activity 1.4 Train 30 health workers/district in RED strategy	US\$95,000.00	US\$52,000.00
Activity 1.5 Pay field allowances for health workers during catch up campaigns	US\$15,429.00	US\$15,429.00
Activity 1.6 Train 30 health workers at district level in MLM for 1 week	US\$124,000.00	US\$62,000.00
Activity 1.7 Enrol 5 EPI Officers MSc Public Health	US\$140,000.00	US\$50,742.00
Activity 1.8 Train 30 Accounts clerks at certificate in accounting	US\$0.00	US\$0
Activity 1.9 Conduct refresher courses for 60 Accounting personnel per year	US\$84,000.00	US\$42,000.00
<b>Total Objective 1</b>		
<b>Objective 2: To improve equitable access to EHP Services and treatment of the neglected tropical diseases using EPI as a platform.</b>		
2.1 Purchase fly traps	US\$10,000.00	US\$0
2.2 Procurement of albendazole	US\$41,500.00	US\$41,500.00
2.3 Purchase of praziquantel	US\$135,000.00	US\$135,000.00

<b>Total Objective 2</b>		
Objective 3: To ensure availability of essential equipment and services for the smooth delivery of EHP at all levels of health care.		
3.1 Purchase of 30 motorcycle ambulance	US\$0	US\$0
3.2 Purchase of 30 motor cycles	US\$0.00	34,663.00
3.3 Purchase of 3000 bicycles for HSAs	US\$198,962.00	US\$11,124.00
3.4 Purchase 8 motorised boats	US\$85,920.00	US\$0
3.5 Purchase of 5 light trucks 7 tonnes	US\$0	US\$0
3.6 Purchase 30 4X4 Station Wagon	US\$0	US\$575,432.00
3.7 Purchase 5 (32 seater) minibuses for HSA training institutions	US\$330,155.00	US\$0
3.8 Purchase 30 ambulances	US\$0	US\$0
3.9 Procurement of cold chain equipment		
3.9.1 Purchase of 1x walk in Freezer room	US\$0	US\$8,100.00
Purchase of 1x walk in Cold room	US\$0	US\$54,672.00
3.9.2 Purchase of electricity refrigerators (200)	US\$0	US\$262,182.00
3.9.3 Purchase of gas refrigerators (200)	US\$0	US\$166,540.00
3.9.4 Purchase of kerosene refrigerators (150)	US\$0	US\$120,626.00
3.9.5 Purchase of solar refrigerators: 40	US\$0	US\$87,500.00
3.9.6 Purchase of deep freezers (90)	US\$0	US\$36,730.00
3.10 Purchase of 3 standby generators (50 KVA)	US\$0	US\$0

3.11 Purchase of folk lift (1.5 ton)	US\$0	US\$36,000.00
3.12 Purchase of office equipment	US\$0	US\$0
<b>Total Objective 3</b>		
Objective 4: To improve access to quality EHP services through infrastructure strengthening		
4.1 Contribute to construction of annex to MoH Building	US\$400,000.00	US\$600,000.00
4.2 Install solar electricity in 30 facilities	US\$345,000.00	US\$345,000.00
4.3 Expand solar power to 70 facilities and 6 staff houses per facility	US\$467,180.00	US\$467,180.00
4.4 Install electricity in 20 health facilities in rural areas	US\$140,857.00	US\$0
4.5 Construction of 27 Health Posts	US\$257,148.00	US\$128,574.00
4.6 Construction of one vaccine store at national level	US\$210,286.00	US\$0
4.7 Construct 3 regional vaccine stores/dry store	US\$428,471.00	US\$0
4.8 Construct 4 vaccine/dry stores in selected districts	US\$142,857.00	US\$142,857.00
<b>Total Objective 4</b>		
<b>Objective 5: To strengthen monitoring and evaluation in the health sector.</b>		
Activity 5.1 Train 20 staff at district and health centre level on data management	US\$325,002.00	US\$162,501.00
Activity 5.2 Evaluate impact of RED on the delivery and uptake of EHP including operations research	US\$0	US\$50,000.00
<b>Total Objective 5</b>		

<b>GRAND TOTAL</b>	US\$3,796,500.00	US\$3,905,500.00

## 5.5 Programme implementation for 2009 reporting year

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation 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 should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*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.*

