



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Malawi

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/31/2013 12:28:45 PM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	No	next tranche: N/A	Yes
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

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

For the Government of **Malawi**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name		Name	
Date		Date	
Signature		Signature	

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

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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Mr Evance Mwendo EPI Officer	MoH EPI Unit		
Mrs Brenda Mhone EPI Surveillance Officer	MoH EPI Unit		
Rose Kandulu District EPI Coordinator	Lilongwe District Health Office		
Doopsy Mwanza EPI Vaccines Manager	MoH EPI Unit		
Allan F. Macheso Child Health and Development specialist	UNICEF		
Y.M Misomali Senior Accountant	MoH		
B.Malewezi Deputy Programme Manager-Vaccines	CHAI		
E.Chileka-Banda Executive Director	EFD		
A.M Tambuli EPI Data Manager	MoH EPI Unit		

M.Valle EPI Logistic Officer	MoH EPI Unit		
A.Katsulukuta Deputy Director(EPI)	MoH EPI Unit		

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

All comments will be treated confidentially

Comments from Partners:

Members noted the delay in submitting the APR which was reported to be attributed to pressing needs related to GAVI auditing activities. However, we have endorsed the 2012 APR for submission to GAVI

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Malawi is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	655,231	655,231	668,801	668,801	682,962	682,962	697,650	697,650
Total infants' deaths	40,872	40,872	40,985	40,985	41,091	41,091	41,178	41,178
Total surviving infants	614,359	614,359	627,816	627,816	641,871	641,871	656,472	656,472
Total pregnant women	655,231	655,231	668,801	668,801	697,650	697,650	697,650	697,650
Number of infants vaccinated (to be vaccinated) with BCG	655,231	673,492	668,801	668,801	682,962	682,962	697,650	697,650
BCG coverage	100 %	103 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	614,359	602,993	627,816	627,816	641,871	641,871	656,472	656,472
OPV3 coverage	100 %	98 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1	655,231	649,927	668,801	668,801	668,801	668,801	697,650	697,650
Number of infants vaccinated (to be vaccinated) with DTP3	614,359	604,091	627,816	627,816	641,871	641,871	656,472	656,472
DTP3 coverage	100 %	98 %	100 %	100 %	100 %	100 %	100 %	100 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib		649,927	668,801	668,801	682,962	682,962	697,650	697,650
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib		604,091	668,801	668,801	641,871	641,871	656,472	656,472
DTP-HepB-Hib coverage	100 %	98 %	100 %	107 %	100 %	100 %	100 %	100 %
Wastage[1] rate in base-year and planned thereafter (%)		5	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)		1.05	1.33	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	655,231	807,516	668,801	668,801	682,962	682,962		
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	655,231	682,037	668,801	668,801	641,871	641,871		

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV13) coverage	100 %	111 %	100 %	107 %	100 %	100 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	0	1	0	1	5	5		
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.01	1.05	1.01	1.05	1.05	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	380,925	118,167	668,801	668,801	682,962	682,962		
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	380,925	45,295	668,801	668,801	641,871	641,871		
Rotavirus coverage	29 %	7 %	100 %	107 %	100 %	100 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	0	1	0	1	5	5		
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.01	1.05	1.01	1.05	1.05	1	1
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	614,359	571,448	627,816	627,816	641,871	641,871	656,472	656,472
Measles coverage	100 %	93 %	100 %	100 %	100 %	100 %	100 %	100 %
Pregnant women vaccinated with TT+	504,528	468,241	528,353	528,353	553,199	553,199	579,050	579,050
TT+ coverage	77 %	71 %	79 %	79 %	79 %	79 %	83 %	83 %
Vit A supplement to mothers within 6 weeks from delivery	229,331	208,221	234,080	234,080	239,037	239,037	244,178	244,178
Vit A supplement to infants after 6 months	1,244,669	230,874	1,301,017	1,301,017	1,329,203	1,329,203	1,360,123	1,360,123
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	7 %	6 %	6 %	4 %	4 %	6 %	6 %

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

None

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

None

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

None

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

None

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

Achieved a coverage of 96% for DPT-HepB-Hib3 at national level. Only 2 of the 28 districts achieved <80% coverage for for DPT-HepB-Hib3

Key Major Activities:

- Supportive supervisory visits – national level managed to conduct 3 visits to lower levels, <?xml:namespace prefix = o />
- Review meetings,
- Training sessions conducted RED trainings, MLM training,
- New vaccine introduction - Introduction of rota,
- Assessments conducted - Cold chain Inventory, DQS, EVM, PIE, KAP, Comprehensive EPI Review, Indepth Disease Surveillance Review

Key Challenges: Shortage of Kerosene and fuel for EPI fridges and transportation of vaccine supplies.

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

The coverage for DPT-HepB-Hib3 was below the target due to shortage of fuel for running refrigerators and vehicles and this led to cancellations of some immunization clinics.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

DHS	2010	92.7%	93.4%
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5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

There is no discrimination based on gender.

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

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

There is no gender discrimination for immunization services.

5.4. Data assessments

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

Discrepancies exist because administrative data is collected through tally sheets or registers while survey data is collected through child health passport.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

Data Quality Self Assessment (DQS) was conducted in August 2012 in 8 districts

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

-Training and review meeting for EPI personnel in data management

-Supportive supervisory visits.

-Review of monitoring forms/registers and child health passport.

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

-Introduction of DVD-MT and SMT

-DQS training for health workers

-Conducting DQA

-Supportive supervisory visit.

-Conducting 30 cluster coverage survey

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 350	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	CHAI	MCHIP	
Traditional Vaccines*	1,403,864	857,801	0	546,063	0	0	0	
New and underused Vaccines**	27,323,060	503,000	26,106,898	713,162	0	0	0	
Injection supplies (both AD syringes and syringes other than ADs)	1,612,915	229,199	1,288,102	95,614	0	0	0	
Cold Chain equipment	125,000	125,000	0	0	0	0	0	
Personnel	460,000	460,000	0	0	0	0	0	
Other routine recurrent costs	1,237,737	41,769	714,214	0	400,000	33,940	47,814	
Other Capital Costs	214,894	0	214,894	0	0	0	0	
Campaigns costs	85,904	0	0	85,904	0	0	0	
New vaccine introduction		0	482,591	355,518	400,000	60,000	45,000	
Total Expenditures for Immunisation	32,463,374							
Total Government Health		2,216,769	28,806,699	1,796,261	800,000	93,940	92,814	

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Not applicable

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, partially implemented**

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

Action plan from Aide Mémoire	Implemented?
Incorporation of GAVI Funds into government of Malawi Integrated Management System (IFMS) deposit account	Yes
Administering GAVI funds through the IFMS	Yes
Production of GAVI Income and Expenditure quarterly statement	Yes
Prepare annual financial statements to be submitted to GAVI Secretariat with the APR and to ICC and HSRG	Yes
GAVI funds are audited annually by independent external auditors	No
Filling of vacancies in the Internal Audit Unit	Yes

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

A GAVI Financial Management Assessment was conducted during the year 2010. The requirements and conditions that were agreed in the Aide Memoire in managing GAVI funds has since been fulfilled .i.e. the incorporation of GAVI funds into the Government of Malawi Integrated Financial Management System (IFMS) below the line account and also production of GAVI income and expenditure quarterly statements. The Internal Audit Unit, the unit has since been strengthened by coming in of the controller of Internal Audit. The SWAp audit report of financial year ending 2012 has been included as attachment.

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

External auditing for SWAp pooling funding is done through sampling process and GAVI funds were not included in the sample.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **2**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#).

Inclusion of HSAs and EPI staff salaries as part government contributions to personnel cost

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

If **Yes**, which ones?

