



# Annual Progress Report 2007

Submitted by

The Government of

**Malawi**

Date of submission **15<sup>th</sup> May, 2008**

**Deadline for submission 15 May 2008**

**(to be accompanied with Excel sheet as prescribed)**

Please return a signed copy of the document to:  
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, [raj कुमार@gavialliance.org](mailto:raj कुमार@gavialliance.org) or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

*This report reports on activities in 2007 and specifies requests for January – December 2009*

## Signatures Page for ISS, INS and NVS

For the Government of [Malawi](#)

**Ministry of Health:**

Title: [Ag Director of Preventive Health Services](#)

Signature: .....

Date: [15<sup>th</sup> May 2008](#)

**Ministry of Finance:**

Title: .....

Signature: .....

Date: [15<sup>th</sup> May, 2008](#)

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excel sheet. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

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

Name/Title	Agency/Organisation	Signature	Date
Dr S. Kabuluzi (Ag DPHS)	<a href="#">Ministry of Health</a>		
.....	<a href="#">Norwegian Embassy</a>		
.....	<a href="#">WHO</a>		
.....	<a href="#">UNICEF</a>		
.....	<a href="#">JICA</a>		
.....	<a href="#">USAID</a>		
.....			
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# **Progress Report Form: Table of Contents**

## **1. Report on progress made during 2007**

- 1.1 Immunization Services Support (ISS)**
  - 1.1.1 Management of ISS Funds
  - 1.1.2 Use of Immunization Services Support
  - 1.1.3 Immunization Data Quality Audit
  - 1.1.4 ICC Meetings
- 1.2 GAVI Alliance New and Under-used Vaccines (NVS)**
  - 1.2.1 Receipt of new and under-used vaccines
  - 1.2.2 Major activities
  - 1.2.3 Use of GAVI Alliance financial support (US\$100,000) for introduction of the new vaccine
  - 1.2.4 Evaluation of Vaccine Management System
- 1.3 Injection Safety (INS)**
  - 1.3.1 Receipt of injection safety support
  - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
  - 1.3.3 Statement on use of GAVI Alliance injection safety support (if received in the form of a cash contribution)

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

## **3. Request for new and under-used vaccine for 2009**

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year 2009 and projections for 2010 and 2011
- 3.3 Confirmed/revised request for injection safety support for the year 2009 and 2010

## **4. Health System Strengthening (HSS)**

## **5. Checklist**

## **6. Comments**

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

## 1. Report on progress made during 2007

### 1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): **Yes**

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

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

#### 1.1.1 Management of ISS Funds

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

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

##### A. Mechanism for Management

- i. Funds have been accessible in April 2008.
- ii. Disbursements of funds have followed the existing MoH procedures.
- iii. Initial planned activities using ISS funds were highlighted during the January 2008 ICC meeting. A more detailed plan will be presented during the next ICC meeting.

##### B. Encountered Problem

- i. We realized in December, 2007 when sending Bank details to the GAVI Secretariat that funds had already been disbursed to the country in August, 2007. This resulted into late accessibility to the ISS funds and implementation of the planned activities.

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

### 1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007 : [First tranche US\\$496,500](#) and [second tranche US\\$496,500](#). The funds were received in two tranches in August, 2007. and [the programme started accessing in April, 2008](#)

Remaining funds (carry over) from 2006 [NA](#)

Balance to be carried over to 2008

**Table 1: Use of funds during 2007\* (2008). All equipment has been tendered**

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads	14,286.00	MK1,500,030.00	MK500,010.00		
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation	57,143.00	MK6,000,015.00	MK2,000,005.00		
Epidemiological surveillance	138,840.00			MK19,437,560.00	
Vehicles					
Cold chain equipment	171,430.00			MK24,000,200.00	
Other (local immunization days) (specify)	166,362.00			MK23,290,730.00	
<b>Total:</b>	<b>548,061.00</b>	<b>MK7,500,045.00</b>	<b>MK2,500,015.00</b>	<b>MK66,728,490.00</b>	
<b>Remaining funds for next year:</b>	<b>444,939.00</b>				

*Conversion rate: 1US\$=MK140.00*

*\*If no information is available because of block grants, please indicate under 'other'.*

**Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed. (Attached)**

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

<p>Major activities conducted</p> <ul style="list-style-type: none"><li>• A national dry store has been constructed with support from Unicef</li><li>• Six forty-foot containers for dry store materials were installed with support from KFW.</li><li>• Trainings of health workers on Reaching Every District (RED) approach, disease surveillance and Mid Level Management (MLM)</li><li>• Procurement of two 50KV stand by generators.</li><li>• Review meetings</li></ul> <p>Problems encountered</p> <ul style="list-style-type: none"><li>▪ Procurement procedures for vaccines was a problem.</li></ul>

**1.1.3 Immunization Data Quality Audit (DQA)**

Next\* DQA scheduled for 2010

*\*If no DQA has been passed, when will the DQA be conducted?*

*\*If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

*\*If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

NA

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

YES

NO

If yes, please report on the degree of its implementation and attach the plan.

NA

**Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.**

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

NA

#### 1.1.4. ICC meetings

*How many times did the ICC meet in 2007? **Please attach all minutes.**  
Are any Civil Society Organizations members of the ICC and if yes, which ones?*

The ICC met only once because of the reforms within the SWAp that recognizes Technical Working Groups (TWGs). The issue has now been resolved and the ICC will be called EPI Sub-Technical Working Group and will include some civil societies. The next EPI Sub-Technical Working Group will be held end May, 2008

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

### **1.2.1. Receipt of new and under-used vaccines during 2007**

*When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.(2007)*

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DPT-HepBTHib	2	235,400	2002	12/06/07
DPT-HepBTHib	2	229,400	2002	18/07/07
DPT-HepBTHib	2	151,100	2002	22/10/07
DPT-HepBTHib	2	302,600	2002	27/10/07
DPT-HepBTHib	2	574,200	2002	30/11/07
DPT-HepBTHib	2	18,400	2002	10/12/07

*Please report on any problems encountered.*

There was no problem regarding the deliveries of pentavalent vaccines in 2007

### **1.2.2. Major activities**

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

#### Major activities conducted

- A national dry store has been constructed with support from Unicef
- Six forty-foot containers for dry store materials were installed with support from KFW.
- Trainings of health workers on Reaching Every District (RED) approach, disease surveillance and Mid Level Management (MLM)
- Procurement of two 50KV stand by generators.
- Review meetings

#### Problems encountered

- Procurement procedures for vaccines was a problem.

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

These funds were received in 2001 during Phase 1 of the GAVI support

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

The US\$100,000 was used up for:

- Training of health workers
- Supervisory visits
- Monitoring activities

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

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in [July, 2003](#)

*Please summarize the major recommendations from the EVSM/VMA*

- [Construction of additional cold room capacity](#)
- [Construction of additional dry store warehouse](#)
- [Fitting the cold room with automatic voltage/surge protector](#)

Was an action plan prepared following the EVSM/VMA: [No](#)

*If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.*

[A separate plan was not developed. However, all issues raised in the EVSM recommendations were incorporated in the Comprehensive EPI Multi-Year Plan, HSS proposal and EPI Annual Plan of Actions.](#)

[The following main activities are being/been implemented in line with the recommendations:](#)

- [A national dry store has been constructed with support from Unicef](#)
- [Six forty-foot containers for dry store materials were installed with support from KFW.](#)
- [Construction of additional national cold room will be done using GAVI/HSS funds.](#)
- [Renovation of the dysfunctional old national cold room will be done using GAVI/ISS funds.](#)
- [Construction of regional vaccine/dry store facilities will be done using GAVI/HSS funds](#)

The next EVSM/VMA\* will be conducted in: [4<sup>th</sup> Quarter 2008](#)

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

## 1.3 Injection Safety

### **1.3.1 Receipt of injection safety support**

Received in cash/kind

*Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).*

<b>Injection Safety Material</b>	<b>Quantity</b>	<b>Date received</b>
Safety Boxes	15,650	20/04/07
ADs BCG	393,600	30/04/07
ADs (0.5)	884,800	30/04/07
2 mls Reconstitution syringes (BCG)	78,800	23/05/07
5 mls Reconstitution syringes (Measles)	51,900	23/05/07
ADs BCG	394,000	12/09/07
ADs (0.5)	886,100	11/10/07
2 mls Reconstitution syringes (BCG)	78,800	11/10/07
5 mls Reconstitution syringes (Measles)	50,000	11/10/07
Safety Boxes	15,650	11/10/07

*Please report on any problems encountered.*

There was no any problem encountered with the deliveries of injection materials in 2007.

