

# **Annual Progress Report 2007**

Submitted by

# The Government of

	ZIMBABWE	
Date of submission _	_15 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, <a href="mailto:rajkumar@gavialliance.org">rajkumar@gavialliance.org</a> 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 Zimbabwe Ministry of Health:		Ministry of Finance:		
Title:		Title:		
Signature:		Signature:		
Date:		Date:		

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excelsheet. 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

# Signatures Page for HSS

For the Government of Zimbabwe

Ministry of Health:	Ministry of Finance:
Title:	Title:
Signature:	Signature:
Date:	Date:
We, the undersigned members of the Nationa(insert name) Strengthening Programme. Signature of endorse financial (or legal) commitment on the part of the	endorse this report on the Health Systems ement of this document does not imply any

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

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

Name/Title	Agency/Organisation	Signature	Date

# **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 if 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 <u>Immunization Services Support (ISS)</u>

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

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?

No ISS funds received in 2007		

### 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.

Not applicable			

#### 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 <u>Nil</u>
Remaining funds (carry over) from 2006 <u>US\$637 000</u>
Balance to be carried over to 2008 <u>US\$637 000</u>

Table 1: Use of funds during 2007\*

Anna of Immunication	Total amount in	AMOUNT OF FUNDS				
Area of Immunization	Total amount in US \$	PUBLIC SECTOR			PRIVATE	
Services Support	03 \$	Central	Region/State/Province	District	SECTOR & Other	
Vaccines						
Injection supplies						
Personnel						
Transportation						
Maintenance and overheads						
Training						
IEC / social mobilization						
Outreach						
Supervision						
Monitoring and evaluation						
Epidemiological surveillance						
Vehicles	637 000					
Cold chain equipment						
Other (specify)						
Total:	637 000					
Remaining funds for next						
year:						

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

The last ISS funds were received in 2006 and the country recommended that they be used for procurement of vehicles to strengthen district immunisation services. The funds were released through WHO for the purpose in February 2007. Vehicles procurement is still in progress and the balance of funds is not known yet.

# <u>Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.</u>

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

Vaccine and injection safety materials forecasting, procurement and distribution

Monitoring of EPI coverage including vitamin A supplementation

Disease surveillance

Child Health Days x 2

Carried out RED training in 10 districts

Developed, printed and distributed IEC materials

Inventory of all laboratories with potential polio infectious material

Adaptation and adoption of Mid Level Management Modules

Printing and distribution of Immunisation in Practice and EPI Policy document

Training of Post Basic Nursing Students

Quarterly surveillance review meetings

Sensitisation of clinicians on EPI disease surveillance

NPEC, NCC, NTF and ICC meetings

Vaccine Management Assessment

#### **Problems**

Inadequate programme funding

Inadequate funding to roll out RED strategy in all districts by end of December 2007 as regional strategy

Inadequate supplies of LP gas to an extend that some facilities failed to offer immunisation services due to power cuts at filling depots and transport

Lack of transport and fuel for delivery of inputs and outreach services

Inadequate knowledge of EPI at service delivery level

Low staff moral due to poor remuneration and other conditions of service

No travelling and subsistence allowances for routine outreach services

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

Next\* DQA scheduled for 2011

\*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?

To capture data on TT given to pregnant women in the new ANC register

Develop a Standard EPI Register

To standardize protocols for late reporting

To institute written backup procedures at all levels

To analyze and validate data at all levels

To standardize the monitoring system of completeness at all levels

To improve EPI feedback mechanisms to lower levels

To develop standard EPI checklist

To conduct comprehensive supportive supervision

To equip managers with supervisory skills

To modify T5 guidelines

Monitor vaccine wastage at National and provincial levels

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

YES	X	NO .				
If yes, please report on the degree of its implementation and attach the plan.						
Dlagge bighlight in	which ICC moot	ing the plan of se	tion for the DOA was	a discussed and		
endorsed by the IC		ing the plan of act	ion for the DQA was	<u>s aiscussea aria</u>		
Please report on stu surveys).	udies conducted re	egarding EPI issues	during 2007 (for exa	mple, coverage		
Vaccine Manageme	ent Assessment					
1.1.4. ICC meeting	e					
How many times di	d the ICC meet in i		ch all minutes. and if yes, which one	es?		
4 times Rotary International Riders for Health, H		ational, Plan Interna	ational, World vision l	nternational		
1.2. GAVI Alliance	New & Under-u	sed Vaccines Sur	pport (NVS)			
1.2.1. Receipt of r	new and under-us	sed vaccines duri	ng 2007			
	entation, (e.g. DTF		Please include chang DTP-HepB) and dates			
Vaccine	Vials size	Doses	Date of	Date shipment		
N/A			Introduction	received (2007)		
Please report on an	y problems encou	ntered.				
N/A						

#### 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.

Preparation for introduction of pentavalent vaccine in January 2008. These included:

- Advocacy and communication,
- Training and
- Timely receipt and distribution of the new vaccine

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

These funds were received on: <u>September 2007</u>

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

Funds to be used in 2008 as advocacy and training done using other funds.