List CSO member organisations:
Malawi Health Equity Network (MHEN)
Health Rights and Education Programme (HREP)
Eye for Development (EFD)

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Main Objectives:

- Sustaining high routine immunization coverage
- Sustaining high quality surveillance on AFP, measles and NNT
- Sustaining high awareness on importance of immunization

Priority Actions

- Conducting supplemental immunization activities for measles and polio
- Improved documentation and data management
- Improving healthworker capacity at all level through trainings (IIP, MLM etc)
- Further improve coldchain capacity at all level
- Strengthening advocacy and social mobilization activities
- Sustaining safe injection practices and waste management.
- Introduction of measles rubella (MR) vaccine

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD	Government of Malawi
Measles	AD	Government of Malawi
TT	AD	Government of Malawi

DTP-containing vaccine	AD	Government of Malawi/GAVI
PCV13	AD	Flanders International Cooperation Agency/GAVI

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

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

No obstacles encountered.

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

-Use of incinerators where they exist

-Burn and bury where incinerators are not available

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Malawi is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

Malawi is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib		1,906,900	0	Yes
Pneumococcal (PCV13)	2,445,733	2,404,600	0	Yes
Rotavirus	999,929	925,500	0	No

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

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

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

The staggered deliveries of DPT-HepB-Hib from UNICEF Supply Division in the first and second quarter affected the distribution system which resulted into stock out at peripheral levels. This was due to global shortage of the vaccine.

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

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

-There was communication between Ministry of Health and Unicef on staggered shipments schedules thus National level was able to revise distribution accordingly.

<?xml:namespace prefix = o />

-Rational distribution of vaccines to regional vaccine stores was applied instead of quarterly allocation. This was done due to short supply of vaccines at national vaccine store.

-Malawi has shifted from one dose DPT-HepB-Hib to 10 dose. This created more space for storage of the vaccine

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

-At national and regional levels there were no stock outs of vaccine except at lower level due to challenges in supply chain systems.

-At lower levels, the duration for stock outs ranged from 2 days to two weeks

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | | |
|---|--------------|--|
| Phased introduction | Not selected | |
| Nationwide introduction | Not selected | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | Not selected | |

| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | |
|---|--------------|--|
| Phased introduction | Not selected | |
| Nationwide introduction | Not selected | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | Not selected | |

| Rotavirus, 1 dose(s) per vial, ORAL | | |
|---|-----|---|
| Phased introduction | No | |
| Nationwide introduction | Yes | 29/10/2012 |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | PCV13 was introduced in November, 2011 instead of January 2011. This delay affected subsequent introduction of rota. |

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **July 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

Training period was increased from one day to two days.<?xml:namespace prefix = o />

-Approximately 2,500 healthworkers were trained during PCV introduction but during Rota more than 13,000health workers were trained.

-Introduction plansfor regions and districts were developed

-Adequate referencematerials and technical guidelines were provided for trainings at all levels

-Adequate resourceswere mobilized for trainings, social mobilization, programme management,monitoring and supervision from MCHIP, UNICEF, CHAI, WHO and local NGOs.

-The initial introduction grant was US\$230,000 and we got an additionalUS\$381,500.

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<!--[endif]-->

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

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

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

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

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<TABLE style="BORDER-BOTTOM: #aaaaaa 1px dashed; BORDER-LEFT: #aaaaaa 1px dashed; BORDER-COLLAPSE: collapse; BORDER-TOP: #aaaaaa 1px dashed; BORDER-RIGHT: #aaaaaa 1px dashed" class=MsoNormalTable border=0 cellSpacing=0 cellPadding=0 prevstyle="border-bottom: #aaaaaa 1px dashed; border-left: #aaaaaa 1px dashed; border-collapse: collapse; border-top: #aaaaaa 1px dashed; border-right: #aaaaaa 1px dashed"><TBODY><TR style="HEIGHT: 13pt; mso-yfti-irow: 0; mso-yfti-firstrow: yes; mso-yfti-lastrow: yes"><TD style="BORDER-BOTTOM: #aaaaaa 1px dashed; BORDER-LEFT: #aaaaaa 1px dashed; PADDING-BOTTOM: 2pt; PADDING-LEFT: 2pt; WIDTH: 538.5pt; PADDING-RIGHT: 2pt; HEIGHT: 13pt; BORDER-TOP: #aaaaaa 1px dashed; BORDER-RIGHT: #aaaaaa 1px dashed; PADDING-TOP: 2pt" width=718 prevstyle="border-bottom: #aaaaaa 1px dashed; border-left: #aaaaaa 1px dashed; padding-bottom: 2pt; padding-left: 2pt; width: 538.5pt; padding-right: 2pt; height: 13pt; border-top: #aaaaaa 1px dashed; border-right: #aaaaaa 1px dashed; padding-top: 2pt"><P class=MsoNormal><A>Results from disease surveillance are still pending</A><?xml:namespace prefix = o /><o:p></o:p></P></TD></TR></TBODY></TABLE><DIV>&lt;!--[if !supportAnnotations]--&gt;<HR class=msocomoff align=left SIZE=1 width="33%">&lt;!--[endif]--&gt;</DIV>&lt;!--[if !supportAnnotations]--&gt;<DIV id=_com_1 language=JavaScript class=msocomtxt>&lt;!--[endif]--&gt;&lt;!--[if !supportAnnotations]--&gt;<A name=_msocom_1></A>&lt;!--[endif]--&gt;<P class=MsoCommentText><SPAN class=MsoCommentReference><SPAN style="FONT-SIZE: 8pt">&nbsp;</SPAN></SPAN></SPAN><o:p></o:p></P>&lt;!--[if !supportAnnotations]--&gt;</DIV>&lt;!--[endif]--&gt;</DIV></DIV>
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7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2012 (A) | 611,500 | 1,432,282,096 |
| Remaining funds (carry over) from 2011 (B) | 0 | 910,126,965 |
| Total funds available in 2012 (C=A+B) | 611,500 | 2,342,409,061 |
| Total Expenditures in 2012 (D) | 482,591 | 1,523,294,793 |
| Balance carried over to 2013 (E=C-D) | 128,909 | 819,114,268 |

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

- Training of health workers
- Advocacy for social mobilization
- Revision of monitoring tools
- Supportive supervision
- Distribution of supplies

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

- Some districts started vaccination late due delayed training and vaccine distribution by districts to facilities.
- Some facilities received posters late.

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

- Post Introduction Evaluation
- Monitoring and Evaluation for routine immunization
- Supervision

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

| | Q.1: What were the actual co-financed amounts and doses in 2012? | |
|--|--|------------------------------|
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 530,000 | 157,200 |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 493,908 | 130,600 |
| Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL | 219,254 | 75,000 |
| | | |
| | Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources? | |
| Government | 530,000 | |
| Donor | 713,162 | |
| Other | | |
| | | |
| | Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies? | |
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |

| | | |
|--|--------------------------------|--------------------|
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 33,757 | 309,400 |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 489,200 | 140,750 |
| Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL | 854 | 21,925 |
| | | |
| Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2014 | Source of funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | November | Ministry of Health |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | November | Ministry of Health |
| Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL | November | Ministry of Health |
| | | |
| Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing | | |
| Needs:<?xml:namespace prefix = o /> <ol style="list-style-type: none"> 1. Financial Sustainability strategies 2. Resource mobilisation for immunisation 3. Financial management As well as continued technical assistance provided through our collaborating partners | | |

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: <http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

NA

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **November 2012**

Please attach:

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

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

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

If yes, provide details

NA

When is the next Effective Vaccine Management (EVM) assessment planned? **November 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Malawi does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

For vaccines other than PCV, if you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

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

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

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Malawi is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