The program has achieved a national DPT-HepB+Hib3 coverage of 93% (baseline 84%) against the 3-year target of 98% of the implementation. 96% (baseline 81%) of the districts have achieved a DPT-HepB+Hib3 coverage of  $\geq 80\%$ . This achievement is 6% above the 3-year target of the 90% of districts achieving DPT-HepB+Hib3 coverage of  $\geq 80\%$ . National measles coverage is at 92% (baseline 85%) and this has surpassed the set target of 90% and 96% of the districts (baseline 58%) have achieved measles coverage of  $\geq 80\%$ . This achievement is above the 85% set target. 96% of the outreach clinics (baseline 86%) were conducted against a set target of 90%. So far the under-five mortality rate is at 76/1000 (baseline 133/1000) live births (MICS, 2006).

Vaccine refrigerators (330) have been procured to replace some non-functional refrigerators and others which were breaking down frequently. Cold chain technicians (67) have been trained in maintenance and repair of refrigerators.

IT equipment (56 sets of computers and accessories) has been procured using program funds. Ten (10) laptops were also procured. This has resulted in improvement on data collection, storage and communication.

There was under-budgeting in some very critical areas such as IT equipment, motor vehicles and refrigerators. This resulted in procuring reduced quantities and using funds meant for other activities, which will have to be reprogrammed in Year 2. GAVI disbursed the funds late and this had an effect on the timely implementation of some activities 2009. In order to conform to Ministry's Procurement Plan and achieve efficiency, procurement of refrigerators and motor vehicles was fast-tracked based on the urgent need by the program.

5.5.2 Are any Civil Society Organisations 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.

CSO is a member of the Internal Monitoring Committee of GAVI HSS Core Group which oversees implementation of GAVI supported activities. Although Malawi has no CSO which has received funding from GAVI, there is a proposal that is yet to be submitted to GAVI.

#### 5.6 Management of HSS funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[ IF YES ]** : please complete **Part A** below.

**[ IF NO ]** : please complete **Part B** below.

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

NA

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

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

MoH budget includes resources contributed to the SWAp Pool Account by government and partners. Financial Management Reports (FMRs) are produced on quarterly basis and circulated to all partners in accordance with the SWAp MoU and Code of Conduct . The arrangement also provides for two external audits for financial management and procurement for SWAp Pooled and Discrete Accounts, of which GAVI is part of discrete partner. GAVI resources are deposited in its own Holding Account with the Central Bank (Reserve Bank of Malawi) and its corresponding operating account with National Bank of Malawi, a commercial bank. ICC which is equivalent to EPI Sub TWG in Malawi is responsible for monitoring the implementation of EPI activities including GAVI-supported activities.

### 5.7 Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**Document N° .....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached (**Document N° 2**).

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached (**Document N° 3**).

## 5.8 General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

**Table 15:** Indicators listed in original application approved

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
<b>Objective 1: To improve knowledge and skills among different cadres in the health sector using GAVI funds</b>						
1.1 % of Assistant Environmental Health Officers (AEHOs) trained	0	20	Malawi College of Health Sciences Records	0, 2007	Malawi College of Health Sciences Records	100%
1.2 Number of Planning Officers trained in MSc in Health Economics	3	2	MoH Training Section	0, 2007	MoH Training Section	2
1.3 % of Cold Chain Technicians trained	67	20	MoH Reports	0, 2007	MoH Reports	100%
1.4 % of health workers trained on the RED strategy	0	840	MoH Reports	0, 2007	MoH Reports	100%
1.5 % of health workers paid field allowances	2900	2000	MoH Reports	0	MoH Reports	100%
1.6 % of health workers trained in Mid-Level Management (MLM)	0	840	MoH Reports	0,2007	MoH Reports	100%
1.7 Number of EPI Officers enrolled for MSc in Public Health	1	2	MoH Training Section	0, 2007	MoH Training Section	2
1.8 % of Accounts clerk trained to certificate level in accounting	2	30	MoH Training Section	0, 2007	MoH Training Section	100%
1.9 % of Accounting personnel who underwent refresher courses in accounting	0	60	MoH Reports	0, 2007	MoH Reports	100%
<b>Objective 2: To improve equitable access to EHP services and treatment of the neglected tropical diseases using GAVI funds</b>						
2.1 % of fly traps procured for control of trypanosomiasis	0	120	MoH Reports	0, 2007	MoH Reports	100%