### **1.3.2. Progress of transition plan for safe injections and management of sharps waste.**

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

The injection support for Malawi ends in 2008. The government will take over the procurement of injection materials. These will be bundled with all injectable vaccines.

*Please report how sharps waste is being disposed of.*

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

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

Currently there is no storage problem for injection materials at national level. However, limited storage capacity still exists in some health facilities.

**1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)**

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

Not Applicable

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

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

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	<b>2007</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
	Actual(US\$)	Planned(US\$)	Planned(US\$)	Planned(US\$)
<b><i>Expenditures by Category</i></b>				
Vaccines	7,458,370.00	7,928,573.00	8,032,105.00	8,213,906.00
Injection supplies	460,000.00	527,936.00	565,969.00	597,634.00
Cold Chain equipment	0.00	773,458.00	822,339.00	939,134.00
Operational costs	1,110,950.00	1,453,298.00	1,554,883.00	1,530,914.00
Other (please specify)				
<b><i>Financing by Source</i></b>				
Government (incl. WB loans)	1,210,576.00	2,738,400.00		
GAVI Fund	7,270,500.00	7,270,500.00		
UNICEF	389,837.00	444,075.00		
WHO	158,407.00	230,290.00		
Other (please specify)				
<b>Total Expenditure</b>	<b>9,029,320.00</b>	<b>10,683,265.00</b>		
<b>Total Financing</b>	<b>9,029,320.00</b>	<b>10,683,265.00</b>		
<b>Total Funding Gaps</b>	<b>0.00</b>	<b>1,653,945.00</b>		

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...

Funds that were available could not accommodate all planned activities such as procurement of cold chain equipment.

The funding gap that was experienced in 2007 will be complemented by GAVI/ISS, GAVI/HSS, SWAp and partners.

**Table 2.2: Country Co-Financing (in US\$)**

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (DTP-HepB+Hib)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<b>Co-financing amount (in US\$ per dose)</b>	US\$0.20	US\$0.20	US\$0.20	US\$0.20
Government (US\$)	0.00	434,131.00	500,500.00	464,351.00
Other sources (GAVI)	6,810,500	6,810,500	5,088,000.00	8,010,329.00
<b>Total Co-Financing (US\$ per dose)</b>	0.22	0.33	0.43	0.27

Please describe and explain the past and future trends in co-financing levels for the 1<sup>st</sup> GAVI awarded vaccine.

1. The country co-financed US1,000,000 for procurement of DPT\_HepB+Hib vaccines in 2006 and future co-finance will continue using the given formula by GAVI.
2. In 2007 the procurement mechanisms for vaccines had to follow World Bank procedures and this caused some delays in the process. As a result, vaccines were procured on emergency through Unicef and not as planned.

For 2 <sup>nd</sup> GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<b>Co-financing amount (in US\$ per dose)</b>	Not Applicable			
Government				
Other sources (please specify)				
<b>Total Co-Financing (US\$ per dose)</b>				

Please describe and explain the past and future trends in co-financing levels for the 2<sup>nd</sup> GAVI awarded vaccine.

Not Applicable

**Table 2.3: Country Co-Financing (in US\$)**

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

<b>Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?</b>			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding	Yes	DPT-HepB+Hib, BCG, OPV, Measles and TT	SWAp
Government Procurement- Other			
UNICEF	Yes	DPT-HepB+Hib,	GAVI
PAHO Revolving Fund			
Donations			
Other (specify)			

<b>Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>		
Schedule of Co-Financing Payments	Proposed Payment Schedule (month/year)	Date of Actual Payments Made in 2007 (day/month)
1st Awarded Vaccine (specify)	1 <sup>st</sup> Quarter 2007	Not done due to problems with procurement procedures
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

<b>Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?</b>	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	Yes
National health sector plan	Yes
National health budget	Yes
Medium-term expenditure framework	NA
SWAp	Yes
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	NA

<b>Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?</b>
1. None
2.
3.
4.
5.

### 3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

#### 3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.

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

1. The country is requesting for pre-mix formulation of DPT-HepB+Hib to ease the storage capacity, workload during vaccination and transportation of vaccines when conducting outreach services.
2. Changes in the forecasted targets may occur due to forthcoming national population census in June, 2008.

**Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.**

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>DENOMINATORS</b>										
Births	686,374	709,495	733,303	757,792	782,952	797,828	812,987	828,434	844,174	860,213
Infants' deaths	48,480	50,113	51,795	53,524	55,301	56,352	57,423	58,514	59,626	60,759
Surviving infants	637,894	659,382	681,508	704,267	727,651	741,476	755,564	769,920	784,548	799,455
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 <sup>st</sup> dose of DPT	602,685	633,717	667,878	697,224	727,651	741,476	755,564	769,920	784,548	799,455
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 <sup>rd</sup> dose of DPT	537,162	576,314	606,542	633,840	662,162	682,158	702,675	723,725	745,321	767,477
<b>NEW VACCINES **</b>										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 <sup>st</sup> dose of DPT-HepB+Hib	602,685	633,717	667,878	697,224	727,651	741,476	755,564	769,920	784,548	799,455
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 <sup>rd</sup> dose of DPT-HepB+Hib	537,162	576,314	606,542	633,840	662,162	682,158	702,675	723,725	745,321	767,477
Wastage rate till 2007 and plan for 2008 beyond (DPT-HepB+Hib)	5	5	10	10	10	10	10	10	10	10
<b>INJECTION SAFETY****</b>										
Pregnant women vaccinated / to be vaccinated with TT	Not Applicable									
Infants vaccinated / to be vaccinated with BCG										
Infants vaccinated / to be vaccinated with Measles (1 <sup>st</sup> dose)										

\* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

\*\* Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

\*\*\* Indicate actual wastage rate obtained in past years

\*\*\*\* Insert any row as necessary

### 3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

The country will conduct its national population census in June, 2008 and depending on the population figures and the annual growth rate that will be obtained in June, chances for adjustments in 2009 are likely to occur.

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
<ul style="list-style-type: none"> <li>▪ <b>Phasing:</b> Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided</li> <li>▪ <b>Wastage of vaccines:</b> Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.</li> <li>▪ <b>Buffer stock:</b> The buffer stock is recalculated every year as 25% the current vaccine requirement</li> <li>▪ <b>Anticipated vaccines in stock at start of year 2009:</b> It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.</li> <li>▪ <b>AD syringes:</b> A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines.</li> <li>▪ <b>Reconstitution syringes:</b> it applies only for lyophilized vaccines. Write zero for other vaccines.</li> <li>▪ <b>Safety boxes:</b> A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes</li> </ul>

**Table 7: Wastage rates and factors**

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

### 3.3 Confirmed/ revised request for injection safety support for the year 2009

**Table 8: Estimated supplies for safety of vaccination for the next two years with .....** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5) **Not Applicable**

		Formula	2009	2010
<b>A</b>	Target if children for ..... Vaccination (for TT: target of pregnant women) (1)	#		
<b>B</b>	Number of doses per child (for TT: target of pregnant women)	#		
<b>C</b>	Number of ....doses	A x B		
<b>D</b>	AD syringes (+10% wastage)	C x 1.11		
<b>E</b>	AD syringes buffer stock (2)	D x 0.25		
<b>F</b>	Total AD syringes	D + E		
<b>G</b>	Number of doses per vial	#		
<b>H</b>	Vaccine wastage factor (3)	Either 2 or 1.6		
<b>I</b>	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

*If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*

The 3 year injection support for Malawi ends in 2008 and the country will take over the procurement of injection materials which will be bundled with all injectable vaccines.



*Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?*

*In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.*

**Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.**

**Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009** (*In case there is a change in the 2009 request, please justify in the narrative above*)

<b>Area for support</b>	<b>2007 (Expenditure)</b>	<b>2007 (Balance)</b>	<b>2009 (Request)</b>
<b>Activity costs</b>			
<b>Objective 1</b>			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
<b>Objective 2</b>			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
<b>Objective 3</b>			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
<b>Support costs</b>			
Management costs			
M&E support costs			
Technical support			
<b>TOTAL COSTS</b>			

<b>Table 10. HSS Activities in 2007</b>	
<b>Major Activities</b>	<b>2007</b>
<b>Objective 1:</b>	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
<b>Objective 2:</b>	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
<b>Objective 3:</b>	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

<b>Table 11. Baseline indicators</b> <i>(Add other indicators according to the HSS proposal)</i>						
<b>Indicator</b>	<b>Data Source</b>	<b>Baseline Value<sup>1</sup></b>	<b>Source<sup>2</sup></b>	<b>Date of Baseline</b>	<b>Target</b>	<b>Date for Target</b>
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

*Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.*

<sup>1</sup> If baseline data is not available indicate whether baseline data collection is planned and when

<sup>2</sup> Important for easy accessing and cross referencing

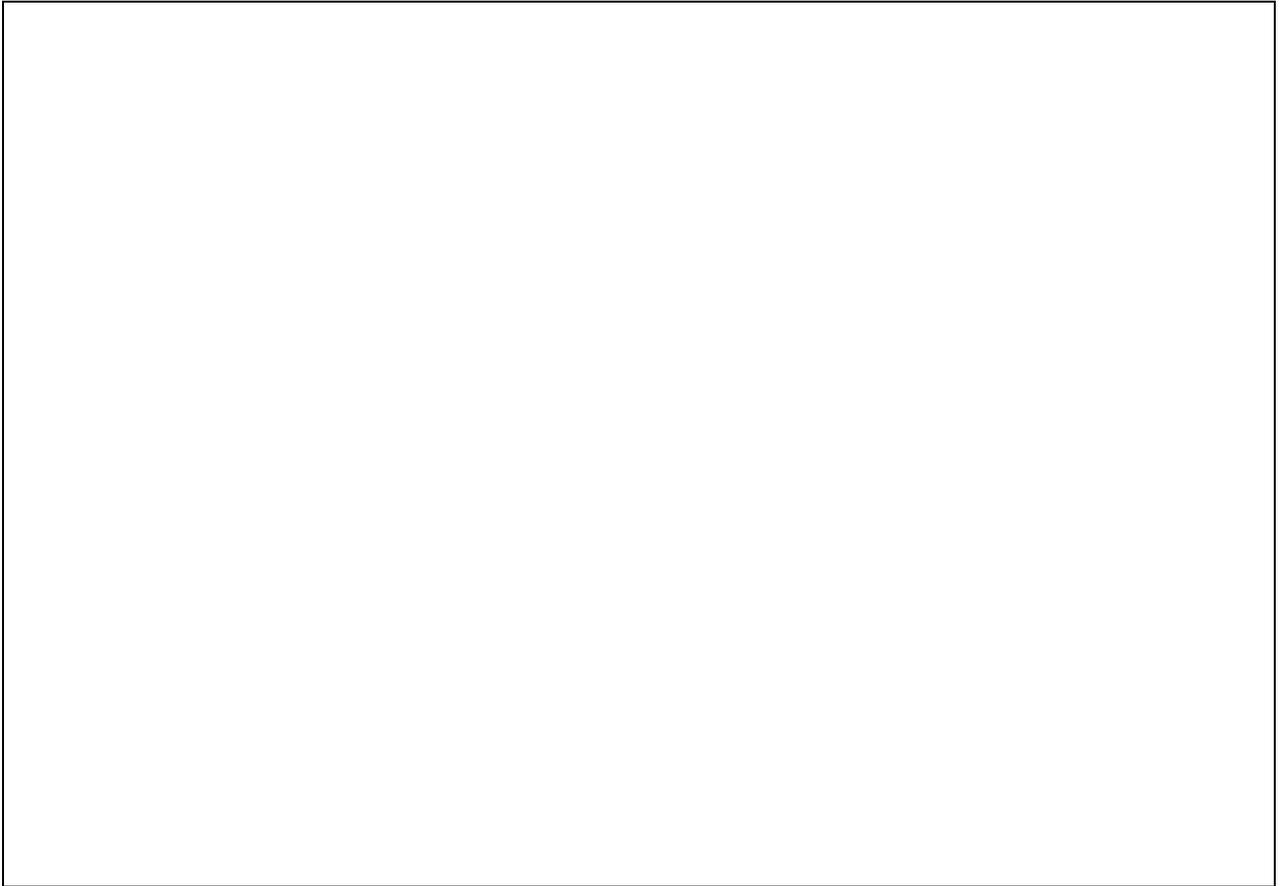
## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission	15/05/2008	
Reporting Period (consistent with previous calendar year)	2007	
Government signatures	Not yet	
ICC endorsed	Not Yet	
ISS reported on	Yes	
DQA reported on	NO	Not yet done
Reported on use of Vaccine introduction grant	NA	
Injection Safety Reported on	Yes	2008 final year
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	No	cMYP available
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	NA	
HSS reported on	No	Awaiting funding
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	No	

## **6. Comments**

*ICC/HSCC comments:*



~ End ~