



*GAVI Alliance*

# Annual Progress Report **2013**

Submitted by

The Government of  
***Malawi***

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **10/08/2014**

**Deadline for submission: 02/06/2014**

Please submit the APR **2013** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavialliance.org](mailto: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: **2013**

Requesting for support year: **2015**

### 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
NVS Demo	HPV quadrivalent, 1 dose(s) per vial, LIQUID		2014
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2016

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

### 1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015	2016
Routine New Vaccines Support	Rotavirus, 1 dose(s) per vial, ORAL	2015	2016

### 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For <b>2013</b> ISS reward
ISS	No	next tranche: N/A	N/A
HSS	No	next tranche of HSS Grant No	N/A
VIG	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

### 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2012** 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)	
<b>Name</b>	Dr. Charles MWANSAMBO	<b>Name</b>	N.H. KUMWEMBE
<b>Date</b>		<b>Date</b>	
<b>Signature</b>		<b>Signature</b>	

*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
Moussa VALLE-EPI LOGISTICS OFFICER	EPI/Ministry of Health		
Adam WILLIAMS-Associate	CHAI		
Emily KOBAYASHI-Senior Programme Manager	CHAI		
Maziko MATEMBA-Executive Director	Health Rights and Education Programme (HREP)		
Ajida M. Tambuli-EPI Data Manager	EPI/Ministry of Health		
Dr Ben CHIRWA-Technical Assistant	SSDI-Communication		
Hector KAMKWAMBA-Deputy Director	Health Education Services		
Hannah HAUSI-Immunization Technical Advisor	JSI-MCHIP		
Dr Kwame CHIWAYA	NPO/EPI-WHO		

Brenda MHONE-EPI Disease Surveillance Officer	EPI/Ministry of Health		
Geoffrey Z. CHIRWA-Acting Programme Manager	EPI/Ministry of Health		
Chrissie LOLE-Assistant Programme Officer	MHEN		
Davies MWACHUMU-Programme Officer	MHEN		

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

All comments will be treated confidentially

Comments from Partners:

No comments

Comments from the Regional Working Group:

Not Applicable

### 2.3. HSCC signatures page

Malawi is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

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

Malawi is not reporting on CSO (Type A & B) fund utilisation in 2014

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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)					
	2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	668,801	668,801	682,962	687,604	697,650	703,641		719,825
Total infants' deaths	40,985	40,985	41,091	27,311	41,178	28,324		28,789
Total surviving infants	627,816	627,816	641,871	660,293	656,472	675,317		691,036
Total pregnant women	668,801	668,801	697,650	687,604	697,650	703,641		719,825
Number of infants vaccinated (to be vaccinated) with BCG	668,801	648,515	682,962	687,604	697,650	703,641	713,119	719,825
BCG coverage	100 %	97 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	627,816	574,599	641,871	660,293	656,472	675,317	671,720	691,036
OPV3 coverage	100 %	92 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1	668,801	619,984	668,801	687,604	697,650	703,641	671,720	719,825
Number of infants vaccinated (to be vaccinated) with DTP3	627,816	575,576	641,871	660,293	656,472	675,317	671,720	691,036
DTP3 coverage	100 %	92 %	100 %	100 %	100 %	100 %	100 %	100 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	5	5	10	5	10	5	9
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.11	1.05	1.11	1.05	1.10
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	668,801	619,981	641,871	687,604	697,650	703,641		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	668,801	575,576	641,871	660,293	656,472	675,317		
DTP-HepB-Hib coverage	107 %	92 %	100 %	100 %	100 %	100 %		0 %
Wastage[1] rate in base-year and planned thereafter (%)	25	5	5	10	5	10		
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.05	1.05	1.11	1.05	1.11		1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	668,801	617,443	641,871	660,293		675,317		691,036
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	668,801	576,286	641,871	660,293		675,317		691,036