2.2 % of albendazole procured	2,299,000	2,00,000	MoH Reports	0, 2007	MoH Reports	100%
2.3 % of praziquantel procured	1,148,000	1,000,000	MoH Reports	0, 2007	MoH Reports	100%
<b>Objective 3: To ensure availability of essential equipment abd services for the smooth delivery of EHP at all levels Using GAVI funds</b>						
3.1 Number of motorcycles ambulance purchased	0	30	MoH Reports	0,2007	MoH Reports	30
3.2 Number of motorcycles procured	30	30	MoH Reports	0,2007	MoH Reports	30
3.3 % of push bikes procured	0	800	MoH Reports	0,2007	MoH Reports	100%
3.4 Number of motorised boats procured	0	8	MoH Reports	0,2007	MoH Reports	8
3.5 Number of light trucks procured	5	5	MoH Reports	0,2007	MoH Reports	5
3.6 Number of 4X4 Station Wagon procured	16	10	MoH Reports	0,2007	MoH Reports	10
3.7 Purchase of 5 Minibuses for HSA training institutions	0	0				
3.8 Number of 4X4 ambulances procured	20	20	MoH Reports	0,2007	MoH Reports	20
3.9 Procurement of cold chain equipment						
3.9.1 Walk in Freezer room purchased	0	1	MoH Reports	0,2007	MoH Reports	1
Walk in Cold Room purchased	0	1	MoH Reports	0,2007	MoH Reports	1
3.9.2 % of electric refrigerators purchased	100	200	MoH Reports	0,2007	MoH Reports	100%
3.9.3 % of gas refrigerators purchased	100	200	MoH Reports	0,2007	MoH Reports	100%
3.9.4 % of Kerosene refrigerators purchased	100	75	MoH Reports	0,2007	MoH Reports	100%
3.9.5 % of Solar refrigerators purchased	0	0				
3.9.6 % of Deep freezers purchased	30	90	MoH Reports	0,2007	MoH Reports	100%

3.10 Number of standby generators purchased	3	3	MoH Reports	0,2007	MoH Reports	3
3.11 Folk lift purchased	0	1	MoH Reports	0,2007	MoH Reports	1
3.12 % of office equipment and accessories purchased	136	126	MoH Reports	57, 2008	MoH Reports	100%
<b>Objective 4: To improve access to quality EHP services through infrastructure strengthening using GAVI Funds</b>						
4.1 EPI Office Block constructed	0	0				
4.2 Number of Health facilities installed with solar electricity	0	0				
4.3 Number of Facilities with solar electricity expansion	0	0				
4.4 Number of health facilities installed with electricity	0	20	MoH Reports	0,2007	MoH Reports	20
4.5 Number of health posts constructed	0	9	MoH Reports	0, 2007	MoH Reports	9
4.6 National vaccine store constructed	0	1	MoH Reports	0, 2007	MoH Reports	1
4.7 Number of regional vaccine stores/warehouses constructed	0	0				
4.8 Number of district vaccine/dry stores constructed	0	0				
<b>Objective 5: To strengthen the monitoring and evaluation in the health sector using GAVI Funds</b>						
5.1 % of health workers trained in data management	0	560	MoH Reports	0, 2007	MoH Reports	100%
5.2 Evaluation done on RED approach	0	0				

**Table 15:** Indicators listed in original application approved

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
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Indicators						
1. Knowledge of health workers on RED strategy	0	840	MoH Reports	650, 2008	MoH Report	100%
2. % of districts with measles coverage of more than 80%	27	28	MICS	58%, 2006	MoH Reports	80%
3. % of outreach clinics conducted	40,423	42,228	MoH Reports	86%, 2003	MoH Reports	89%
4. % of health facilities that can provide EHP	482	650	Health facility survey	9%, 2002	SWAp Reports	67%
5. Number of facilities with fridges run on solar energy	112	650	MoH Inventory Reports	112, 2006	MoH Reports	15%
6. % of districts sending electronic comprehensive EPI data to National EPI Office	6	28	MoH Reports	0%, 2007	MoH Reports	67%
7. Number of health posts constructed using GAVI funds	0	9	MoH Reports	0, 2007	MoH Reports	100%
8. No. of AEHOs trained through GAVI support	0	20	Malawi College of Health Sciences Records	0, 2007	Malawi College of Health Sciences Records	100%

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators**: There are no changes. These are the same as they appear in the original proposal submitted to GAVI

Provide justification for any changes in **the denominator**: These are the same as they appear in the original proposal submitted to GAVI

Provide justification for any changes in **data source**: No changes.

