



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Zimbabwe

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **16.06.2011 09:02:31**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country_results/index.php

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

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

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 10 doses/vial, Liquid	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2011

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

By signing this page, the Government of Zimbabwe 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 Zimbabwe

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.

Enter the family name in capital letters.

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

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.

Enter the family name in capital letters.

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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

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.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Mr Don MacDONALD	Rotary International (ICC Chairman)			
Dr Custodia MANDLHATE	WHO Country Office Representative			
Dr Peter SALAMA	UNICEF Country Representative			
Professor Rose KAMBARAMI	MCHIP Country Director			

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

All comments will be treated confidentially

Comments from Partners:

2010 has seen significant improvement in immunisation coverage in Zimbabwe over 2009.

The country is gradually recovering from the period of hyperinflation followed by the switch to the US Dollar as the country's base currency. The recovery has strengthened support for healthcare services, including at clinic level. The partners in the ICC have continued their support for the EPI program. There is still work to be done to improve coverage in certain individual provinces, as highlighted in the report, but the ICC is pleased with the overall progress made and pledges its support to continue the improvement.

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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

2.3.1. HSS report endorsement

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

Note: To add new lines click on the **New item** icon in the **Action** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the *New item* icon in the *Action* column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the *New item* icon in the *Action* column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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This APR reports on Zimbabwe's activities between January - December 2010 and specifies the requests for the period of January - December 2012

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	390,458	394,362	399,095	403,485	407,924	412,411
Total infants' deaths	23,427	23,661	23,946	24,209	24,475	24,745
Total surviving infants	367,031	370,701	375,149	379,276	383,449	387,666
Total pregnant women	503,817	513,943	514,962	520,626	526,353	532,143
# of infants vaccinated (to be vaccinated) with BCG	407,626	394,362	399,095	403,485	407,924	412,411
BCG coverage (%) *	104%	100%	100%	100%	100%	100%
# of infants vaccinated (to be vaccinated) with OPV3	311,612	315,096	330,131	341,348	352,773	360,529
OPV3 coverage (%) **	85%	85%	88%	90%	92%	93%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	388,437	370,701	374,408	378,152	381,934	385,743
# of infants vaccinated (to be vaccinated) with DTP3 ***	322,366	315,096	330,131	341,348	352,773	360,529
DTP3 coverage (%) **	88%	85%	88%	90%	92%	93%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	15%	15%	15%	15%	15%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.18	1.18	1.18	1.18	1.18
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	388,437	370,701	374,408	378,152	381,934	385,743
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	322,366	315,096	330,131	341,348	352,773	360,529
3 rd dose coverage (%) **	88%	85%	88%	90%	92%	93%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	15%	15%	15%	15%	15%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.18	1.18	1.18	1.18	1.18

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	312,956	315,096	322,628	333,763	345,104	360,529
Measles coverage (%) **	85%	85%	86%	88%	90%	93%
Pregnant women vaccinated with TT+	137,504	229,000	231,733	239,488	247,386	255,429
TT+ coverage (%) ****	27%	45%	45%	46%	47%	48%
Vit A supplement to mothers within 6 weeks from delivery		394,362	399,095	403,485	407,924	412,411
Vit A supplement to infants after 6 months	1,128,202	1,207,176	1,254,163	1,341,217	1,354,629	1,368,175
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	17%	15%	12%	10%	8%	7%

* Number of infants vaccinated out of total births

** 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 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

None

Provide justification for any changes in **surviving infants**

None

Provide justification for any changes in **targets by vaccine**

The targets for 2011 onward have been changed upward basing on 2010 performance that is higher than that projected in 2009 report for all intigens.