<b>Pneumococcal (PCV13) coverage</b>	107 %	92 %	100 %	100 %	0 %	100 %		100 %
<b>Wastage[1] rate in base-year and planned thereafter (%)</b>	5	1	5	5		4		4
<b>Wastage[1] factor in base-year and planned thereafter (%)</b>	1.05	1.01	1.05	1.05	1	1.04		1.04
<b>Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID</b>	5 %	5 %	5 %	5 %	5 %	5 %	0 %	5 %
<b>Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus</b>	668,801	559,464	641,871	660,293		675,317		691,036
<b>Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus</b>	668,801	524,830	641,871	660,293		675,317		691,036
<b>Rotavirus coverage</b>	107 %	84 %	100 %	100 %	0 %	100 %		100 %
<b>Wastage[1] rate in base-year and planned thereafter (%)</b>	5	1	5	5		4		4
<b>Wastage[1] factor in base-year and planned thereafter (%)</b>	1.05	1.01	1.05	1.05	1	1.04		1.04
<b>Maximum wastage rate value for Rotavirus, 2-dose schedule</b>	5 %	5 %	5 %	5 %	5 %	5 %	0 %	5 %
<b>Number of infants vaccinated (to be vaccinated) with 1st dose of Measles</b>	627,816	571,670	641,871	660,293	656,472	621,292	671,720	624,700
<b>Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles</b>		0		0	656,472	562,913	671,720	590,257
<b>Measles coverage</b>	100 %	0 %	100 %	0 %	100 %	83 %	100 %	85 %
<b>Wastage[1] rate in base-year and planned thereafter (%) {0}</b>		0		0	25	25	25	25
<b>Wastage[1] factor in base-year and planned thereafter (%)</b>	1	1	1	1	1.33	1.33	1.33	1.33
<b>Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED</b>	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %	40.00 %	40.00 %
<b>Pregnant women vaccinated with TT+</b>	528,353	438,892	553,199	553,199	579,050	579,050	527,708	604,653
<b>TT+ coverage</b>	79 %	66 %	79 %	80 %	83 %	82 %	74 %	84 %
<b>Vit A supplement to mothers within 6 weeks from delivery</b>	234,080	234,080	239,037	239,037	244,178	244,178		249,306
<b>Vit A supplement to infants after 6 months</b>	1,301,017	207,205	1,329,203	343,802	1,360,123	365,893	N/A	388,706
<b>Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100</b>	6 %	7 %	4 %	4 %	6 %	4 %	0 %	4 %

\*\* 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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 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**

The projected NSO district population data does not add up to the national projected population data. Therefore the total births indicated in the original proposal is different from the current projected population births.

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

Similarly the total surviving population is not the same as that indicated in the original proposal.

- 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.**

It is about 6% which is below 10%.

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

None

### 5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

The target for 2013 for DPT-HepB-Hib 3 was 100%. However, a coverage of 92% was achieved for DPT\_HepB-Hib 3. Out of 28 districts, 21 districts achieved a coverage of >80% for penta 3.

Key Major Activities:

1. Supportive supervisory visits,
2. Review meetings,
3. RED trainings,
4. Integrated measles campaign
5. Post campaign coverage survey
6. PIE for rota
7. Introduction of HPV demonstration programme
8. Immunization In Practice Training (IIP)
9. Training in DVD-MT and SMT
10. Review of EPI documents including EPI Manual
11. Disease surveillance activities
12. Social mobilization activities during African Vaccination Week, Child Health Weeks, and the Integrated measles campaign

### Major challenges

1. Vaccine funding was a challenge, however, NORAD financed the gap
2. Shortage of fuel for vehicles due to inadequate funding which resulted into cancellation of outreach clinics
3. Shortage of kerosene for refrigerators
4. Frequent breakdown of refrigerators due to aging equipment
5. Inadequate gas for refrigerators. Some districts procured inadequate due to insufficient funding
6. Shortage of bicycles for outreach clinics
7. Lack of transport for distribution of supplies
8. Data management issues
9. Shortage of M&E tools such as child health passports, under one year registers and stock books
10. Stock out of Oral Polio Vaccine and 0.5mL AD syringes in January – February 2014

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

The coverage of DPT-HepB-Hib was below the target due to the following reasons:

1. Shortage of fuel for vehicles which resulted into cancellation of outreach clinics
2. Shortage of kerosene for refrigerators
3. Frequent breakdown of refrigerators due to aging equipment
4. Inadequate gas for refrigerators. Some districts procured inadequate due to insufficient funding
5. Shortage of bicycles for outreach clinics
6. Lack of transport for distribution of supplies
7. Data management issue

### 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

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

There are no discrepancies in reaching boys and girls

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

There are no gender barriers in children accessing immunization services. Women are able to access immunization services for their children and for themselves. However, there is still a challenge regarding men taking their children for immunization, they leave this responsibility mostly to women.

## 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 from registers while survey data is collected from child health passport and recall. As for the WHO UNICEF estimates, there are only minor discrepancies.

\* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 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 selected 8 districts and the remaining 20 districts were assessed February 2014.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

The activities undertaken include the following:

- DQS in 2012 and 2014
- Introduction of DVD-MT and SMT
- Training of district and zonal level managers in DVD-MT and SMT
- Supportive supervisory visits.
- Training of health workers in Immunization In Practice (IIP)
- Training of health workers in zero stock out
- RED trainings in selected districts

Review meetings with EPI focal personnel

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.

Plans in place include the following:

- Continue conducting DQS
- Conduct DQA
- RED trainings
- Review meetings
- Supportive supervisory visit
- Conducting coordination meetings with HMIS
- Training health facility workers in data management

## 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\$.

<b>Exchange rate used</b>	1 US\$ = 400	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 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	CHAI	MCHIP	NA
Traditional Vaccines*	2,711,499	2,711,499	0	0	0	0	0	0
New and underused Vaccines**	22,705,500	1,100,000	21,605,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	0	0	0	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	1,003,586	0	242,661	0	0	435,111	325,814	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,118,288	51,429	0	364,634	702,225	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	27,538,873							
Total Government Health		3,862,928	21,848,161	364,634	702,225	435,111	325,814	0

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

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 2014 and 2015

NORAD has provided funding for 2014 to bridge the gap and KfW has provided funding for Traditional vaccines for 2015.