**Table 16a: Trend of values achieved**

<b>Name of Indicator</b> (insert indicators as listed in above table, with one row dedicated to each indicator)	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Explanation of any reasons for non achievement of targets</b>
1.1% of Assistant Environmental Health Officers (AEHOs) trained	0	0	0	Not done as explained in table 12. The denominator has changed due to high cost of training
1.2 Number of Planning Officers trained in MSc in Health Economics	0	0	3	
1.3 % of Cold Chain Technicians trained	0	0	67	
1.4 % of health workers trained on the RED strategy	0	0	0	Funds were used for other activities as explained in table 12 and will be done in 2010 and 2011
1.5 % of health workers paid field allowances	0	0	2,900	
1.6 % of health workers trained in Mid-Level Management (MLM)	0	0	0	Funds were used for other activities as explained in table 12 and will be done in 2010 and 2011
1.7 Number of EPI Officers enrolled for MSc in Public Health	0	0	1	
1.8 % of Accounts clerk trained to certificate level in accounting	0	0	2	
1.9 % of Accounting personnel who underwent refresher courses in accounting	0	0	0	Funds were used for other activities as explained in table 12 and will be done in 2010 and 2011
2.1 % of fly traps procured for control of trypanosomiasis	0	0	0	Consultations underway as explained in table 12
2.2 % of albendazole procured	0	0	2,299,000	
2.3 % of praziquantel procured	0	0	1,148,000	
3.1 Number of motorcycles ambulance purchased	0	0	0	Not done as explained in table 12

3.2 Number of motorcycles procured	0	0	30	
3.3 % of push bikes procured	0	0	0	Not done as explained in table 12
3.4 Number of motorised boats procured	0	0	0	Not done as explained in table 12
3.5 Number of light trucks procured	0	0	5	
3.6 Number of 4X4 Station Wagon procured	0	0	16	
3.7 Purchase of 5 Minibuses for HSA training institutions	0	0	1	
3.8 Number of 4X4 ambulances procured	0	0	20	
3.9 Procurement of cold chain equipment				
3.9.1 Walk in Freezer room purchased	0	0	0	Awaiting construction of cold room
Walk in Cold Room purchased	0	0	0	Awaiting construction of cold room
3.9.2 % of electric refrigerators purchased	0	0	100	
3.9.3 % of gas refrigerators purchased	0	0	100	
3.9.4 % of Kerosene refrigerators purchased	0	0	100	
3.9.5 % of Solar refrigerators purchased	0	0	0	To be procured in 2011
3.9.6 % of Deep freezers purchased	0	0	30	
3.10 Number of standby generators purchased	0	0	3	
3.11 Folk lift purchased	0	0	0	Procurement processes in progress

3.12 % of office equipment and accessories purchased	0	0	136	
4.1 EPI Office Block constructed	0	0	0	In progress, Consultants recruited
4.2 Number of Health facilities installed with solar electricity	0	0	0	In progress, identification of sites done
4.3 Number of Facilities with solar electricity expansion	0	0	0	In progress, identification of sites done
4.4 Number of health facilities installed with electricity	0	0	0	In progress, identification of sites done
4.5 Number of health posts constructed	0	0	0	In progress, identification of sites done
4.6 National vaccine store constructed	0	0	0	In progress, Consultants recruited
4.7 Number of regional vaccine stores/warehouses constructed	0	0		
4.8 Number of district vaccine/dry stores constructed	0	0		
5.1 % of health workers trained in data management	0	0	0	Funds were used for other activities as explained in table 12 and will be done in 2010 and 2011
5.2 Evaluation done on RED approach	0			

**Table 16b:** Trend of values achieved

Name of Indicator <i>(insert indicators as listed in above table, with one row dedicated to each indicator)</i>	2007	2008	2009	Explanation of any reasons for non achievement of targets
1. Knowledge of health workers on RED strategy			0	Not done because resources were used for procurement of refrigerators which were fast tracked because of over-riding priority. However, the activity will be implemented before 2010. The level of achievement is 0%.
2. % of districts with measles coverage of more than 80%			27	Achieved