Provide justification for any changes in **wastage by vaccine**

No Changes

5.2. Immunisation achievements in 2010

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 2010 and how these were addressed

- The coverage objective for DTP-Hep-Hib in 2010, as projected in 2009, was 80% and the actual coverage achieved was 83% with data completeness at 86%.
- Low performing districts were identified and targeted for RED training and implementation. All 63 districts were supported with fuel for outreach services in the third and fourth quarters of 2010. In some districts the door to door strategy was used to reach the normally hard to reach.
- The country also took advantage of the measles outbreak response activities to reach unvaccinated children with other antigens. Integrated planning meetings/workshops for NIDs and surveillance review meetings provided a platform to further emphasise the need to stengthen routine immunisation.
- Involvement of partners in planning, implementation and monitoring contributed to reaching more children.
- Increased high level advocacy and communication targeting vaccination objectors played a pivotal role in motivating caregivers to voluntarily bring their children for vaccination. High level advocacy included the office of the Prime Minister, Parliamentary Potfolio Committee on Health, Minister of Health and Child Welfare, Permanant Secretary for Health and Cild Welfare, UNICEF and WHO country Representatives culminated in the first ever National Consultative Conference on Child Health focusing on the immunisation program.
- Nursing staffing levels at service dilivery points continued to improve.
- Support supervision was strengthened giving priority to low performing districts
- The major challenge encountered in 2010 was the nationwide measles outbreak which diverted resources both human and financial. However this was eventually controlled through the National Immunisation Days targeting 06 months to 14 years.

- Inadequate transport and/or fuel remained another challenge but this was alleviated by partner support at local level
- Unfavourable conditions of service in the civil service continues to demotivate staff. The Government has promised to address the situation.

5.2.2.

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

5.2.3.

Do males and females have equal access to the immunisation services? **Yes**

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

N/A

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting?

If Yes, please give a brief description on how you have achieved the equal access.

The PHC in Zimbabwe does not encourage any form discrimination at any of the health facilities. To monitor this for immunisation, data capturing is disaggregated from point of collection up the ladder. And just to confirm this the 2010 EPI coverage survey noted there was no disparity in the proportion of males and females accessing immunisation.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

Basically there is equal access to immunisation by males and females.

5.3. Data assessments

5.3.1.

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

As per 2010 coverage survey, there was confirmation that our administrative data was reliable.

* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? **Yes**

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

The national EPI coverage survey took place in July 2010.

5.3.3.

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

Training of health workers on data management was conducted and is ongoing. This includes health information officers at all levels. Provision of data collection tools improved. National health information strategy was launched in 2010 and is now available throughout the country. Some districts were provided with motor bikes to collect data from health facilities. Sub-national facilities encouraged to time their vaccine and gas runs with data collection. Conducted quarterly review meetings.

5.3.4.

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

Continued training/refresher courses of focal persons and other health workers. Provision of adequate data collection tools at all levels. Continue with quarterly review meetings. Conducting of data quality self assessments. Strengthen supportive supervision. Conduct post SIAs evaluation surveys.

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 \$US = 1	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name HKI	Donor name Other	Donor name	
Traditional Vaccines*	1,271,068			1,271,068					
New Vaccines	3,051,000		3,051,000						
Injection supplies with AD syringes	191,062			191,062					
Injection supply with syringes other than ADs									
Cold Chain equipment	30,000			30,000					
Personnel	5,152,296	2,846,160		1,439,936	442,300	423,900			
Other operational costs	2,877,215	380,718		1,671,908	720,189	79,400	25,000		
Supplemental Immunisation Activities	7,264,221			4,890,417	2,373,804				
Routine Capital costs	200,000			50,000	150,000				
Total Expenditures for Immunisation	20,036,862								
Total Government Health		3,226,878	3,051,000	9,544,391	3,686,293	503,300	25,000		

* 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.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Note: To add new lines click on the **New item** icon in the **Action** column

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	1,029,765	1,078,529	
New Vaccines	6,890,694	14,109,015	
Injection supplies with AD syringes	440,815	439,317	
Injection supply with syringes other than ADs			
Cold Chain equipment	2,145,436	1,745,312	
Personnel	5,308,219	5,419,065	
Other operational costs	3,789,142	4,166,354	
Supplemental Immunisation Activities	5,479,134	1,264,194	
Routine capital costs	2,208,810	1,696,892	
Total Expenditures for Immunisation	27,292,015	29,918,678	

* 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.

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

While the immunization expenditure increased last year, the country did not manage to mobilize enough resources to meet the required budget for the routine programme. However, the country managed to raise all the resources for the measles supplementary immunization campaign. The problem was alleviated by involvement of partners at district and provincial level who provided support in kind to the programme. The MOHCW and UNICEF have developed a funding proposal for the Health Transition Fund (2011 - 2015) to mobilize resources for the health sector which will be administered by UNICEF. The immunization programme will also benefit from this pooled funding, therefore the financing gaps are manageable.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 2

Please attach the minutes (Document number) from all the ICC meetings held in 2010, including those of the meeting 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 [5.4 Overall Expenditures and Financing for Immunisation](#)

Are there any Civil Society Organisations (CSO) member of the ICC?: Yes

If Yes, which ones?