## 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.

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 sometimes GAVI funds are not included in the sample.

### 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 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](#)

No key concerns

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 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for **2014 to 2015**

#### 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

- Improve documentation and data management
- Improving health worker capacity at all level
- Implement nationwide Zero Stock Outs campaign
- Finalize and disseminate EPI Policy

- Further improve cold chain capacity at all level
- Advocate for sufficient funding
- Strengthening advocacy and social mobilization activities
- Finalize and disseminate EPI communication strategy
- Sustaining safe injection practices and waste management.
- Introduction of measles second dose vaccine
- Introduction of Inactivated Polio Vaccine
- Introduction of Fridge Tag 2
- Conduct temperature monitoring study

### 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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD	Government of Malawi
Measles	AD	Government of Malawi
TT	AD	Government of Malawi
DTP-containing vaccine	AD	Government of Malawi/Flanders International Cooper
PCV13	AD	Government of Malawi/Flanders International Cooper

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 2013 how sharps waste is being disposed of, problems encountered, etc.

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

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

### **6.1. Report on the use of ISS funds in 2013**

Malawi is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

### **6.2. Detailed expenditure of ISS funds during the 2013 calendar year**

Malawi is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

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

Request for ISS reward achievement in Malawi is not applicable for 2013

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

### 7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1:** Vaccines received for 2013 vaccinations against approvals for 2013

	[ A ]	[ B ]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	2,519,000	2,440,200	0	No
Pneumococcal (PCV13)	2,118,600	2,133,000	0	No
Rotavirus	1,557,000	1,515,000	0	No
Measles		0	0	Not selected

*\*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? ...)

There were not major differences. The slight differences could be due to packaging.

- 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.**

The use of computerized monitoring of vaccine management has been rolled out to districts. Currently Stock Management Tool (SMT) is being used at national vaccine store, all regional vaccine stores and all district vaccine stores.

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

Not applicable

## 7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, 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	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	This is not applicable because Malawi already selected the 10 dose vial and is in use currently.

Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Not applicable because MSD will be introduced in 2015

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	This is not applicable because Malawi introduced PCV13 in November 2011

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	This is not applicable because Malawi already introduced rotavirus in October 2012.

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.
- Approximately 2,500 health workers were trained during PCV13 introduction but during Rota more than 13,000 health workers were trained.
- Introduction plans for regions and districts were developed
- Adequate reference materials and technical guidelines were provided for trainings at all levels
- Adequate resources were mobilized for trainings. social mobilization. programme management. monitoring

and supervision from MCHIP, UNICEF, CHAI, WHO and local NGOs within the districts.

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

-Supervision was intensified

-Follow up of training of workers was done

### 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:

Results from surveillance/special studies are still pending.

## 7.3. New Vaccine Introduction Grant lump sums 2013

### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	223,033	61,352,988
Total funds available in 2013 (C=A+B)	223,033	61,352,988
Total Expenditures in 2013 (D)	162,996	44,837,902
Balance carried over to 2014 (E=C-D)	60,037	16,515,086

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 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

- Supportive supervision
- Post Introduction Evaluation (PIE) of rotavirus
- Review of programme documents eg EPI manual
- Training of health workers in DVD-MT and SMT

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

Supervision and some payments which were supposed to be done in 2013 spilled over to 2014 due to the shut down of IFMIS. No transaction was effected during the shut down of IFMIS and it became fully operational in 2014.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

It was only supervision and some payments which spilled over to 2014 but now they have been done.

#### 7.4. Report on country co-financing in 2013

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

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	240,500	130,000
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	403,200	115,200
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	280,800	119,000
Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?		
Government	924,500	
Donor	0	
Other	0	
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	5,945	117,000
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5,274	104,000
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	November	Malawi Government
Awarded Vaccine #2: Measles		

second dose, 10 dose(s) per vial, LYOPHILISED		
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	November	Malawi Government
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	November	Malawi Government
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>	
	<ol style="list-style-type: none"> <li>1. Financial Sustainability strategies</li> <li>2. Resource mobilisation for immunisation</li> <li>3. Financial management</li> </ol> <p>As well as continued technical assistance provided through our collaborating partners</p>	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

Not Applicable

Is 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](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? **Yes**

If yes, provide details

Most of the issues mentioned in the improvement have been implemented and some will be implemented in 2014.

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

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2013, 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° 27) that has endorsed the requested change.

## **7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014**

If 2014 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2015 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year: 2016

The country hereby request for an extension of GAVI support for

\* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

\* **Rotavirus, 1 dose(s) per vial, ORAL**

vaccines: for the years 2015 to 2016. At the same time it commits itself to co-finance the procurement of

\* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

\* **Rotavirus, 1 dose(s) per vial, ORAL**

vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.11 Calculation of requirements](#).