3. % of outreach clinics conducted			40,423	Achieved
4. % of health facilities that can provide EHP			Total Number of facilities providing EHP	Achieved
5. Number of facilities with fridges run on solar energy			-	Not applicable, they will be procured with the third tranche funds.
6. % of districts sending electronic comprehensive EPI data to National EPI Office			6	Partially achieved as desk top computers were procured on the first quarter of 2010 and the trainings will be conducted soon.
7. Number of health posts constructed using GAVI funds			0	Not done. It will be done before end of 2010. However, funds for this item were utilized for activities 3.9.2 , 3.9.3, 3.9.4 and 3.9.6. Preliminary works are underway. Funds for this activity will be refunds from activities.....
8. No. of AEHOs trained through GAVI support			0	Not done in 2009 due to the abolishment of the HA cadre by the MoH. However, the HSS Core Group decided to reprogramme the funds towards the training of Assistant Environment Health Officers as the job description is the same as that of the HA cadre.

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

There are no weaknesses.

### 5.9 Other sources of funding in pooled mechanism for HSS

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

**Table 17: Sources of HSS funds in a pooled mechanism**

Donor	Amount in US\$	Duration of support	Contributing to which objective of GAVI HSS proposal
SWAp	US\$3,672,037.00	On going	
WHO	US\$420,000.00	On going	Objective 3: To ensure availability of essential equipment and services for smooth delivery of

			EHP at all levels, Objective 1: To improve knowledge and skills among different cadres in the health sector,
UNICEF	US\$300,000.00	On going	Objective 1 :To improve knowledge and skills among different cadres in the health sector, Objective 5: To strengthen the monitoring and evaluation in the health sector.

## 6. Strengthened Involvement of Civil Society Organisations (CSOs)

### 6.1 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>5</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:

Not Applicable

#### 6.1.1 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 describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N°**.....).

Not Applicable

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.

Not Applicable

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<sup>5</sup> Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

### 6.1.2 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).

Not Applicable

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.

Not applicable

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.

Not Applicable

6.1.3 Receipt and expenditure of CSO Type A funds. **Not applicable**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US\$.....  
Remaining funds (carried over) from 2008: US\$.....  
Balance to be carried over to 2010: US\$.....

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

**This section is to be completed by countries that have received GAVI TYPE B CSO support<sup>6</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:*

Not applicable

### 6.2.1 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.

Not Applicable

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).

Not Applicable

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.

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<sup>6</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.

Not applicable

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

Not Applicable

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Not Applicable

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.

**Table 18:** Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved
Not Applicable			

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, 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.

**Table 19:** Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes
Not applicable			

### 6.2.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US\$.....  
 Remaining funds (carried over) from 2008: US\$.....  
 Balance to be carried over to 2010: US\$.....

### 6.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? [ **IF YES** ] : please complete **Part A** below.  
 [ **IF NO** ] : please complete **Part B** below.

**Part A:** further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

Not applicable

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

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

Not applicable

#### 6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 4*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

#### 6.2.5 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.

**Table 20:** Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target
Not applicable							

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.

Not applicable

## 7. Checklist

**Table 21:** Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

<b>MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)</b>		<b>ISS</b>	<b>NVS</b>	<b>HSS</b>	<b>CSO</b>
1	Signature of Minister of Health (or delegated authority) of APR	Yes	Yes	Yes	NA
2	Signature of Minister of Finance (or delegated authority) of APR	Yes	Yes	Yes	NA
3	Signatures of members of ICC/HSCC in APR Form	Yes	Yes	Yes	NA
4	Provision of Minutes of ICC/HSCC meeting endorsing APR	Yes	Yes	Yes	NA
5	Provision of complete excel sheet for each vaccine request		Yes		
6	Provision of Financial Statements of GAVI support in cash	Yes	Yes	Yes	NA
7	Consistency in targets for each vaccines (tables and excel)		Yes		
8	Justification of new targets if different from previous approval (section 1.1)		Yes		
9	Correct co-financing level per dose of vaccine		Yes		
10	Report on targets achieved (tables 15,16, 20)			Yes	NA
11	Provision of cMYP for re-applying		Yes		
<b>OTHER REQUIREMENTS</b>		<b>ISS</b>	<b>NVS</b>	<b>HSS</b>	<b>CSO</b>
12	Anticipated balance in stock as at 1 January 2010 in Annex 1		Yes		
13	Consistency between targets, coverage data and survey data	Yes	Yes		
14	Latest external audit reports (Fiscal year 2009)	Yes		Yes	NA
15	Provide information on procedure for management of cash	Yes		Yes	NA
16	Health Sector Review Report			Yes	
17	Provision of new Banking details	NA	NA	Yes	NA
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support		Yes		
19	Attach the CSO Mapping report (Type A)				NA