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

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in <u>VMA October 2007</u>

Please summarize the major recommendations from the EVSM/VMA

- EPI central level should ensure that reliable vaccine wastage data is generated, used at point
  of generation and transmitted up the ladder for vaccine management purposes.
- Sub national and lower level facilities should be encouraged to keep stock records for both vaccines and diluents, and distribute equal amounts of these to ensure correct diluents use. Immediate action is to carry out physical inventory of all freeze dried vaccines and their diluents so that where they do not match the excess quantities are returned to the supplying store for redistribution or destruction as the case may dictate.
- EPI Unit national level should come up with a template standard cold chain equipment maintenance plan, share it with sub national stores managers and encourage managers to develop periodic cold chain maintenance plans that should be essentially followed.
- EPI Unit national level should develop a standard stock recording tool for service delivery facilities and distribute it for immediate use. Further to this stock management system should be strengthened to include critical stock levels at all levels.
- Transport and fuel should be availed for distribution of vaccines, injection safety materials and gas in order to minimize stock outs at lower levels.
- Vaccine Vial Monitors should be used for vaccine management purposes and evidence of such use documented.
- EPI Unit national level should consider raising resources for training Vaccine Store Managers on vaccine management more so considering the current high staff attrition rate.

Was an action plan prepared following the EVSM/VMA: Yes/No

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

#### Still to be developed

The next EVSM/VMA\* will be conducted in: 2009

\*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).

Injection Safety Material	Quantity	Date received
0.05 ml syringe	459000	15-03-07 and 25-07-07
0.5ml syringe	6543900	15-03-07 and 25-07-07
2ml syringe	70000	15-03-07 and 25-07-07
5ml syringe	56800	25-07-07
Safety boxes	24000	15-03-07

Please report on any problems encountered.

Shortage of BCG syringes due to late delivery from supplier in the 1<sup>st</sup> quarter of 2007for two months

#### 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.

Support ended in 2006 and current injection safety materials are being procured through UNICEF support

Please report how sharps waste is being disposed of.

Burning and burying on the majority of cases and incineration

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

Not applicable as transitional period has already been reported on in the past.

# 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:

N/A

# 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. Update cMYP

			1	T
	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines	2,602,280			
Injection supplies	586,458			
Cold Chain equipment	493,754			
Operational costs				
Other (please specify) LP gas	307,500			
Tyres	12,671			
IIP modules printing	1,113			
	UNICEF through DFID and Govt of			
Financing by Source	Japan			
Government (incl. WB loans)				
GAVI Fund				
UNICEF				
WHO				
Other (please specify)				
Total Expenditure				
Total Financing				
Total Funding Gaps				

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...

## 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. <a href="N/A">N/A</a>

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

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

The current support GAVI for the new vaccine (Pentavalent) does not require co-financing for the first 5 years up to 2012.

For 2 <sup>nd</sup> GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

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

N/A			

#### 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 cofinancing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?							
	Tick for Yes	List Relevant Vaccines	Sources of Funds				

Government Procurement- International Competitive Bidding			
Competitive bluding			
Government Procurement- Other			
			UNICEF,
		BCG, measles,	DFID,
		DTP, DT, TT,	Japanese
UNICEF	✓	HepB and OPV	Government
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?							
N/A							
Schedule of Co-Financing Payments  Proposed Payment Schedule  Payment Schedule  Date of Actual Payments Made in 2007							
	(month/year)	(day/month)					
1st Awarded Vaccine (specify)							
2nd Awarded Vaccine (specify)							
3rd Awarded Vaccine (specify)							

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

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
N/A
1.
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 <a href="mailto:those reported">those reported in the WHO/UNICEF Joint Reporting Forms</a>. 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.