The multi-year extension of

\* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

\* **Rotavirus, 1 dose(s) per vial, ORAL**

vaccine support is in line with the new cMYP for the years 2015 to 2016 which is attached to this APR (Document N°16). The new costing tool is also attached. (Document N°17)

The country ICC has endorsed this request for extended support of

\* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

\* **Rotavirus, 1 dose(s) per vial, ORAL**

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°18)

## **7.9. Request for continued support for vaccines for 2015 vaccination programme**

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#)

**Yes**

If you don't confirm, please explain

Not Applicable

## 7.10. Weighted average prices of supply and related freight cost

**Table 7.10.1: Commodities Cost**

Estimated prices of supply are not disclosed

**Table 7.10.2: Freight Cost**

Vaccine Antigens	VaccineTypes	No Threshold	200,000\$		250,000\$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000\$		2,000,000\$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

## 7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	627,816	641,871	675,317	1,945,004
	Number of children to be vaccinated with the first dose	Table 4	#	668,801	641,871	703,641	2,014,313
	Number of children to be vaccinated with the third dose	Table 4	#	668,801	641,871	675,317	1,985,989
	Immunisation coverage with	Table 4	%	106.53 %	100.00 %	100.00 %	

	the third dose					
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.33	1.05	1.11
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	1,488,000		
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	1,488,000		
	Number of doses per vial	Parameter	#		10	10
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %
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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

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

#### 4.5

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

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

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

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

		2014	2015
Number of vaccine doses	#	1,797,500	2,199,800
Number of AD syringes	#	2,084,900	2,427,100

<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	22,950	26,700
<b>Total value to be co-financed by GAVI</b>	\$	3,776,000	4,671,000

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

		<b>2014</b>	<b>2015</b>
<b>Number of vaccine doses</b>	#	194,600	234,800
<b>Number of AD syringes</b>	#	0	0
<b>Number of re-constitution syringes</b>	#	0	0
<b>Number of safety boxes</b>	#	0	0
<b>Total value to be co-financed by the Country</b>	\$	398,500	487,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	9.76 %		
B	Number of children to be vaccinated with the first dose	Table 4	668,801	641,871	62,677	579,194
B1	Number of children to be vaccinated with the third dose	Table 4	668,801	641,871	62,677	579,194
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	2,006,403	1,925,613	188,030	1,737,583
E	Estimated vaccine wastage factor	Table 4	1.33	1.05		
F	Number of doses needed including wastage	$D \times E$		2,021,894	197,432	1,824,462
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		- 30,296	- 2,958	- 27,338
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Reported stock on January 1st	Table 7.11.1	0	1,488,000		
H3	Shipment plan	UNICEF shipment report		1,570,000		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1,992,000	194,513	1,797,487
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		2,084,849	0	2,084,849
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		22,934	0	22,934
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		3,834,600	374,437	3,460,163
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		93,819	0	93,819
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		115	0	115
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		245,415	23,964	221,451
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	$(N+O+P+Q+R+S)$		4,173,949	398,400	3,775,549
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		398,400		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.76 %		

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

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	9.64 %		
B	Number of children to be vaccinated with the first dose	Table 4	703,641	67,863	635,778
B1	Number of children to be vaccinated with the third dose	Table 4	675,317	65,131	610,186
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	2,070,987	199,735	1,871,252
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	$D \times E$	2,298,796	221,706	2,077,090
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	103,839	10,015	93,824
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	- 31,594	- 3,047	- 28,547
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	811,023	78,219	732,804
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	2,434,500	234,794	2,199,706
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	2,427,061	0	2,427,061
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	26,698	0	26,698
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,744,841	457,613	4,287,228
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	109,218	0	109,218
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	134	0	134
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	303,670	29,288	274,382
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	$(N+O+P+Q+R+S)$	5,157,863	486,900	4,670,963
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	486,900		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.64 %		

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

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

In 2013 we experienced short shipments of pentavalent vaccine due to global shortage of the vaccine as informed by the Unicef SD. This mainly happened in the first 6 months of the year and this was the reason why we had more DPT-HepB-Hib vaccines at the end of the year and at the beginning of the year.

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

In 2013 we experienced short shipments of pentavalent vaccine due to global shortage of the vaccine as informed by the Unicef SD. This mainly happened in the first 6 months of the year and this was the reason why we had more DPT-HepB-Hib vaccines at the end of the year and at the beginning of the year.