NA

7.11. Calculation of requirements

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

| ID | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL | |
|----|--|--------------------|------|-----------|----------|----------|----------|-----------|
| | Number of surviving infants | Table 4 | # | 614,359 | 627,816 | 641,871 | 656,472 | 2,540,518 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 649,927 | 668,801 | 682,962 | 697,650 | 2,699,340 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 604,091 | 668,801 | 641,871 | 656,472 | 2,571,235 |
| | Immunisation coverage with the third dose | Table 4 | % | 98.33 % | 106.53 % | 100.00 % | 100.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 1,119,500 | | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 1,119,500 | | | | |
| | Number of doses per vial | Parameter | # | | 10 | 10 | 10 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 2.04 | 2.04 | 1.99 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.40 % | 6.40 % | 6.40 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

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

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

| | 2012 | 2013 | 2014 | 2015 |
|--|------|------|------|------|
| Minimum co-financing | 0.20 | 0.20 | 0.20 | 0.20 |
| Recommended co-financing as per APR 2011 | | | 0.20 | 0.20 |
| Your co-financing | 0.20 | 0.20 | 0.20 | 0.20 |

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

| | | 2013 | 2014 | 2015 |
|---------------------------------------|----|-----------|-----------|-----------|
| Number of vaccine doses | # | 1,926,200 | 1,963,300 | 2,000,600 |
| Number of AD syringes | # | 2,243,700 | 2,286,700 | 2,336,100 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 24,925 | 25,400 | 25,950 |
| Total value to be co-financed by GAVI | \$ | 4,291,500 | 4,374,500 | 4,351,000 |

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

| | | 2013 | 2014 | 2015 |
|---|----|---------|---------|---------|
| Number of vaccine doses | # | 196,000 | 199,700 | 209,200 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 |
| Total value to be co-financed by the Country ^[1] | \$ | 424,500 | 433,000 | 442,000 |

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

| | Formula | 2012 | 2013 | | |
|--|--|-----------|-----------|------------|-----------|
| | | Total | Total | Government | GAVI |
| A Country co-finance | V | 0.00 % | 9.23 % | | |
| B Number of children to be vaccinated with the first dose | Table 5.2.1 | 649,927 | 668,801 | 61,746 | 607,055 |
| C Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D Number of doses needed | $B \times C$ | 1,949,781 | 2,006,403 | 185,238 | 1,821,165 |
| E Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | | |
| F Number of doses needed including wastage | $D \times E$ | 2,047,271 | 2,106,724 | 194,500 | 1,912,224 |
| G Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | | 14,864 | 1,373 | 13,491 |
| H Stock on 1 January 2013 | Table 7.11.1 | 1,119,500 | | | |
| I Total vaccine doses needed | $F + G - H$ | | 2,122,088 | 195,918 | 1,926,170 |
| J Number of doses per vial | Vaccine Parameter | | 10 | | |
| K Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | | 2,243,607 | 0 | 2,243,607 |
| L Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | | 0 | 0 | 0 |
| M Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | | 24,905 | 0 | 24,905 |
| N Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 4,320,572 | 398,890 | 3,921,682 |
| O Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 104,328 | 0 | 104,328 |
| P Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 | 0 |
| Q Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 14,445 | 0 | 14,445 |
| R Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | | 276,517 | 25,529 | 250,988 |
| S Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 0 | 0 | 0 |
| T Total fund needed | $(N+O+P+Q+R+S)$ | | 4,715,862 | 424,418 | 4,291,444 |
| U Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 424,418 | | |
| V Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 9.23 % | | |

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

| | Formula | 2014 | | | 2015 | | | |
|----------|--|--|------------|---------|-----------|------------|---------|-----------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 9.23 % | | | 9.46 % | | |
| B | Number of children to be vaccinated with the first dose | <i>Table 5.2.1</i> | 682,962 | 63,054 | 619,908 | 697,650 | 66,031 | 631,619 |
| C | Number of doses per child | <i>Vaccine parameter (schedule)</i> | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 2,048,886 | 189,160 | 1,859,726 | 2,092,950 | 198,093 | 1,894,857 |
| E | Estimated vaccine wastage factor | <i>Table 4</i> | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 2,151,331 | 198,618 | 1,952,713 | 2,197,598 | 207,998 | 1,989,600 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 11,152 | 1,030 | 10,122 | 11,567 | 1,095 | 10,472 |
| H | Stock on 1 January 2013 | <i>Table 7.11.1</i> | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 2,162,983 | 199,694 | 1,963,289 | 2,209,665 | 209,140 | 2,000,525 |
| J | Number of doses per vial | <i>Vaccine Parameter</i> | 10 | | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 2,286,643 | 0 | 2,286,643 | 2,336,014 | 0 | 2,336,014 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 25,382 | 0 | 25,382 | 25,930 | 0 | 25,930 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 4,403,834 | 406,577 | 3,997,257 | 4,388,395 | 415,351 | 3,973,044 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 4,403,834 | 0 | 106,329 | 4,388,395 | 0 | 108,625 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 14,722 | 0 | 14,722 | 15,040 | 0 | 15,040 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 281,846 | 26,021 | 255,825 | 280,858 | 26,583 | 254,275 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 4,806,731 | 432,597 | 4,374,134 | 4,792,918 | 441,933 | 4,350,985 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 432,597 | | | 441,933 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 9.23 % | | | 9.46 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

| | | Formula |
|---|---|--|
| A | Country co-finance | V |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 |
| C | Number of doses per child | Vaccine parameter (schedule) |
| D | Number of doses needed | $B \times C$ |
| E | Estimated vaccine wastage factor | Table 4 |
| F | Number of doses needed including wastage | $D \times E$ |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ |
| H | Stock on 1 January 2013 | Table 7.11.1 |
| I | Total vaccine doses needed | $F + G - H$ |
| J | Number of doses per vial | Vaccine Parameter |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ |
| T | Total fund needed | $(N+O+P+Q+R+S)$ |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ |

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

| ID | Source | | 2012 | 2013 | 2014 | TOTAL | |
|----|--|--------------------|------|-----------|----------|----------|-----------|
| | Number of surviving infants | Table 4 | # | 614,359 | 627,816 | 641,871 | 1,884,046 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 807,516 | 668,801 | 682,962 | 2,159,279 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 682,037 | 668,801 | 641,871 | 1,992,709 |
| | Immunisation coverage with the third dose | Table 4 | % | 111.02 % | 106.53 % | 100.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.01 | 1.01 | 1.05 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 1,054,250 | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 1,054,250 | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | |
| | AD syringes required | Parameter | # | | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 3.50 | 3.50 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.00 % | 6.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

No difference in stock levels

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

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

| | 2012 | 2013 | 2014 |
|---|------|------|------|
| Minimum co-financing | 0.20 | 0.20 | 0.20 |
| Recommended co-financing as per APR 2011 | | | 0.20 |
| Your co-financing | 0.20 | 0.20 | 0.20 |

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

| | | 2013 | 2014 |
|---------------------------------------|----|-----------|-----------|
| Number of vaccine doses | # | 1,919,000 | 2,066,600 |
| Number of AD syringes | # | 2,227,200 | 2,309,000 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 24,725 | 25,650 |
| Total value to be co-financed by GAVI | \$ | 7,237,500 | 7,789,500 |

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

| | | 2013 | 2014 |
|---|----|---------|---------|
| Number of vaccine doses | # | 109,400 | 117,800 |
| Number of AD syringes | # | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 0 | 0 |
| Total value to be co-financed by the Country ^[1] | \$ | 406,000 | 437,000 |