Note: To add new lines click on the **New item** icon in the **Action** column.

List CSO member organisations:	Actions
Zimbabwe Association of Church Hospital	
Zimbabwe Nurses Association	

List CSO member organisations:	Actions
Zimbabwe Medical Association	
Zimbabwe Red Cross Society	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

Increasing proportion of districts with at least 80% Penta 3 coverage from 58% to 70% in 2012
 Introduction of pneumococcal vaccine in 2012
 Increasing proportion of provinces with AFP detection rate of 2 cases per 100000 population of children below 15 years from 91% in 2010 to 100% in 2012.
 Reducing proportion of health facilities reporting vaccine stock outs from 26% in 2010 to 0% in 2012
 Reducing drop out rate from 18% in 2010 to less than 16% in 2012
 Engaging policy makers in resource mobilization to support EPI services

All the above objectives and priority actions are linked with the cMYP.

5.7. 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 2010

Note: To add new lines click on the *New item* icon in the *Action* column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD	UNICEF	
Measles	AD	UNICEF	
TT	AD	UNICEF	
DTP-containing vaccine	AD	GAVI and UNICEF	

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? (Please report in box below)

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

The only problem encountered in the implementation of the injection safety policy is the lack of incinerators at most health facilities.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

Most health facilities burn and bury their sharps waste while a few incinerate.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 0
Balance carried over to 2011	US\$ 0

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

The country did not receive any award in 2010 because 2009 performance was less than 2008. It is the country's expectation that it will qualify for the ISS awards in 2010 since the number of children vaccinated in 2010 improved significantly.

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.

If No, please complete Part B below.

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

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

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

The country did not receive any ISS funding during period under review. However, the Ministry of Health and Child Welfare has opened a commercial bank account where all GAVI funds are deposited.

Is GAVI's ISS support reported on the national health sector budget? No

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number N/A) (Terms of reference for this financial statement are attached in [Annex 1](#)). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.4. Request for ISS reward

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

- a) If the number of children vaccinated with DTP3 is higher than the previous year’s achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunisation_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

			2009	2010
			A	B
1	Number of infants vaccinated with DTP3* (from JRF) specify		266,323	322,366
2	Number of additional infants that are reported to be vaccinated with DTP3			56,043
3	Calculating	\$20 per additional child vaccinated with DTP3		1,120,860
4	Rounded-up estimate of expected reward			1,121,000

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the **New item** icon in the **Action** column.

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	1,069,700	1,069,700	0	

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

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

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

N/A

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)

N/A

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? **No**

If **Yes**, how long did the stock-out last? **N/A**

Please describe the reason and impact of stock-out

N/A

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	N/A
--------------------	-----

Phased introduction		Date of introduction
Nationwide introduction		Date of introduction
The time and scale of introduction was as planned in the proposal?		If No, why?

7.2.2.

When is the Post introduction Evaluation (PIE) planned? **N/A**

If your country conducted a PIE in the past two years, please attach relevant reports (Document No **13**)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in **2010** calendar year?

If AEFI cases were reported in **2010**, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

N/A

7.2.4.

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

Funds of Vaccines Introduction Grant received in **2010**

\$US	
Receipt date	

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

The country did not introduce any new vaccines in 2010.

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

N/A

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US\$

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

N/A

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in [Annex 1.](#)) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid		
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. The country is expected to start co-financing for DTP-HepB-Hib in 2013.		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012 (month number e.g. 8 for August)	
1 st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid		
2 nd Awarded Vaccine		
3 rd Awarded Vaccine		

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

N/A

Is GAVI's new vaccine support reported on the national health sector budget?

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted?

When was the last Vaccine Management Assessment (VMA) conducted? 01.10.2009

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 6)

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

Please note that EVSM and 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/immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

See attached vaccine management improvement plan (Document No.12).