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

ID	Source		2013	2014	2015	2016	TOTAL	
	Number of surviving infants	Table 4	#	627,816	641,871	675,317	691,036	2,636,040
	Number of children to be vaccinated with the first dose	Table 4	#	627,816	641,871	621,292	624,700	2,515,679
	Number of children to be vaccinated with the second dose	Table 4	#			562,913	590,257	1,153,170
	Immunisation coverage with the second dose	Table 4	%	100.00 %	100.00 %	83.36 %	85.42 %	
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.33	1.33	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.00	0.00	0.00	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		14.00 %	14.00 %	14.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

\* 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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Not Applicable, Measles second dose will be introduced in 2015

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

Co-financing group	Low
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	2013	2014	2015	2016
Minimum co-financing	0.00	0.00	0.00	0.00
Recommended co-financing as per Proposal 2013			0.00	0.00
Your co-financing				

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

		2014	2015	2016
Number of vaccine doses	#	645,400	872,500	832,000
Number of AD syringes	#	710,000	734,200	688,500
Number of re-constitution syringes	#	71,000	96,000	91,600
Number of safety boxes	#	8,600	9,150	8,600
Total value to be co-financed by GAVI	\$	216,000	294,500	289,000

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

		2014	2015	2016
Number of vaccine doses	#	0	0	0
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country	\$	0	0	0

**Table 7.11.4:** Calculation of requirements for **Measles second dose, 10 dose(s) per vial, LYOPHILISED** (part 1)

	Formula	2013	2014			
			Total	Government	GAVI	
<b>A</b>	Country co-finance	V	0.00 %			
<b>B</b>	Number of children to be vaccinated with the first dose	Table 4	627,816	641,871	0	641,871
<b>C</b>	Number of doses per child	Vaccine parameter (schedule)	1	1		
<b>D</b>	Number of doses needed	$B \times C$	627,816	641,871	0	641,871
<b>E</b>	Estimated vaccine wastage factor	Table 4	1.00	1.00		
<b>F</b>	Number of doses needed including wastage	$D \times E$		641,871	0	641,871
<b>G</b>	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		3,514	0	3,514
<b>H</b>	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
<b>H2</b>	Reported stock on January 1st	Table 7.11.1	0			
<b>I</b>	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		645,400	0	645,400
<b>J</b>	Number of doses per vial	Vaccine Parameter		10		
<b>K</b>	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		709,924	0	709,924
<b>L</b>	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		70,994	0	70,994
<b>M</b>	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		8,591	0	8,591
<b>N</b>	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		158,123	0	158,123
<b>O</b>	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		31,947	0	31,947
<b>P</b>	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		284	0	284
<b>Q</b>	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		43	0	43
<b>R</b>	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		22,138	0	22,138
<b>S</b>	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		3,228	0	3,228
<b>T</b>	Total fund needed	$(N+O+P+Q+R+S)$		215,763	0	215,763
<b>U</b>	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		0		
<b>V</b>	Country co-financing % of GAVI supported proportion	$U / (N + R)$		0.00 %		

**Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 2)**

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
<b>A</b>	Country co-finance	V	0.00 %		0.00 %			
<b>B</b>	Number of children to be vaccinated with the first dose	Table 4	621,292	0	621,292	624,700	0	624,700
<b>C</b>	Number of doses per child	Vaccine parameter (schedule)	1			1		
<b>D</b>	Number of doses needed	$B \times C$	621,292	0	621,292	624,700	0	624,700
<b>E</b>	Estimated vaccine wastage factor	Table 4	1.33			1.33		
<b>F</b>	Number of doses needed including wastage	$D \times E$	826,319	0	826,319	830,851	0	830,851
<b>G</b>	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	46,112	0	46,112	1,134	0	1,134
<b>H</b>	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0	0	0	0
<b>H2</b>	Reported stock on January 1st	Table 7.11.1						
<b>I</b>	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	872,500	0	872,500	832,000	0	832,000
<b>J</b>	Number of doses per vial	Vaccine Parameter	10			10		
<b>K</b>	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	734,145	0	734,145	688,418	0	688,418
<b>L</b>	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	95,976	0	95,976	91,521	0	91,521
<b>M</b>	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	9,132	0	9,132	8,580	0	8,580
<b>N</b>	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	225,978	0	225,978	222,976	0	222,976
<b>O</b>	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	33,037	0	33,037	30,979	0	30,979
<b>P</b>	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	384	0	384	367	0	367
<b>Q</b>	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	46	0	46	43	0	43
<b>R</b>	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	31,637	0	31,637	31,217	0	31,217
<b>S</b>	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	3,347	0	3,347	3,139	0	3,139
<b>T</b>	Total fund needed	$(N+O+P+Q+R+S)$	294,429	0	294,429	288,721	0	288,721
<b>U</b>	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0			0		
<b>V</b>	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %			0.00 %		

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

ID		Source		2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	627,816	641,871	675,317	691,036	2,636,040
	Number of children to be vaccinated with the first dose	Table 4	#	668,801	641,871	675,317	691,036	2,677,025
	Number of children to be vaccinated with the third dose	Table 4	#	668,801	641,871	675,317	691,036	2,677,025
	Immunisation coverage with the third dose	Table 4	%	106.53 %	100.00 %	100.00 %	100.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.04	1.04	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	676,600				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	676,600				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
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	\$		0.0450	0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Not applicable