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

| | Formula | 2012 | 2013 | | |
|--|--|-----------|-----------|------------|-----------|
| | | Total | Total | Government | GAVI |
| A Country co-finance | V | 0.00 % | 5.39 % | | |
| B Number of children to be vaccinated with the first dose | Table 5.2.1 | 807,516 | 668,801 | 36,054 | 632,747 |
| C Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D Number of doses needed | $B \times C$ | 2,422,548 | 2,006,403 | 108,162 | 1,898,241 |
| E Estimated vaccine wastage factor | Table 4 | 1.01 | 1.01 | | |
| F Number of doses needed including wastage | $D \times E$ | 2,446,774 | 2,026,468 | 109,244 | 1,917,224 |
| G Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | | 0 | 0 | 0 |
| H Stock on 1 January 2013 | Table 7.11.1 | 1,054,250 | | | |
| I Total vaccine doses needed | $F + G - H$ | | 2,028,268 | 109,341 | 1,918,927 |
| J Number of doses per vial | Vaccine Parameter | | 1 | | |
| K Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | | 2,227,108 | 0 | 2,227,108 |
| L Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | | 0 | 0 | 0 |
| M Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | | 24,721 | 0 | 24,721 |
| N Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 7,098,939 | 382,693 | 6,716,246 |
| O Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 103,561 | 0 | 103,561 |
| P Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 | 0 |
| Q Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 14,339 | 0 | 14,339 |
| R Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | | 425,937 | 22,962 | 402,975 |
| S Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 0 | 0 | 0 |
| T Total fund needed | $(N+O+P+Q+R+S)$ | | 7,642,776 | 405,655 | 7,237,121 |
| U Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 405,654 | | |
| V Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 5.39 % | | |

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

| | Formula | 2014 | | | |
|---|---|--|------------|---------|-----------|
| | | Total | Government | GAVI | |
| A | Country co-finance | V | 5.39 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 682,962 | 36,818 | 646,144 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | |
| D | Number of doses needed | $B \times C$ | 2,048,886 | 110,453 | 1,938,433 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 2,151,331 | 115,975 | 2,035,356 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 31,216 | 1,683 | 29,533 |
| H | Stock on 1 January 2013 | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $F + G - H$ | 2,184,347 | 117,755 | 2,066,592 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 2,308,914 | 0 | 2,308,914 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 25,629 | 0 | 25,629 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 7,645,215 | 412,142 | 7,233,073 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 7,645,215 | 0 | 107,365 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 14,865 | 0 | 14,865 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 458,713 | 24,729 | 433,984 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 8,226,158 | 436,870 | 7,789,288 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 436,870 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 5.39 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

| | | Formula |
|---|---|--|
| A | Country co-finance | V |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 |
| C | Number of doses per child | Vaccine parameter (schedule) |
| D | Number of doses needed | $B \times C$ |
| E | Estimated vaccine wastage factor | Table 4 |
| F | Number of doses needed including wastage | $D \times E$ |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ |
| H | Stock on 1 January 2013 | Table 7.11.1 |
| I | Total vaccine doses needed | $F + G - H$ |
| J | Number of doses per vial | Vaccine Parameter |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ |
| T | Total fund needed | $(N+O+P+Q+R+S)$ |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ |

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

| ID | Source | | 2012 | 2013 | 2014 | TOTAL | |
|----|--|--------------------|------|---------|----------|----------|-----------|
| | Number of surviving infants | Table 4 | # | 614,359 | 627,816 | 641,871 | 1,884,046 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 118,167 | 668,801 | 682,962 | 1,469,930 |
| | Number of children to be vaccinated with the second dose | Table 4 | # | 45,295 | 668,801 | 641,871 | 1,355,967 |
| | Immunisation coverage with the second dose | Table 4 | % | 7.37 % | 106.53 % | 100.00 % | |
| | Number of doses per child | Parameter | # | 2 | 2 | 2 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.01 | 1.01 | 1.05 | |
| | Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 469,100 | | | |
| | Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 469,100 | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | |
| | AD syringes required | Parameter | # | | No | No | |
| | Reconstitution syringes required | Parameter | # | | No | No | |
| | Safety boxes required | Parameter | # | | No | No | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 2.55 | 2.55 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 5.00 % | 5.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

No difference in stock levels

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

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

| | 2012 | 2013 | 2014 |
|--|------|------|------|
| Minimum co-financing | 0.20 | 0.20 | 0.20 |
| Recommended co-financing as per APR 2011 | | | 0.20 |
| Your co-financing | 0.20 | 0.20 | 0.20 |

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

| | | 2013 | 2014 |
|---------------------------------------|----|-----------|-----------|
| Number of vaccine doses | # | 1,508,800 | 1,347,800 |
| Number of AD syringes | # | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 |
| Total value to be co-financed by GAVI | \$ | 4,040,000 | 3,609,000 |

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

| | | 2013 | 2014 |
|---|----|---------|---------|
| Number of vaccine doses | # | 121,800 | 108,800 |
| Number of AD syringes | # | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 |
| Total value to be co-financed by the Country ^[1] | \$ | 326,500 | 291,500 |

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

| | Formula | 2012 | 2013 | | | |
|---|---|---|---------|------------|---------|-----------|
| | | Total | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | 7.47 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 118,167 | 668,801 | 49,958 | 618,843 |
| C | Number of doses per child | Vaccine parameter (schedule) | 2 | 2 | | |
| D | Number of doses needed | B X C | 236,334 | 1,337,602 | 99,915 | 1,237,687 |
| E | Estimated vaccine wastage factor | Table 4 | 1.01 | 1.01 | | |
| F | Number of doses needed including wastage | D X E | 238,698 | 1,350,979 | 100,914 | 1,250,065 |
| G | Vaccines buffer stock | (F – F of previous year) * 0.25 | | 278,071 | 20,771 | 257,300 |
| H | Stock on 1 January 2013 | Table 7.11.1 | 469,100 | | | |
| I | Total vaccine doses needed | F + G – H | | 1,630,550 | 121,797 | 1,508,753 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | I / J * 1.11 | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | (K + L) / 100 * 1.11 | | | | |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | | 4,157,903 | 310,581 | 3,847,322 |
| O | Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 0 | 0 | 0 |
| P | Cost of reconstitution syringes needed | L x reconstitution price per unit (cr) | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | M x safety box price per unit (cs) | | 0 | 0 | 0 |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | | 207,896 | 15,530 | 192,366 |
| S | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | | 0 | 0 | 0 |
| T | Total fund needed | (N+O+P+Q+R+S) | | 4,365,799 | 326,110 | 4,039,689 |
| U | Total country co-financing | I x country co-financing per dose (cc) | | 326,110 | | |
| V | Country co-financing % of GAVI supported proportion | U / (N + R) | | 7.47 % | | |

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

| | Formula | 2014 | | | |
|---|---|--|------------|---------|-----------|
| | | Total | Government | GAVI | |
| A | Country co-finance | V | 7.47 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 682,962 | 51,015 | 631,947 |
| C | Number of doses per child | Vaccine parameter (schedule) | 2 | | |
| D | Number of doses needed | $B \times C$ | 1,365,924 | 102,030 | 1,263,894 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 1,434,221 | 107,132 | 1,327,089 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 20,811 | 1,555 | 19,256 |
| H | Stock on 1 January 2013 | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $F + G - H$ | 1,456,532 | 108,799 | 1,347,733 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | | | |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 3,714,157 | 277,436 | 3,436,721 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 3,714,157 | 0 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 0 | 0 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 185,708 | 13,872 | 171,836 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 3,899,865 | 291,307 | 3,608,558 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 291,307 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 7.47 % | | |

Table 7.11.4: Calculation of requirements for (part 3)

| | | Formula |
|---|---|--|
| A | Country co-finance | V |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 |
| C | Number of doses per child | Vaccine parameter (schedule) |
| D | Number of doses needed | $B \times C$ |
| E | Estimated vaccine wastage factor | Table 4 |
| F | Number of doses needed including wastage | $D \times E$ |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ |
| H | Stock on 1 January 2013 | Table 7.11.1 |
| I | Total vaccine doses needed | $F + G - H$ |
| J | Number of doses per vial | Vaccine Parameter |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ |
| T | Total fund needed | $(N+O+P+Q+R+S)$ |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ |

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

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

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in 2012

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

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

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

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

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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