When is the next Effective Vaccine Management (EVM) Assessment planned? 03.10.2011

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

The country has already switched to 10 dose vials of DTP-HepB-Hib from a single dose vial. The first consignment of the 10 dose vial was received in May 2011.

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No N/A) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 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 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for N/A vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of N/A vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of N/A vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No N/A).

The country ICC has endorsed this request for extended support of N/A vaccine at the ICC meeting whose minutes are attached to this APR (Document No N/A).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#): Yes

If you don't confirm, please explain

N/A

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 10 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	370,701	375,149	379,276	383,449	387,666		1,896,241
Number of children to be vaccinated with the third dose	Table 1	#	315,096	330,131	341,348	352,773	360,529		1,699,877
Immunisation coverage with the third dose	Table 1	#	85%	88%	90%	92%	93%		
Number of children to be vaccinated with the first dose	Table 1	#	370,701	374,408	378,152	381,934	385,743		1,890,938
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.18	1.18	1.18	1.18	1.18		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 10 doses/vial, Liquid

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

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$		For Approval		For Endorsement			TOTAL
		2011	2012	2013	2014	2015	
Required supply item							
Number of vaccine doses	#		1,227,300	1,233,100	1,230,100	1,230,500	4,921,000
Number of AD syringes	#		1,155,000	1,160,400	1,157,700	1,158,000	4,631,100
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		12,825	12,900	12,850	12,875	51,450

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement		
			2011	2012	2013	2014	2015
Required supply item							
Total value to be co-financed by GAVI	\$		3,214,000	3,037,500	2,661,500	2,432,500	11,345,500

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval		For endorsement		
			2011	2012	2013	2014	2015
Required supply item							
Number of vaccine doses	#		101,500	109,000	125,400	138,500	474,400
Number of AD syringes	#		95,600	102,600	118,000	130,400	446,600
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		1,075	1,150	1,325	1,450	5,000
Total value to be co-financed by the country	\$		266,000	268,500	271,500	274,000	1,080,000

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 10 doses/vial, Liquid

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
A	Country Co-finance		7.64%			8.12%			9.25%			10.12%			
B	Number of children to be vaccinated with the first dose	Table 1	370,701	374,408	28,596	345,812	378,152	30,702	347,450	381,934	35,311	346,623	385,743	39,024	346,719
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
D	Number of doses needed	B x C	1,112,103	1,123,224	85,787	1,037,437	1,134,456	92,105	1,042,351	1,145,802	105,933	1,039,869	1,157,229	117,072	1,040,157
E	Estimated vaccine wastage factor	Wastage factor table	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
F	Number of doses needed including wastage	D x E	1,312,282	1,325,405	101,228	1,224,177	1,338,659	108,684	1,229,975	1,352,047	125,001	1,227,046	1,365,531	138,144	1,227,387
G	Vaccines buffer stock	(F - F of previous year) * 0.25		3,281	251	3,030	3,314	270	3,044	3,347	310	3,037	3,371	342	3,029
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		1,328,686	101,479	1,227,207	1,341,973	108,953	1,233,020	1,355,394	125,310	1,230,084	1,368,902	138,486	1,230,416
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G - H) x 1.11		1,250,421	95,501	1,154,920	1,262,925	102,535	1,160,390	1,275,556	117,929	1,157,627	1,288,266	130,328	1,157,938
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		13,880	1,061	12,819	14,019	1,139	12,880	14,159	1,310	12,849	14,300	1,447	12,853
N	Cost of vaccines	I x g		3,281,8	250,652	3,03	3,113,3	252,769	2,86	2,751,4	254,379	2,49	2,532,4	256,198	2,276,

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed		55		1,203	78		0,609	50		7,071	69		271
O	Cost of AD syringes needed	K x ca	66,273	5,062	61,211	66,936	5,435	61,501	67,605	6,251	61,354	68,279	6,908	61,371
P	Cost of reconstitution syringes needed	L x cr	0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs	8,884	679	8,205	8,973	729	8,244	9,062	838	8,224	9,152	926	8,226
R	Freight cost for vaccines needed	N x fv	114,865	8,773	106,092	108,969	8,847	100,122	96,301	8,904	87,397	88,637	8,967	79,670
S	Freight cost for devices needed	(O+P+Q) x fd	7,516	575	6,941	7,591	617	6,974	7,667	709	6,958	7,744	784	6,960
T	Total fund needed	(N+O+P+Q+R+S)	3,479,393	265,738	3,213,655	3,305,847	268,395	3,037,452	2,932,085	271,079	2,661,006	2,706,281	273,781	2,432,500
U	Total country co-financing	I 3 cc	265,738			268,395			271,079			273,781		
V	Country co-financing % of GAVI supported proportion	U / T	7.64%			8.12%			9.25%			10.12%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