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

Co-financing group	Low
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	2013	2014	2015	2016
Minimum co-financing	0.20	0.20	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)**

		2014	2015	2016
Number of vaccine doses	#	1,252,800	1,852,200	1,906,300
Number of AD syringes	#	1,351,700	2,067,900	2,129,100
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	14,875	22,750	23,425
Total value to be co-financed by GAVI	\$	4,564,000	6,709,500	6,887,500

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

		2014	2015	2016
<b>Number of vaccine doses</b>	#	73,900	109,900	113,400
<b>Number of AD syringes</b>	#	0	0	0
<b>Number of re-constitution syringes</b>	#	0	0	0
<b>Number of safety boxes</b>	#	0	0	0
<b>Total value to be co-financed by the Country</b>	\$	265,500	392,500	404,000

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

	Formula	2013	2014		
			Total	Government	GAVI
<b>A</b>	Country co-finance	V	0.00 %	5.56 %	
<b>B</b>	Number of children to be vaccinated with the first dose	Table 4	668,801	641,871	35,715
<b>C</b>	Number of doses per child	Vaccine parameter (schedule)	3	3	
<b>D</b>	Number of doses needed	$B \times C$	2,006,403	1,925,613	107,144
<b>E</b>	Estimated vaccine wastage factor	Table 4	1.05	1.05	
<b>F</b>	Number of doses needed including wastage	$D \times E$		2,021,894	112,501
<b>G</b>	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		- 20,197	- 1,123
<b>H</b>	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
<b>H2</b>	Reported stock on January 1st	Table 7.11.1	376,450		
<b>I</b>	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1,326,600	73,814
<b>J</b>	Number of doses per vial	Vaccine Parameter		1	
<b>K</b>	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		1,351,698	0
<b>L</b>	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0
<b>M</b>	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		14,869	0
<b>N</b>	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		4,498,501	250,302
<b>O</b>	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		60,827	0
<b>P</b>	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0
<b>Q</b>	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		75	0
<b>R</b>	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		269,911	15,019
<b>S</b>	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0
<b>T</b>	Total fund needed	$(N+O+P+Q+R+S)$		4,829,314	265,320
<b>U</b>	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		265,320	
<b>V</b>	Country co-financing % of GAVI supported proportion	$U / (N + R)$		5.56 %	

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

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
<b>A</b>	<b>Country co-finance</b>	V	5.60 %			5.61 %		
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	Table 4	675,317	37,810	637,507	691,036	38,794	652,242
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter (schedule)	3			3		
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	2,025,951	113,429	1,912,522	2,073,108	116,380	1,956,728
<b>E</b>	<b>Estimated vaccine wastage factor</b>	Table 4	1.04			1.04		
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$	2,106,990	117,966	1,989,024	2,156,033	121,035	2,034,998
<b>G</b>	<b>Vaccines buffer stock</b>	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	25,085	1,405	23,680	12,261	689	11,572
<b>H</b>	<b>Stock to be deducted</b>	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	171,127	9,582	161,545	149,853	8,413	141,440
<b>H2</b>	<b>Reported stock on January 1st</b>	Table 7.11.1						
<b>I</b>	<b>Total vaccine doses needed</b>	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,962,000	109,849	1,852,151	2,019,600	113,376	1,906,224
<b>J</b>	<b>Number of doses per vial</b>	Vaccine Parameter	1			1		
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	$(D + G - H) \times 1.10$	2,067,900	0	2,067,900	2,129,068	0	2,129,068
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	$(I / J) \times 1.10$	0	0	0	0	0	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need) needed</b>	$(K + L) / 100 \times 1.10$	22,747	0	22,747	23,420	0	23,420
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times \text{vaccine price per dose (g)}$	6,611,940	370,189	6,241,751	6,787,876	381,057	6,406,819
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times \text{AD syringe price per unit (ca)}$	93,056	0	93,056	95,809	0	95,809
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times \text{safety box price per unit (cs)}$	114	0	114	118	0	118
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times \text{freight cost as of \% of vaccines value (fv)}$	396,717	22,212	374,505	407,273	22,864	384,409
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$	7,101,827	392,400	6,709,427	7,291,076	403,920	6,887,156
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{country co-financing per dose (cc)}$	392,400			403,920		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / (N + R)$	5.60 %			5.61 %		

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

ID		Source		2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	627,816	641,871	675,317	691,036	2,636,040
	Number of children to be vaccinated with the first dose	Table 4	#	668,801	641,871	675,317	691,036	2,677,025
	Number of children to be vaccinated with the second dose	Table 4	#	668,801	641,871	675,317	691,036	2,677,025
	Immunisation coverage with the second dose	Table 4	%	106.53 %	100.00 %	100.00 %	100.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.04	1.04	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	891,600				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	891,600				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
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	\$		0.0450	0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		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 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Not applicable

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

Co-financing group	Low
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	2013	2014	2015	2016
Minimum co-financing	0.20	0.20	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)**