## 8. Comments

*Comments from ICC/HSCC Chairs:*

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

ICC members observed that the budgets did not take into account the duty charges. As a result, fewer than budgeted items were procured i.e. it was planned to procure 30 Ambulances but only 20 were procured. Therefore EPI Sub TWG/ICC members would like to request government to consider exempting GAVI funded procurements from duty.

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2  
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 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, 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 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
  - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
  - b. Income received from GAVI during 2009
  - c. Other income received during 2009 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2009
  - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

**MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:**  
***An example statement of income & expenditure***

<b>Summary of income and expenditure – GAVI ISS</b>		
	<b>Local Currency (CFA)</b>	<b>Value in USD<sup>7</sup></b>
<b>Balance brought forward from 2008</b> ( <i>balance as of 31 December 2008</i> )	25,392,830	53,000
<b>Summary of income received during 2009</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>	65,338,626	136,375
<b>Total expenditure during 2009</b>	30,592,132	63,852
<b>Balance as at 31 December 2009</b> ( <i>balance carried forward to 2010</i> )	60,139,324	125,523

<b>Detailed analysis of expenditure by economic classification<sup>8</sup> – GAVI ISS</b>						
	<b>Budget in CFA</b>	<b>Budget in USD</b>	<b>Actual in CFA</b>	<b>Actual in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>
<b>Salary expenditure</b>						
Wages & 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 expenditure</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2009</b>	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

<sup>7</sup> An average rate of CFA 479.11 = USD 1 applied.

<sup>8</sup> Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

<b>Summary of income and expenditure-GAVI ISS</b>						
				<b>Local Currency in MK</b>	<b>Value in USD</b>	
<b>Balance brought forward from 2008 (balance as of 31 December 2008)</b>				<b>30,934,969.94</b>		
<b>Summary of income received during 2009</b>						
<b>Income received from GAVI</b>				<b>139,747,791.00</b>		
<b>Income from interest</b>						
<b>Other income (fees)</b>				<b>7,289,241.34</b>		
<b>Total Income</b>				<b>177,971,280.28</b>		
<b>Total expenditure during 2009</b>				<b>164,395,720.00</b>		
<b>Balance as at 31 December 2009 (balance carried forward to 2010)</b>				<b>13,575,560.00</b>		
<b>Detailed analysis of expenditure by economic classification-GAVI ISS</b>						
	<b>Budget in MK</b>	<b>Budget in USD</b>	<b>Actual in MK</b>	<b>Actual in USD</b>	<b>Variance in MK</b>	<b>Variance in USD</b>
<b>Salary expenditure</b>						
Internal Training	170,771,280		158,460,671.00		12,310,609	
<b>Non-salary expenditure</b>						
Computer Expenses	7,200,000		5,927,875.00		1,272,125	
Bank Charges	0		7,174.00		(7,174.00)	
<b>Other expenditure</b>						
<b>TOTAL FOR 2009</b>	<b>177,971,280</b>		<b>164,395,720.00</b>		<b>13,575,560</b>	