2010 has seen significant improvement in immunisation coverage in Zimbabwe over 2009. The country is gradually recovering from the period of hyperinflation followed by the switch to the US Dollar as the country's base currency. The recovery has strengthened support for healthcare services, including at clinic level. The partners in the ICC have continued their support for the EPI program. There is still work to be done to improve coverage in certain individual provinces, as highlighted in the report, but the ICC is pleased with the overall progress made and pledges its support to continue the improvement.

A Donald MacDonald
Chairman
ICC

12. Annexes

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 2

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 3

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		4	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		5	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010		10	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report		6	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		8, 9	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010		11	
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) * File Desc: 2011 APR Signatures	File name: 2010 GAVI APR Signatures.pdf Date/Time: 16.06.2011 08:20:09 Size: 459 KB		
2	File Type: Signature of Minister of Finance (or delegated authority) * File Desc: Minister of Finance Signature	File name: 2010 GAVI APR Signatures.pdf Date/Time: 16.06.2011 08:21:27 Size: 459 KB		
3	File Type:	File name:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	<u>Signatures of members of ICC *</u> File Desc: Signatures of ICC Members	<u>ICC Members Signatures.pdf</u> Date/Time: 20.05.2011 07:22:09 Size: 536 KB		
4	File Type: <u>Minutes of ICC meetings in 2010 *</u> File Desc: ICC Minutes of 2010	File name: <u>Minutes of last three Meetings.pdf</u> Date/Time: 20.05.2011 07:24:30 Size: 2 MB		
5	File Type: <u>Minutes of ICC meeting in 2011 endorsing APR 2010 *</u> File Desc: Minutes of Meeting Endorsing Report	File name: <u>Minutes Endorsing Proposal.pdf</u> Date/Time: 20.05.2011 07:38:54 Size: 879 KB		
6	File Type: <u>EVSM/VMA/EVM report</u> File Desc: VMA Report 2009	File name: <u>ZIM 2009 VMA Report.doc</u> Date/Time: 20.05.2011 07:54:03 Size: 237 KB		
7	File Type: <u>other</u> File Desc: EPI Coverage Survey 2010	File name: <u>Zim Routine EPI Coverage Survey Report 2010.doc</u> Date/Time: 20.05.2011 07:57:41 Size: 1 MB		
8	File Type: <u>new cMYP starting 2012</u> File Desc: cMYP 2012 - 2016	File name: <u>Zimbabwe EPI cMYP 2012 - 2016.doc</u> Date/Time: 20.05.2011 08:08:42 Size: 1 MB		
9	File Type: <u>new cMYP starting 2012</u> File Desc: cMYP Costing Tool 2012 - 2016	File name: <u>Copy of Zimbabwe cMYP Costing Tool Vs 2.5 En Day6.xls</u> Date/Time: 20.05.2011 08:14:49 Size: 3 MB		
10	File Type: <u>Financial Statement for ISS grant in 2010 *</u> File Desc: GAVI Financial Statement	File name: <u>GAVI Financial Statement.pdf</u> Date/Time: 11.06.2011 08:32:54 Size: 341 KB		
11	File Type: <u>Financial Statement for NVS introduction grant in 2010</u> File Desc:	File name: <u>GAVI+Financial+Statement.pdf</u> Date/Time: 14.06.2011 12:40:40 Size: 341 KB		
12	File Type: <u>other</u> File Desc: Vaccine Management Assesment Improvement Plan	File name: <u>Vaccine Management Assessment Iprovement Plan Final i.docx</u> Date/Time: 15.06.2011 13:17:47 Size: 22 KB		
13	File Type:	File name:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
	other <hr/> File Desc: Zim PIE Report 2010	Zim PIE Report 2010_Final Draft 25 Feb 2011.doc <hr/> Date/Time: 15.06.2011 13:24:22 Size: 599 KB		