		2014	2015	2016
Number of vaccine doses	#	411,000	802,400	839,400
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 GAVI	\$	1,105,500	2,151,000	2,281,000

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

		2014	2015	2016
<b>Number of vaccine doses</b>	#	33,100	64,700	66,700
<b>Number of AD syringes</b>	#	0	0	0
<b>Number of re-constitution syringes</b>	#	0	0	0
<b>Number of safety boxes</b>	#	0	0	0
<b>Total value to be co-financed by the Country</b>	\$	89,000	173,500	181,500

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

	Formula	2013	2014		
			Total	Government	GAVI
<b>A</b>	Country co-finance	V	0.00 %	7.44 %	
<b>B</b>	Number of children to be vaccinated with the first dose	Table 4	668,801	641,871	47,740
<b>C</b>	Number of doses per child	Vaccine parameter (schedule)	2	2	
<b>D</b>	Number of doses needed	$B \times C$	1,337,602	1,283,742	95,480
<b>E</b>	Estimated vaccine wastage factor	Table 4	1.05	1.05	
<b>F</b>	Number of doses needed including wastage	$D \times E$		1,347,930	100,254
<b>G</b>	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		- 13,465	- 1,001
<b>H</b>	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
<b>H2</b>	Reported stock on January 1st	Table 7.11.1	0		
<b>I</b>	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		444,000	33,023
<b>J</b>	Number of doses per vial	Vaccine Parameter		1	
<b>K</b>	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		0	0
<b>L</b>	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0
<b>M</b>	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$		0	0
<b>N</b>	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,137,084	84,572
<b>O</b>	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0
<b>P</b>	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0
<b>Q</b>	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0
<b>R</b>	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		56,855	4,229
<b>S</b>	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0
<b>T</b>	Total fund needed	$(N+O+P+Q+R+S)$		1,193,939	88,800
<b>U</b>	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		88,800	
<b>V</b>	Country co-financing % of GAVI supported proportion	$U / (N + R)$		7.44 %	

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

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
<b>A</b>	<b>Country co-finance</b>	V	7.46 %			7.36 %		
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	Table 4	675,317	50,385	624,932	691,036	50,861	640,175
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter (schedule)	2			2		
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	1,350,634	100,770	1,249,864	1,382,072	101,721	1,280,351
<b>E</b>	<b>Estimated vaccine wastage factor</b>	Table 4	1.04			1.04		
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$	1,404,660	104,800	1,299,860	1,437,355	105,789	1,331,566
<b>G</b>	<b>Vaccines buffer stock</b>	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	16,723	1,248	15,475	8,174	602	7,572
<b>H</b>	<b>Stock to be deducted</b>	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	554,618	41,380	513,238	540,435	39,776	500,659
<b>H2</b>	<b>Reported stock on January 1st</b>	Table 7.11.1						
<b>I</b>	<b>Total vaccine doses needed</b>	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	867,000	64,686	802,314	906,000	66,682	839,318
<b>J</b>	<b>Number of doses per vial</b>	Vaccine Parameter	1			1		
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	$(D + G - H) \times 1.10$	0	0	0	0	0	0
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	$(I / J) \times 1.10$	0	0	0	0	0	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need) needed</b>	$(I / 100) \times 1.10$	0	0	0	0	0	0
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times \text{vaccine price per dose (g)}$	2,213,451	165,143	2,048,308	2,344,728	172,572	2,172,156
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times \text{AD syringe price per unit (ca)}$	0	0	0	0	0	0
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times \text{freight cost as \% of vaccines value (fv)}$	110,673	8,258	102,415	117,237	8,629	108,608
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$	2,324,124	173,400	2,150,724	2,461,965	181,200	2,280,765
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{country co-financing per dose (cc)}$	173,400			181,200		
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / (N + R)$	7.46 %			7.36 %		

## 8. Injection Safety Support (INS)

This window of support is no longer available

## 9. Health Systems Strengthening Support (HSS)

Malawi is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2014

Please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

## 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 2013

## 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 2013

## 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



## 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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013</b> (balance carried forward to 2014)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.3. 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 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013 (balance carried forward to 2014)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 12.5. 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 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
  - b. Income received from GAVI during 2013
  - c. Other income received during 2013 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2013
  - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
<b>Summary of income received during 2013</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2013</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2013 (balance carried forward to 2014)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<b>Salary expenditure</b>						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
<b>Non-salary expenditure</b>						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