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

Table 9.1.3a (US)\$

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|------|------|---------|---------|---------|---------|
| Original annual budgets
(as per the originally
approved HSS
proposal) | 0 | 0 | 3641127 | 3796469 | 3905734 | 0 |
| Revised annual budgets
(if revised by previous
Annual Progress
Reviews) | 0 | 0 | 3641127 | 3796469 | 3905734 | 0 |
| Total funds received
from GAVI during the
calendar year (A) | 0 | 0 | 3790000 | 1898250 | 5803750 | 0 |
| Remaining funds (carry
over) from previous year
(B) | 0 | 0 | 0 | 1161109 | 1840707 | 6481864 |
| Total Funds available
during the calendar year
(C=A+B) | 0 | 0 | 3790000 | 3059359 | 7644457 | 6481864 |
| Total expenditure during
the calendar year (D) | 0 | 0 | 2628891 | 1218652 | 1162593 | |
| Balance carried forward
to next calendar year
(E=C-D) | 0 | 0 | 161109 | 1840707 | 6481864 | |
| Amount of funding
requested for future
calendar year(s)
[please ensure you
complete this row if you
are requesting a new
tranche] | 0 | 0 | 1898250 | 5803750 | 0 | 0 |

| | 2013 | 2014 | 2015 | 2016 |
|---|------|------|------|------|
| Original annual budgets
(as per the originally approved HSS proposal) | 0 | 0 | 0 | 0 |
| Revised annual budgets
(if revised by previous Annual Progress Reviews) | 0 | 0 | 0 | 0 |
| Total funds received from GAVI during the calendar year (A) | 0 | 0 | 0 | 0 |
| Remaining funds (carry over) from previous year (B) | 0 | 0 | 0 | 0 |
| Total Funds available during the calendar year (C=A+B) | 0 | 0 | 0 | 0 |
| Total expenditure during the calendar year (D) | 0 | 0 | 0 | 0 |
| Balance carried forward to next calendar year (E=C-D) | 0 | 0 | 0 | 0 |
| Amount of funding requested for future calendar year(s)
[please ensure you complete this row if you are requesting a new tranche] | 0 | 0 | 0 | 0 |

Table 9.1.3b (Local currency)

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|------|------|-----------|-----------|------------|-----------|
| Original annual budgets
(as per the originally
approved HSS
proposal) | 0 | 0 | 530876327 | 569470350 | 585860100 | 0 |
| Revised annual budgets
(if revised by previous
Annual Progress
Reviews) | 0 | 0 | 530876327 | 569470350 | 585860100 | 0 |
| Total funds received
from GAVI during the
calendar year (A) | 0 | 0 | 530705663 | 284824087 | 870562500 | 0 |
| Remaining funds (carry
over) from previous year
(B) | 0 | 0 | 0 | 183520921 | 285547859 | 981721340 |
| Total Funds available
during the calendar year
(C=A+B) | 0 | 0 | 530705663 | 468345008 | 1156110359 | 981721340 |
| Total expenditure during
the calendar year (D) | 0 | 0 | 347184742 | 182797859 | 174389019 | 49989629 |
| Balance carried forward
to next calendar year
(E=C-D) | 0 | 0 | 183520921 | 285547149 | 981721340 | 931731711 |
| Amount of funding
requested for future
calendar year(s)
[please ensure you
complete this row if you
are requesting a new
tranche] | 0 | 0 | 569470350 | 585860100 | 0 | 0 |

| | 2013 | 2014 | 2015 | 2016 |
|---|------|------|------|------|
| Original annual budgets
(as per the originally approved HSS proposal) | 0 | 0 | 0 | 0 |
| Revised annual budgets
(if revised by previous Annual Progress Reviews) | 0 | 0 | 0 | 0 |
| Total funds received from GAVI during the calendar year (A) | 0 | 0 | 0 | 0 |
| Remaining funds (carry over) from previous year (B) | 0 | 0 | 0 | 0 |
| Total Funds available during the calendar year (C=A+B) | 0 | 0 | 0 | 0 |
| Total expenditure during the calendar year (D) | 0 | 0 | 0 | 0 |
| Balance carried forward to next calendar year (E=C-D) | 0 | 0 | 0 | 0 |
| Amount of funding requested for future calendar year(s)
[please ensure you complete this row if you are requesting a new tranche] | 0 | 0 | 0 | 0 |

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

| Exchange Rate | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|------------------------|------|------|------|------|------|------|
| Opening on 1 January | 140 | 141 | 146 | 150 | 150 | 250 |
| Closing on 31 December | 140 | 141 | 151 | 150 | 168 | 350 |

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

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

Accounting

All GAVI resources to the GoM through MoH are managed through the Integrated Financial Management Information System (IFMIS) under 'below the line' account (off budget) and accounted for in the Accountant General's final accounts.

HSS Funds on the Budget

Yes, the resources are included in the Ministry of Health Sector Strategic Plan 2011 -2016 (HSSP). Since July 01, 2011, all GAVI resources are transferred to IFMIS Government of Malawi Deposit account but managed under the Ministry of Health.

Banking

GAVI resources are deposited in the Malawi Government Deposit Account with the Reserve Bank of Malawi (RBM) linked to IFMIS and cheques are issued centrally from Accountant General's office.

Reporting

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

External audit

SWAp pooled funding are subjected to annual audit by external auditors. The GAVI CPA team conducted audit for GAVI funds in January and April 2013 for a five year period from 2008 to 2012.

Problems Encountered

The HSS funds when they came in country in 2009 and 2010 the exchange rate was MK150/US\$1. The money is not kept in foreign denominated account. It is changed into local currency right away it arrives. This has affected the operations of the activities since the local currency has been undergoing fluctuations since 2010. When the local currency is devalued the USD loses value instead of gaining. For example, table 9.3 (a) shows a balance of US\$3,552,756 with equivalent amount of MK542,355,163.00. At the current prevailing market of MK350/US\$1 (2013), the actual balance in USD is US\$1,255,332 equivalent to the same amount in local currency of MK542,355,163.00.

This also poses a challenge in reporting financial transactions in USD.

Has an external audit been conducted? [Yes](#)

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

| Major Activities (insert as many rows as necessary) | Planned Activity for 2012 | Percentage of Activity completed (annual) (where applicable) | Source of information/data (if relevant) |
|---|--|--|---|
| Capacity Building | Activity 1.1 Train Health Assistants | 88 | MoH Training Section & MoH Environmental Health |
| Capacity Building | Activity 1.4 Train Health Workers in RED Strategy | 81 | MoH EPI Reports |
| Capacity Building | Activity 1.6 Train Health Workers in MLM | 81 | MoH EPI Reports |
| Capacity Building | Activity 1.7 Enroll 5 EPI Officers MSc Public Health | 75 | MoH Training Section |
| Capacity Building | Activity 1.9 Conduct refresher courses for Accountants | | MoH Finance |
| Procurement | Activity 3.6 Purchase of 4 x 4 Station Wagons | 50 | MoH Procurement Unit |
| Procurement | Activity 3.7 Purchase of Minibuses for HSA Training Institutions | 75 | MoH Procurement Unit |
| Infrastructure | Activity 4.1 Construction of EPI Office Block | 30 | MoH Infrastructure |
| Infrastructure | Activity 4.6 Construction of National Cold room in Lilongwe | 100 | MoH Infrastructure |
| Infrastructure | Activity 4.7 Construction of Cold room in Blantyre | 99 | HoH Infrastructure |
| Monitoring & Evaluation | Activity 5.1 Train 20 staff at district and health | | HoH EPI Reports, HoH Planning |