<b>Summary of income and expenditure-GAVI ISS</b>						
				<b>Local Currency in MK</b>	<b>Value in USD</b>	
<b>Balance brought forward from 2009 (balance as of 31 December 2009)</b>				<b>13,575,560.00</b>		
<b>Summary of income received during 2010</b>						
<b>Income received from GAVI</b>				<b>0</b>		
<b>Income from interest</b>				<b>0</b>		
<b>Other income (fees)</b>				<b>0</b>		
<b>Total Income</b>				<b>0</b>		
<b>Total expenditure during Jan-Apr 2010</b>				<b>18,572,920.00</b>		
<b>Balance as at 30 Apr 2010 (balance carried forward to 2010)</b>				<b>(4,997,360.00)</b>		
<b>Detailed analysis of expenditure by economic classification-GAVI ISS Jan-Apr 2010</b>						
	<b>Budget in MK</b>	<b>Budget in USD</b>	<b>Actual in MK</b>	<b>Actual in USD</b>	<b>Variance in MK</b>	<b>Variance in USD</b>
<b>Salary expenditure</b>						
Internal Training	No funds for 2010		18,551,920.00		18,551,920.00	
<b>Non-salary expenditure</b>						
Telephone Charges	No funds for 2010		21,000.00		21,000.00	
<b>Other expenditure</b>						
<b>TOTAL FOR Jan-Apr 2010</b>	<b>13,575,560</b>		<b>18,572,920.00</b>		<b>(4,997,360.00)</b>	

GAVI ANNUAL PROGRESS REPORT ANNEX 3  
TERMS OF REFERENCE:  
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
  - b. Income received from GAVI during 2009
  - c. Other income received during 2009 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2009
  - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

**MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:**  
*An example statement of income & expenditure*

<b>Summary of income and expenditure – GAVI HSS</b>		
	<b>Local Currency (CFA)</b>	<b>Value in USD<sup>9</sup></b>
<b>Balance brought forward from 2008</b> ( <i>balance as of 31 December 2008</i> )	25,392,830	53,000
<b>Summary of income received during 2009</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>	65,338,626	136,375
<b>Total expenditure during 2009</b>	30,592,132	63,852
<b>Balance as at 31 December 2009</b> ( <i>balance carried forward to 2010</i> )	60,139,324	125,523

<b>Detailed analysis of expenditure by economic classification<sup>10</sup> – GAVI HSS</b>						
	<b>Budget in CFA</b>	<b>Budget in USD</b>	<b>Actual in CFA</b>	<b>Actual in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>
<b>HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS</b>						
<b>ACTIVITY 1.1: TRAINING OF HEALTH WORKERS</b>						
<b>Salary expenditure</b>						
Wages & 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
<b>TOTAL FOR ACTIVITY 1.1</b>	<b>24,000,000</b>	<b>50,093</b>	<b>18,800,000</b>	<b>39,239</b>	<b>5,200,000</b>	<b>10,854</b>

<sup>9</sup> An average rate of CFA 479.11 = USD 1 applied.

<sup>10</sup> Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

<b>ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES</b>							
<b>Non-salary expenditure</b>							
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131	
<b>Other expenditure</b>							
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087	
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913	
<b>TOTAL FOR ACTIVITY 1.2</b>	<b>18,000,000</b>	<b>37,570</b>	<b>11,792,132</b>	<b>24,613</b>	<b>6,207,868</b>	<b>12,957</b>	
<b>TOTALS FOR OBJECTIVE 1</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>	

Summary of income and expenditure-GAVI HSS						
					Local Currency in MK	Value US
<b>Balance brought forward from 2008 (balance as of 31 December 2008)</b>					<b>0</b>	
<b>Summary of income received during 2009</b>						
<b>Income received from GAVI</b>					<b>530,705,663.14</b>	
<b>Income from interest</b>					<b>0</b>	
<b>Other income (fees)</b>					<b>0</b>	
<b>Total Income</b>					<b>530,705,663.14</b>	
<b>Total expenditure during 2009</b>					<b>347,184,742.00</b>	
<b>Balance as at 31 December 2009 (balance carried forward to 2010)</b>					<b>183,520,921.00</b>	
<b>Detailed analysis of expenditure by economic classification-GAVI HSS</b>						
	<b>Budget in MK</b>	<b>Budget in USD</b>	<b>Actual in MK</b>	<b>Actual in USD</b>	<b>Variance in MK</b>	<b>Variance in US</b>
<b>Salary expenditure</b>						
<b>Objective 1</b>						
Internal training	46,179,980.00		947,942.00		45,232,038.00	
External allowances	0		2,776,665.00		(2,776,665.00)	
<b>Non-salary expenditure</b>						
<b>Objective 1</b>						
Air Travel	0		101,351.00		(101,351.00)	
External training	23,890,020.00		31,037,268.00		(7,147,248.00)	
<b>Objective 2</b>						
Drugs, Vaccines & Pharmaceuticals	25,410,000		25,056,180.00		353,820.00	
<b>Objective 3</b>						
Publications & Advertising	0		881,124.00		(881,124.00)	
<b>Other expenditure</b>						
<b>Objective 3</b>						
Purchase of Motor Vehicles	200,528,580		283,910,829.00		(83,382,249)	
Insurance of Motor Vehicles	0		1,131,000.00		(1,131,000.00)	
Maintenance Of Motor Vehicles	0		1,142,383.00		(1,142,383.00)	
<b>TOTAL FOR 2009</b>	<b>296,008,580</b>		<b>347,184,742.00</b>		<b>( 51,176,162.00)</b>	