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

## 13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	<a href="#">Doc 1 MoH &amp; MoF Signature.pdf</a> <b>File desc:</b> <b>Date/time :</b> 02/08/2014 06:59:45 <b>Size:</b> 1 MB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	<a href="#">Doc 1 MoH &amp; MoF Signature.pdf</a> <b>File desc:</b> <b>Date/time :</b> 02/08/2014 07:00:37 <b>Size:</b> 1 MB
3	Signatures of members of ICC	2.2	✓	<a href="#">Doc 3 EPI Sub TWG Signature.pdf</a> <b>File desc:</b> <b>Date/time :</b> 02/08/2014 07:02:01 <b>Size:</b> 2 MB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	<a href="#">Doc 4 Minutes of the July 2014 EPI SUB TWG Meeting.docx</a> <b>File desc:</b> <b>Date/time :</b> 02/08/2014 07:22:46 <b>Size:</b> 35 KB
5	Signatures of members of HSCC	2.3	✗	<a href="#">HSRG.docx</a> <b>File desc:</b> <b>Date/time :</b> 10/08/2014 12:54:45 <b>Size:</b> 13 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	<a href="#">HSRG.docx</a> <b>File desc:</b> <b>Date/time :</b> 10/08/2014 12:55:55 <b>Size:</b> 13 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	<a href="#">Doc 7 ISS Expenditure 2007_2010 June Final.xlsx</a> <b>File desc:</b> <b>Date/time :</b> 27/06/2014 01:10:02 <b>Size:</b> 329 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✗	<a href="#">GAVI Audit.docx</a> <b>File desc:</b> <b>Date/time :</b> 10/08/2014 01:04:27 <b>Size:</b> 13 KB
9	Post Introduction Evaluation Report	7.2.2	✓	<a href="#">Doc 9 Malawi Rota PIE technical report.pdf</a> <b>File desc:</b>

				<b>Date/time :</b> 27/06/2014 01:12:54 <b>Size:</b> 1 MB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	<a href="#">Doc 10 Rotavirus_VIG Expenditure 2012_2014 June Final.xlsx</a> <b>File desc:</b> <b>Date/time :</b> 27/06/2014 01:14:12 <b>Size:</b> 88 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000	7.3.1	✓	<a href="#">GAVI Audit.docx</a> <b>File desc:</b> <b>Date/time :</b> 10/08/2014 01:05:08 <b>Size:</b> 13 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	<a href="#">Doc 12 Malawi-EVM Report-14 Dec 12.docx</a> <b>File desc:</b> <b>Date/time :</b> 27/06/2014 01:30:19 <b>Size:</b> 4 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	<a href="#">Doc 13 &amp; 14 EVM Implementation Plan Status.xlsx</a> <b>File desc:</b> <b>Date/time :</b> 27/06/2014 01:44:54 <b>Size:</b> 71 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	<a href="#">Doc 13 &amp; 14 EVM Implementation Plan Status.xlsx</a> <b>File desc:</b> <b>Date/time :</b> 27/06/2014 01:45:42 <b>Size:</b> 71 KB
16	Valid cMYP if requesting extension of support	7.8	✗	<a href="#">Doc 16 Malawi cMYP 2012 to 2016.doc</a> <b>File desc:</b> <b>Date/time :</b> 27/06/2014 02:01:57 <b>Size:</b> 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	<a href="#">Doc 17 Malawi cMYP_V3.3 July 2013_V4.xlsm</a> <b>File desc:</b> <b>Date/time :</b> 27/06/2014 01:54:13 <b>Size:</b> 2 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	<a href="#">Doc 4 Minutes of the July 2014 EPI SUB TWG Meeting.docx</a> <b>File desc:</b> <b>Date/time :</b> 02/08/2014 07:23:39 <b>Size:</b> 35 KB

19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	<a href="#">Doc 19 &amp; 20 HSS Expenditure 2008_2014 June Final Revised.xlsx</a> <b>File desc:</b> <b>Date/time :</b> 27/06/2014 01:46:36 <b>Size:</b> 276 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	<a href="#">Doc 19 &amp; 20 HSS Expenditure 2008_2014 June Final Revised.xlsx</a> <b>File desc:</b> <b>Date/time :</b> 27/06/2014 01:47:17 <b>Size:</b> 276 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	X	<a href="#">GAVI Audit.docx</a> <b>File desc:</b> <b>Date/time :</b> 10/08/2014 01:04:00 <b>Size:</b> 13 KB
22	HSS Health Sector review report	9.9.3	X	No file loaded
23	Report for Mapping Exercise CSO Type A	10.1.1	X	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	X	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	X	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	<a href="#">HSS Expenditure 2008_2014 June Final Revised.xlsx</a> <b>File desc:</b> <b>Date/time :</b> 10/08/2014 01:10:01 <b>Size:</b> 276 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	No file loaded

	Other		X	<a href="#">Doc 28 PCV_VIG Expenditure 2011_2012 June Final.xlsx</a> <b>File desc:</b> <b>Date/time :</b> 27/06/2014 01:48:19 <b>Size:</b> 77 KB
				<a href="#">Doc 29 DQS national report 2014.doc</a> <b>File desc:</b> <b>Date/time :</b> 27/06/2014 01:56:41 <b>Size:</b> 1 MB
				<a href="#">HSRG.docx</a> <b>File desc:</b> <b>Date/time :</b> 10/08/2014 12:52:27 <b>Size:</b> 13 KB