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

| Major Activities (insert as many rows as necessary) | Explain progress achieved and relevant constraints |
|---|--|
| Activity 1.1 Train Assistants Environmental Health | <p>Out of 40, 35 Health Assistants are being trained into Assistant Environmental Health Officers at Malawi College of Health Sciences.</p> <p>The remaining funds on this activity can cater for an additional 9 Health Surveillance Assistants to undergo a similar training in order to upgrade them.</p> |
| Activity 1.2 Train Planning Office MSc H/Economics | <p>Out of 4, 3 Planning Officers have been trained at MSc level, 2 have returned and are working and 1 has remained pursuing further training with funding from elsewhere.</p> <p>Three Officers were trained instead of 4 because the Masters course enrolled were two year courses instead of the envisaged one year courses.</p> |
| Activity 1.3 Train Cold Chain Technicians | <p>Target was to train 60 Cold Chain Technicians</p> <p>67 Cold Chain Technicians were trained.</p> |
| Activity 1.4 Train Health Workers in RED Approach | <p>Targeted to train 1328 health workers.</p> <p>1728 health workers were trained.</p> <p>Due to limited funding on this activity, and similarity of the materials to be covered it was combined with Activity 1.6 with a target of 808 health workers to enable more health workers at grass root level to be trained.</p> <p>Total target of the 2 activities was 2136 health workers.</p> |
| Activity 1.4 Pay field allowances for HWs | <p>All funding has been used for payment of field allowances for Health workers</p> |
| Activity 1.6 Train Health Workers in MLM | <p>81 officers (EPI District Coordinators, HSA Trainers, and Tutors from training health institutions) were initially trained in MLM</p> <p>Combined with activity 1.4, 1728 health workers were trained</p> |

| | |
|---|--|
| Activity 1.7 Enrol EPI Officers in MSc in Pub Heal | <p>Out of 5, 1 Zonal Officer was trained</p> <p>This followed the training of 3 EPI Officers who are currently undergoing the training.</p> |
| Activity 1.8 Train Accounts Clerks Certificate lev | <p>2 Senior Accounting Officers were trained to Masters level instead of 30 accounts clerks at certificate level. The reason was to enhance financial management capacity in finance and audit at MoH.</p> <p>Funding was not adequate under this activity and part of the funds from Activity 1.9 was used.</p> |
| Activity 1.9 Refresher course for Accounting Perso | <p>Refresher courses and liquidation meetings were conducted for accounting personnel.</p> |
| Activity 2.1 Purchase of Fly Traps | |
| Activity 2.2 Procurement of albendazole | <p>2,299,000 tabs were procured with the first year funding</p> <p>Central Medical Sores Trust will procure albendazole with the remaining funds. The process has already been initiated</p> |
| Activity 2.3 Purchase of praziquantel | <p>1,148,000 tabs were procured with the first year funding</p> <p>Central Medical Sores Trust will procure paraziquantel with the remaining funds. The process has already been initiated</p> |
| Activity 3.1 Purchase of Ambulance Motor cycles | <p>The Activity was reprogrammed to purchase additional motorcycles under activity 3.2.</p> |
| Activity 3.2 Purchase of Motor cycles | <p>30 motor cycles were procured and distributed.</p> <p>Additional motor cycles will be procured using the reprogrammed funds from Activity 3.1.</p> <p>The initial tender was cancelled and then re-advertised.</p> <p>The process now is in advanced stage</p> |
| Activity 3.3 Purchase of Push bikes for HSAs | <p>Initial target was 3,000 push bikes to be procured.</p> <p>Currently between 1,500 & 2000 push bikes will be procured.</p> <p>The initial tender was cancelled and then re-advertised.</p> <p>The process now is in advanced stage</p> |
| Activity 3.4 Purchase of Motorised boats | <p>This activity was not done because funds allocated on this activity were not adequate to purchase a single boat.</p> <p>The funds were reprogrammed for the used in Activity 3.10 purchase of standby generators.</p> |
| Activity 3.5 Purchase of Trucks | <p>Target was 5 trucks.</p> <p>5 10 tonne trucks were procured and distributed to the EPI Unit, MoH headquarters, Blantyre and Mzuzu.</p> |
| Activity 3.6 Purchase of 4 x 4 Station wagon | <p>Target 30 station wagons</p> <p>19 motor vehicles have been procured</p> <p>4 Sorento station wagons</p> <p>3 Isuzu double cabins</p> <p>9 Steed double cabins</p> <p>2 Toyota Hilux double cabins</p> <p>1 Toyota Fortuner station wagon</p> |

| | |
|--|--|
| <p>Activity 3.7 Purchase of Minibuses for HSAs Traini</p> | <p>Target 5 minibuses</p> <p>4 minibuses have been procured</p> <p>Initially 1 32 seater was procured</p> <p>Currently 3 16 seater minibuses have been procured and distributed to HSA Training Institutions</p> <p>The delays in procurement and floatation of the local currency resulted in reducing the number and capacity of the minibuses</p> |
| <p>Activity 3.8 4 x 4 Landcruiser Ambulances</p> | <p>Target 30 Ambulances</p> <p>20 Ambulances were procured</p> <p>The delays in procurement and the floatation of the local currency resulted in the reduction of the number to be procured</p> |
| <p>Activity 3.9 Procurement of Cold Chain Equipment</p> | <p>Supplier for the cold chain equipment was been identified.</p> <p>This is an International supplier</p> <p>The equipment is not yet delivered</p> |
| <p>Activity 3.10 Procurement of Standby Generators</p> | <p>Target 3 standby generators</p> <p>3 standby generators have been procured</p> <p>Funds on this activity were not adequate to procure 3 generators, hence additional funding was sourced from the reprogrammed funding from Activity 3.4 Purchase of motorized boats</p> |
| <p>Activity 3.11 Procurement of Folk lift</p> | <p>Funds were not adequate to procure a forklift.</p> <p>The funds were reprogrammed for use in Activity 4.6 Construction of national cold room.</p> |
| <p>Activity 3.12 Procurement of Office Equipment</p> | <p>Office equipment was procured. This included:</p> <ul style="list-style-type: none"> -56 desk tops -56 printers -56 UPs -10 laptops -1 heavy duty photocopier -4 LCD projectors -2 binders -4 fax machines -4 light photocopier <p>These were distributed to district offices, zonal offices, MoH headquarters and EPI Unit.</p> |
| <p>Activity 4.1 Construction of EPI Offices</p> | <p>Initially, the plan was to have one EPI block supported by GAVI HSS</p> <p>The current plans have combined the two programmes, EPI & Malaria to construct one block.</p> <p>The block is been jointly funded by GAVI HSS, Global Fund & Malawi Government</p> <p>GAVI has disbursed all the funding for the project.</p> <p>The progress of the project is at 30%.</p> |
| <p>Activity 4.2 Installation of Solar Electricity</p> | <p>Tendering has been done and evaluation will be done soon</p> |
| <p>Activity 4.3 Expansion of Solar Electricity in HFs</p> | <p>Tendering has been done and evaluation will be done soon</p> |
| <p>4.4 Install electricity in HFs</p> | <p>Tendering has been done and evaluation will be done soon</p> |

| | |
|---|--|
| 4.5 Construction of 27 health posts | The initial plan for this activity was to construct 27 health post

The number has been reduced to 9 health post due to delays in procurement of services and floatation of the kwacha. It is anticipated that the number can be further reduced once the contracts have been awarded. With this development, it was proposed that this activity should not be carried on and funds should be reprogrammed for Activity 4.7 Construction of Cold room in the north |
| 4.6 Construction of National Cold room | The cold room has been completed and is in use.

Cost overruns were incurred due to the delayed in procurement of services and floatation of the local currency |
| 4.7 Construction of vaccine/dry stores at regional | One cold room in Blantyre has been completed but it is not yet in use because electricity is not connected to the building. Cold room equipment was already installed.