Summary of income and expenditure-GAVI HSS Jan-Apr 2010						
						Local Currency in MK
<b>Balance brought forward from 2009 (balance as of 31 December 2009)</b>						<b>183,520,921.00</b>
<b>Summary of income received during 2009</b>						
<b>Income received from GAVI</b>						0
<b>Income from interest</b>						0
<b>Other income (fees)</b>						0
<b>Total Income</b>						<b>183,520,921.00</b>
<b>Total expenditure during Jan-Apr 2010</b>						<b>127,915,357.00</b>
<b>Balance as at 30 Apr 2010 (balance carried forward to 2010)</b>						<b>55,605,564.00</b>
<b>Detailed analysis of expenditure by economic classification-GAVI HSS</b>						
		Budget in USD	Actual in MK	Actual in USD	Variance in MK	
<b>Salary expenditure</b>						
<b>Objective 1</b> Internal training	Funds not received		14,331,760.00			
External Travel allowance	Funds not received		45,581.00			
External training	Funds not received		11,128,092.00			
<b>Non-salary expenditure</b>						
<b>Objective 3</b>						
Computer Expenses	Funds not received		17,826,597.00			
<b>Other expenditure</b>						
<b>Objective 3</b>						
Bank Charges	Funds not received		47,092.00			
Purchase of Motor Vehicles	Funds not received		84,536,235.00			
<b>TOTAL FOR Jan-Apr 2010</b>	<b>\$0</b>		<b>127,915,357.00</b>			

**GAVI ANNUAL PROGRESS REPORT ANNEX 4  
TERMS OF REFERENCE:**

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

- I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
  - b. Income received from GAVI during 2009
  - c. Other income received during 2009 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2009
  - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

**MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:**  
***An example statement of income & expenditure***

<b>Summary of income and expenditure – GAVI CSO 'Type B'</b>		
	<b>Local Currency (CFA)</b>	<b>Value in USD<sup>11</sup></b>
Balance brought forward from 2008 ( <i>balance as of 31 December 2008</i> )	25,392,830	53,000
<b>Summary of income received during 2009</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>65,338,626</b>	<b>136,375</b>
<b>Total expenditure during 2009</b>	<b>30,592,132</b>	<b>63,852</b>
Balance as at 31 December 2009 ( <i>balance carried forward to 2010</i> )	60,139,324	125,523

<b>Detailed analysis of expenditure by economic classification<sup>12</sup> – GAVI CSO 'Type B'</b>						
	<b>Budget in CFA</b>	<b>Budget in USD</b>	<b>Actual in CFA</b>	<b>Actual in USD</b>	<b>Variance in CFA</b>	<b>Variance in USD</b>
<b>CSO 1: CARITAS</b>						
<b>Salary expenditure</b>						
Wages & 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
<b>TOTAL FOR CSO 1: CARITAS</b>	<b>24,000,000</b>	<b>50,093</b>	<b>18,800,000</b>	<b>39,239</b>	<b>5,200,000</b>	<b>10,854</b>
<b>CSO 2: SAVE THE CHILDREN</b>						
<b>Salary expenditure</b>						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

<sup>11</sup> An average rate of CFA 479.11 = USD 1 applied.

<sup>12</sup> Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

<b>Non-salary expenditure</b>							
	Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
<b>Other expenditure</b>							
	Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTAL FOR CSO 2: SAVE THE CHILDREN</b>		<b>18,000,000</b>	<b>37,570</b>	<b>11,792,132</b>	<b>24,613</b>	<b>6,207,868</b>	<b>12,957</b>
<b>TOTALS FOR ALL CSOs</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>