No intention of introducing any new vaccine other than the Hib introduced in the form of penatavalent (DTP-HepB-Hib) on 26 January 2008

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

Ni walang af	Achievements and targets									
Number of	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	375222	378974	382764	386592	390458	394362	398306	402289	406312	410375
Infants' deaths	22513	22738	22966	23195	23427	23661	23898	24137	25378	24622
Surviving infants	352709	356236	359798	363396	367030	370701	374408	378152	381934	385743
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with <b>1</b> <sup>st</sup> <b>dose</b> of DTP (DTP1)*	356169	314575								
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 <sup>rd</sup> <b>dose</b> of DTP (DTP3)*	312053	265861								
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with <b>1</b> <sup>st</sup> <b>dose</b> of DTP1-HepB-Hib			359798	363396	367030	370701	374408	378152	381934	385743
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 <sup>rd</sup> dose of DTP1-HepB-Hib			345407	352494	356019	359580	363175	366807	370476	374171
Wastage rate till 2007 and plan for 2008 beyond*** ( new vaccine)			5%	5%	5%	5%	5%	5%	5%	5%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT		287636	276083	281604	287236	292981	298841	304817	310914	317133
Infants vaccinated / to be vaccinated with BCG	376974	329669	382764	386592	390458	394362	398306	402289	406312	410375
Infants vaccinated / to be vaccinated with Measles (1 <sup>st</sup> dose)	330653	253267	341808	345226	348678	352166	355688	359244	362837	366456

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

<sup>\*\*</sup> Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced \*\*\* Indicate actual wastage rate obtained in past years

<sup>\*\*\*\*</sup> 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.

No revision for pentavalent vaccine in 2009

Please provide the Excel sheet for calculating vaccine request duly completed

#### Remarks

- <u>Phasing:</u> 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
- Wastage of vaccines: 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 a10 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.
- <u>Buffer stock:</u> The buffer stock is recalculated every year as 25% the current vaccine requirement
- Anticipated vaccines in stock at start of year 2009: 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.
- <u>AD syringes:</u> 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.
- Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines.
- <u>Safety boxes:</u> 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

#### 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 DTP-HepB-Hib (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)

		Formula	2009	2010
Α	Target if children for DTP-HepB-Hib Vaccination	#	363,396	367,030
В	Number of doses per child DTP-HepB-Hib	#	3	3
С	Number ofdoses	AxB	1,090,188	1,101,090
D	AD syringes (+10% wastage)	C x 1.11	1,210,109	1,222,210
E	AD syringes buffer stock (2)	D x 0.25	302,527	305,552
	Total AD syringes	D + E	1,512,636	1,527,762
G	Number of doses per vial	#	1	1
Н	Vaccine wastage factor (3)	Either 2 or 1.6	1	1
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	1,270,614	1,283,320
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	30,894	31,203

- 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.						

# 4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in:					
Current Health Systems Sup	port will end in:				
Funds received in 2007:	Yes/No If yes, date received: If Yes, total amount:	(dd/mm/yyyy) US\$			
Funds disbursed to date: Balance of installment left:	ii roo, total amount.	US\$ US\$	_		
Requested amount to be disl	oursed for 2009	US\$	-		
Are funds on-budget (reflecte If not, why not? How will it be				⁄No	
Please provide a brief narrat whether funds were disburse (especially impacts on health encountered and solutions for would like GAVI to know about were implemented according	ed according to the imposite imposite imposite imposite imposite imposite indicate interest. It is a service in the imposite information in the imposite information in the imposite information in the information in the imposite in the imposit	olementation plan, i tably the immunizat any other salient in mation on activities	major accomplishments ion program), problem formation that the cour such as whether activi	s s ntry	

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.

<u>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</u>

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.

Annual Progress Report 2007

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)

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

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

Indicator	Data Source	Baseline Value <sup>1</sup>	Source <sup>2</sup>	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

<sup>&</sup>lt;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:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

## 6. Comments

#### ICC/HSCC comments:

The small EPI team is under extreme pressure because of the operational difficulties facing them and the Ministry of Health. The problems include shortages of transport and fuel, of gas for the fridges in the cold chain, of personnel at all levels because of the loss of skilled staff to other countries. The hyperinflationary economy has made it impossible for salaries and wages to keep pace with daily living costs, which is exacerbating the problems of skills losses and resulting in low morale amongst managers and key personnel.

Under these circumstances the EPI team has made enormous efforts to keep things operating as normally as possible. Inevitably in such circumstances coverage rates fall. However, ICC is doing its best to support the ongoing progamme. The introduction of the pentavalent vaccine was successful, although the start was a bit 'ragged' because of logistics problems. ICC members are providing vaccines, supplements, technical support and training. Additional vehicles are being procured to try and improve particularly rural coverage by bolstering logistics.

ICC are monitoring progress on implementation of the recommendations made following the Data Quality Audit (DQA) and the Vaccine Management Assessment Report.

ICC continues to monitor planning for 2008/9, both for EPI and the Laboratories.

ICC will continue to support the EPI programme through all its key members.

The HSS application will be submitted later in 2008.

AD MacDonald ICC Chairman 10 May 2008