Cost overruns were also incurred due to the delayed in procurement of services and floatation of the local currency |
| 4.8 Construction of vaccine/dry stores dist level | Funds for this activity were reprogrammed for use in activities 4.6 & 4.7 |
| Activity 5.1 Monitoring & Evaluation | M&E activities were conducted which included:
- training of district officers in data management
-review meetings
-review of documents
-review of M&E reporting forms & child health passport supportive supervision |
| Activity 5.2 Evaluation | This activity is scheduled to take place in 2013. |

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

Activity 1.4: Train health workers in RED Approach and Activity 1.6: Train health workers in MLM were combined due to similarities in the selected materials covered for health workers at grass root level. This enabled training of more health workers at grass root level.

Activity 2.2: Procurement of albendazole and Activity 2.3: Procurement of paraziqunel were not done in 2012 because of the transition which took place at Central Medical Stores when it became a trust. This delayed the process for procurement of the drugs.

Activity 3.2: Procurement of motor cycles and Activity 3.3: Procurement of push bikes did not take place in 2012 because the tender was cancelled. ODPP advised the ministry to cancel and re-advertise the tender because the suppliers were asking for more than necessary after the devaluation of the local currency.

Activity 3.9: Procurement of cold chain equipment was not done in 2012 because of the prolonged procurement process. The process started in 2012 and continued to 2013. An international supplier has been identified but the contract is not yet issued.

Activity 4.2: Installation of solar electricity, Activity 4.3 Expansion of solar electricity to health facility and Activity 4.4 Install electricity were not conducted because of the prolonged procurement processes. The tender was advertised in 2013 and awaiting for evaluation.

Activity 4.5: Construction of health posts was also not done in 2012 because of the prolonged procurement process. The initial plan for this activity was to construct 27 health post. The number has been reduced to 9 health post due to delays in procurement of services and floatation of the kwacha. It is anticipated that the number can be further reduced once the contract have been awarded. With this development, it is proposed that this activity should not be carried on and funds should be reprogrammed for Activity 4.7 Construction of Cold room in the north.

Activity 4.7 Construction of vaccine/dry store for the north. This was not done due to inadequate funds. The proposed reprogramming of funds from activity 4.5: Construction of health Posts can help to accomplish this activity.

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

NA

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

| Name of Objective or Indicator (Insert as many rows as necessary) | Baseline | | Agreed target till end of support in original HSS application | 2012 Target | 2008 | 2009 | 2010 | 2011 | 2012 | Data Source | Explanation if any targets were not achieved |
|---|----------------|--|---|-------------|------|------|------|------|------|------------------------|---|
| | Baseline value | Baseline source/date | | | | | | | | | |
| Activity 1.1: % of Assistant Environmental Health | 0 | Malawi College of Health Sciences Records/2007 | 40 | 20 | 0 | 0 | 0 | 0 | 35 | Training/Environmental | 9 to be trained |
| Activity 1.2: % of Planning Officers trained in MSc in Health Economics | 0 | Planning and Training | 4 | 0 | 0 | 0 | 3 | 0 | 0 | Planning and Training | Achieved |
| Activity 1.3: % of Cold Chain Technicians (2/district) per year trained | 0 | EPI Unit | 60 | 67 | 0 | 0 | 67 | 0 | 0 | EPI Unit | Achieved |
| Activity 1.4: % of health workers trained on the R | 0 | MoH | 840 | 1328 | 0 | 0 | 420 | 1320 | 0 | MoH EPI Unit | Achieved |
| Activity 1.5: % of health workers received allowances | 0 | MoH | 100 | 100% | 0 | 0 | 100% | 100% | 0 | MoH EPI Unit | Achieved |
| Activity 1.6: % of health workers trained in MLM | 0 | MoH | 840 | 0 | 0 | 0 | 420 | 420 | 0 | MoH EPI Unit | Achieved |
| Activity 1.7 % EPI Officers MSc enrolled in Public Health | 0 | MoH/Training Section | 5 | 5 | 0 | 0 | 1 | 0 | 4 | MoH training | Achieved |
| Activity 1.8: % of Accounts clerk trained up to certificate in accounting level | 0 | MoH/Training Section | 30 | 0 | 0 | 0 | 7% | 0 | 0 | MoH training | Management decided to train two officers in Masters Level |
| Activity 1.9: % of Accounting personnel undergoing refresher course in Accounting | 0 | MoH/Training Section | 60 | 0 | 0 | 0 | 150% | 0 | 0 | MoH training | Achieved |
| Activity 2.1: % of fly traps purchased | 0 | MoH Schistosomiasis | 0 | 0 | 0 | 0 | 50% | 0 | 0 | MoH Schistosomiasis | Remaining funds reallocated |
| Activity 2.2: % of albendazole procured | 0 | MoH Schistosomiasis | 0 | 0 | 0 | 0 | 50% | 0 | 0 | MoH Schistosomiasis | Remaining funds reallocated |
| Activity 2.3: % of praziquantel procured | 0 | MoH Schistosomiasis | 0 | 0 | 0 | 0 | 50% | 0 | 0 | Schistosomiasis | Remaining funds reallocated |
| Activity 3.1: % of motorcycles ambulance purchased | 0 | MoH Procurement | 30 | 0 | 0 | 0 | 0 | 0 | 0 | MoH Procurement | Funds reallocated for additional motorcycles |
| Activity 3.2: % motor cycles procured | 0 | MoH Procurement | 30 | 0 | 0 | 0 | 100% | 0 | 0 | MoH Procurement | |
| Activity 3.3: % of bicycles for HSAs procured | 0 | MoH Procurement | 3000 | 0 | 0 | 0 | 50% | 0 | 50% | MoH Procurement | To be procured in 2013 |
| Activity 3.4: % of motorized boats procured | 0 | MoH Procurement | 8 | 0 | 0 | 0 | 0 | 0 | 0 | MoH Procurement | Funds reallocated |

| | | | | | | | | | | | |
|---|---|--------------------|----|---|---|------|---|------|-----|--------------------|--|
| Activity 3.6: % Station Wagon procured | 0 | MoH Procurement | 30 | 0 | 0 | 130% | 0 | 0 | 0 | MoH Procurement | Achieved |
| Activity 3.7: % Purchase 5 minibuses for HSA training institutions procured | 0 | MoH Procurement | 5 | 0 | 0 | 1 | 0 | 3 | 0 | MoH Procurement | The high cost resulted into reducing the number from 5 to 4. |
| Activity 4.1: Construction of EPI office block | 0 | MoH Infrastructure | 1 | 0 | 0 | 0 | 0 | 0 | 30% | MoH Infrastructure | The work is in progress |
| Activity 4.2: % of facilities installed with solar | 0 | MoH Infrastructure | 30 | 0 | 0 | 0 | 0 | 0 | 0 | Infrastructure | The work is in progress |
| Activity 4.3: % of facilities and staff houses per facility installed with solar | 0 | MoH Infrastructure | 70 | 0 | 0 | 0 | 0 | 0 | 0 | MoH Infrastructure | The work is in progress |
| Activity 4.4: % health facilities in rural areas installed with electricity | 0 | MoH Infrastructure | 20 | 0 | 0 | 0 | 0 | 0 | 0 | MoH Infrastructure | The work is in progress |
| Activity 4.5: % Health Posts constructed | 0 | MoH Infrastructure | 27 | 0 | 0 | 0 | 0 | 0 | 0 | MoH Infrastructure | Funds reallocated |
| Activity 4.6: Construction of one vaccine store at national level | 0 | MoH Infrastructure | 1 | 0 | 0 | 0 | 0 | 100% | 0 | MoH Infrastructure | Achieved |
| Activity 4.7: Construct 3 regional vaccine stores/dry store | 0 | MoH Infrastructure | 3 | 0 | 0 | 0 | 0 | 50% | 0 | MoH Infrastructure | One is complete. Due to funding only one for the north will be constructed in 2013 |
| Activity 5.1: Train 20 staff at district and health centre level on data management | 0 | MoH EPI Unit | 20 | 0 | 0 | 0 | 0 | 80% | 0 | MoH Infrastructure | The remaining to be done in June, 2013 |
| Activity 4.8: Construct 4 vaccine/dry stores in selected districts 0% | 0 | MoH Infrastructure | 4 | 0 | 0 | 0 | 0 | 30 | 0 | MoH Infrastructure | Funds reallocated |

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Childhood immunization has been sustained with >90% coverage at national level and >80% at district level. There are some improvements in data management

National Vaccines Store coming on line in 2012 greatly increased national cold chain storage capacity and reliability at the national level and also expanded capacity available for the high-volume Central Region store, as the regional store took over the facilities previously used at national level.

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

The HSS funds when they came in country in 2009 and 2010 the exchange rate was MK150/US\$1. The money is not kept in foreign denominated account. It is changed into local currency right away it arrives. This has affected the operations of the activities since the local currency has been undergoing fluctuations since 2010. When the local currency is devalued the USD loses value instead of gaining. For example, table 9.3 (a) shows a balance of US\$3,552,756 with equivalent amount of MK542,355,163.00. At the current prevailing market of MK350/US\$1, the actual balance in USD is US\$1,255,332 equivalent to the same amount in local currency of MK542,355,163.00.

This also poses a challenge in reporting financial transactions in USD.

It has been agreed that the next grant which is the HSFP should be kept in a foreign denominated account.

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

The Ministry of Health had 2 HSS core groups on monitoring GAVI HSS funds, the other looking at Global Funds HSS funds. In a measure to streamline and integrate work these 2 core groups were merged in which membership would comprise officers coordinating HSS Global funds and those coordinating GAVI funds. The core group was to look at the aspects of complementarity of support for the two programmes (GAVI and GF HSS), promote transparency and accountability. In addition, activity reports were to be prepared at the end of each activity. However following the merger this HSS group has not been active.

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

Information is sourced from all the relevant sections including, but not limited to, procurement unit, finance section, human resource development section, planning department, physical assets management, schistosomiasis control programme, PHC, EPI and Ministry of Finance. In addition the programme works in coordination with the Health Management Information System (HMIS) Unit in data management.

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

Civil Society Organizations were represented by the Health and Rights Education Programme in the implementation of the HSS proposal. In addition partners such as WHO, UNICEF, CHAI, USAID through MCHIP and others participate in the implementation of the HSS proposal.

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

Civil Society Organizations contribution is through participation in HSFP proposal development, attending technical working group meetings and monitoring progress on implementation process that is inline with HSS planned activities.

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

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

The management of funds for HSS are being managed through Government of Malawi Deposit account in IFMS.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

| Major Activities (insert as many rows as necessary) | Planned Activity for 2013 | Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | 2013 actual expenditure (as at April 2013) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2013 (if relevant) |
|---|---------------------------|---|--|--------------------------------|--|---------------------------------------|
| | | 0 | 0 | | | 0 |

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2014

| Major Activities (insert as many rows as necessary) | Planned Activity for 2014 | Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2014 (if relevant) |
|---|---------------------------|---|--------------------------------|--|---------------------------------------|
| | | 0 | | | |

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

| Donor | Amount in US\$ | Duration of support | Type of activities funded |
|-------|----------------|---------------------|---------------------------|
| | | | |

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

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

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

1. Format of online forms – takes long to insert additional rows and to save document
2. Internet bandwidth and access problems in country made the uploading of data difficult as well
3. Use of online form required prolonged hours online which meant couldn't progress at times when internet was cut off – better to have a word document that can be downloaded and worked on by country teams offline and then uploaded when complete

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?2

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

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

Malawi has NOT received GAVI TYPE A CSO support

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

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

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

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

11. Comments from ICC/HSCC Chairs

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

The current APR which is on-line seems to be not user friendly. For example it takes much time to create an additional row and when saving the document.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS**

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

| Summary of income and expenditure – GAVI ISS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2011 (balance as of 31Decembre 2011) | 25,392,830 | 53,000 |
| Summary of income received during 2012 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure during 2012 | 30,592,132 | 63,852 |
| Balance as of 31 December 2012 (balance carried forward to 2013) | 60,139,325 | 125,523 |

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

| Detailed analysis of expenditure by economic classification ** – GAVI ISS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2012 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

- I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

| Summary of income and expenditure – GAVI HSS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2011 (balance as of 31Decembre 2011) | 25,392,830 | 53,000 |
| Summary of income received during 2012 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure during 2012 | 30,592,132 | 63,852 |
| Balance as of 31 December 2012 (balance carried forward to 2013) | 60,139,325 | 125,523 |

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

| Detailed analysis of expenditure by economic classification ** - GAVI HSS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2012 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

| Summary of income and expenditure – GAVI CSO | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2011 (balance as of 31Decembre 2011) | 25,392,830 | 53,000 |
| Summary of income received during 2012 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure during 2012 | 30,592,132 | 63,852 |
| Balance as of 31 December 2012 (balance carried forward to 2013) | 60,139,325 | 125,523 |




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

| Detailed analysis of expenditure by economic classification ** - GAVI CSO | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wedges & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2012 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

13. Attachments

| Document Number | Document | Section | Mandatory | File |
|-----------------|---|---------|-----------|--|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | ✓ | Signatures for MoH & MoF.PDF
File desc:
Date/time: 7/1/2013 9:03:28 AM
Size: 356305 |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | Signatures for MoH & MoF.PDF
File desc:
Date/time: 7/1/2013 9:03:34 AM
Size: 356305 |
| 3 | Signatures of members of ICC | 2.2 | ✓ | ICC signatures.pdf
File desc:
Date/time: 6/4/2013 10:28:18 AM
Size: 600034 |
| 4 | Minutes of ICC meeting in 2013 endorsing the APR 2012 | 5.7 | ✓ | Document No. 6-EPI TWGMembers Endorsing APR 29th May 2013.docx
File desc:
Date/time: 6/4/2013 10:28:28 AM
Size: 26189 |
| 5 | Signatures of members of HSCC | 2.3 | ✗ | HSCC signatures 10001.jpg
File desc:
Date/time: 7/1/2013 9:04:39 AM
Size: 1179429 |
| 6 | Minutes of HSCC meeting in 2013 endorsing the APR 2012 | 9.9.3 | ✓ | Document No. 6-EPI TWGMembers Endorsing APR 29th May 2013.docx
File desc:
Date/time: 7/1/2013 9:52:07 AM
Size: 26189 |
| 9 | Post Introduction Evaluation Report | 7.2.2 | ✓ | Document No 20-Malawi_PCV 13 PIE report.doc
File desc:
Date/time: 6/4/2013 10:29:21 AM
Size: 1585664 |
| 12 | Latest EVSM/VMA/EVM report | 7.5 | ✓ | Document No. 15-Malawi EVM Report-14 Dec 12.docx
File desc:
Date/time: 6/4/2013 10:29:43 AM
Size: 4425196 |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | ✓ | Document No 16- EVM-Malawi-improvement plan - 14-Dec-12.xls
File desc:
Date/time: 6/4/2013 10:29:54 AM
Size: 166912 |
| | | | | Document No 17-EVM-Malawi-improvement Status -2013.xls |

| | | | | |
|----|--|-----|---|--|
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 |  | File desc:
Date/time: 6/4/2013 10:30:06 AM
Size: 184832 |
| 17 | Valid cMYP if requesting extension of support | 7.8 |  | Document No. 10-Malawi cMYP_2012to2016.doc
File desc:
Date/time: 6/4/2013 10:31:03 AM
Size: 798208 |
| 18 | Valid cMYP costing tool if requesting extension of support | 7.8 |  | Document No. 11-cMYP_Costing_Tool_En Version 2.6.xls
File desc:
Date/time: 6/4/2013 10:31:15 AM
Size: 3535360 |