



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Zimbabwe

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 11:31:52 AM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016
INS			

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

By signing this page, the Government of **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.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Honourable Dr Henry MADZORERA	Name	Honourable Tendai BITI
Date		Date	
Signature		Signature	

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

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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr P MANANGAZIRA - Director Epidemiology and Disease Control - Acting Chairperson	Ministry of Health and Child Welfare		
Dr L CHARIMARI - Committee Member	WHO		
Ms F TAIN - Committee Member	MCHIP		
Ms A CHABIKWA - Committee Member	Women and Aids Support Network (WASN)		
Mr MUBAYIWA - Committee Member	Later Day Saints		
Dr G ROTIGLIANO - Committee Member	UNICEF		

ICC 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:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
Dr P MANANGAZIRA - Director Epidemiology and Disease Control - Acting Chairperson	Ministry of Health and Child Welfare		

Dr L CHARIMARI - Committee Member	WHO		
Ms F TAIN - Committee Member	MCHIP		
Ms A CHABIKWA - Committee Member	Women and Aids Support Network (WASN)		
Mr MUBAYIWA - Committee Member	Later Day Saints		
Dr G ROTIGLIANO - Committee Member	UNICEF		

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)

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

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	399,095	446,868	403,485	456,753	407,924	466,857	412,411	477,184	453,652	487,740
Total infants' deaths	23,946	26,812	24,209	27,405	24,475	28,011	24,745	28,631	25,000	29,264
Total surviving infants	375149	420,056	379,276	429,348	383,449	438,846	387,666	448,553	428,652	458,476
Total pregnant women	514,962	513,943	520,626	526,354	526,353	537,997	532,143	549,898	537,933	562,062
Number of infants vaccinated (to be vaccinated) with BCG	449,789	454,568	454,286	464,623	458,828	474,901	463,416	485,407	468,050	496,144
BCG coverage	113 %	102 %	113 %	102 %	112 %	102 %	112 %	102 %	103 %	102 %
Number of infants vaccinated (to be vaccinated) with OPV3	395,186	411,995	399,137	429,348	403,128	438,846	407,159	448,553	411,230	458,476
OPV3 coverage	105 %	98 %	105 %	100 %	105 %	100 %	105 %	100 %	96 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1	432,123	489,473	436,444	434,071	440,808	438,846	445,216	448,553	449,668	458,476
Number of infants vaccinated (to be vaccinated) with DTP3	397,646	428,883	401,622	429,348	405,638	438,846	409,694	448,553	413,790	458,476
DTP3 coverage	106 %	102 %	106 %	100 %	106 %	100 %	106 %	100 %	97 %	100 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	15	7	15	10	15	10	15	10	15	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.18	1.08	1.18	1.11	1.18	1.11	1.18	1.11	1.18	1.11
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	374,408	424,677	436,444	434,071	440,808	438,846	445,216	448,553		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	374,408	428,883	436,444	429,348	405,638	438,846	409,694	448,553		
DTP-HepB-Hib coverage	106 %	102 %	106 %	100 %	106 %	100 %	106 %	100 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	7	0	10	15	10	15	10		
Wastage[1] factor in base-year and planned thereafter (%)	1.18	1.08	1.18	1.11	1.18	1.11	1.18	1.11	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	187,204	150,735	436,444	434,071	440,808	438,846	445,216	448,553	489,737	458,476
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	187,204	87,264	436,444	429,348	405,638	438,846	409,694	448,553	465,250	458,476

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV13) coverage	106 %	21 %	106 %	100 %	106 %	100 %	106 %	100 %	109 %	100 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	392,211	408,400	396,133	429,348	400,094	438,846	404,094	448,553	408,134	458,476
Measles coverage	105 %	97 %	104 %	100 %	104 %	100 %	104 %	100 %	95 %	100 %
Pregnant women vaccinated with TT+	271,000	84,816	272,110	271,000	272,551	272,110	273,103	272,551	273,703	273,103
TT+ coverage	53 %	17 %	52 %	51 %	52 %	51 %	51 %	50 %	51 %	49 %
Vit A supplement to mothers within 6 weeks from delivery	399,095	0	403,485	0	407,924	0	412,411	0	416,947	0
Vit A supplement to infants after 6 months	1,254,163	1,049,639	1,341,217	1,254,163	1,354,629	1,341,217	1,368,175	1,354,629	1,381,857	1,368,175
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	8 %	12 %	8 %	1 %	8 %	0 %	8 %	0 %	8 %	0 %

** 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.

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

There are no changes from previous report, but the official data being used looks unreliable as children vaccinated in 2012 are more than the population of the under one year old.

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

No changes from previous year.

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

The country conducted a population census in August 2012 and preliminary results show that there is no significant variance from the 2002 census projections. The total population for August 2012 stood at almost 13,000,000. However, the demographic data by age group is not yet out hence all projections are still based on 2002 census data. Apparently most of the antigens have surpassed the 100% coverage limit indicating that our population figures are not reliable. So all our coverage objectives for the coming years are based on current performance which in most cases is above 100%.

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

The multi-dose-vial policy seems to be yielding results as vaccine wastage has decreased significantly for 2012.

5.2. Immunisation achievements in 2012

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

Vaccine coverage continued to significantly improve from the 2011 figures as a direct result of improvement in service delivery. Partners including GAVI continued to provide additional resources to augment government effort. These included financial, material and technical support in availing adequate vaccines and supplies throughout the country, supporting outreach work (including provision of fuel and daily subsistence allowances), training of health workers on RED and effective vaccine management and improving the distribution of EPI inputs at service delivery level. There was improved utilization of services due to improved advocacy, social mobilisation and program communication at all levels. Supportive supervision was also strengthened during period under review. There was launch of pneumococcal vaccine (PCV13), new child health card and updating of health information management data collection tools.

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

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

NHIS	2012	49	51
NHIS	2011	49	51
NHIS	2010	50	50
EPI Coverage Survey	2010	73	72

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

No significant discrepancies worth noting. Please note that for NHIS data the country used the proportion of those vaccinated.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Not selected**

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

Some mothers belonging to religious sects that refuse immunization services or any other medical intervention are not empowered to access the services for the children. Special strategies have been put in place to address this and this includes continued dialogue with the religious leaders, opening health facilities at special times such as very early in the morning or at night to accomodate them. Some mothers give their children clandestinely to neighbours or to people who have been identified in the community called lead fathers or mothers, to take them for vaccination. Special outreach points have been opened for these religious sects only as they can not mix with the rest of the community. Special outreach points have also been opened for the Sani community which is nomadic in Mat North province.

5.4. Data assessments

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

The official country estimates are based on the results of EPI Coverage Survey of 2010. The discrepancies between the official estimates and the immunization coverage are due to the difference between the population projections from Zimbabwe National Statistics Agency (ZIMSTAT) and the population on the ground. Population projections provided to the program in 2012 by ZIMSTATs are lower than children vaccinated further proving that projections are no longer accurate. The country has also introduced a new health information management data base (DHIS) which is hoped to improve reporting.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**
If Yes, please describe the assessment(s) and when they took place.

A post measles and OPV NIDs coverage survey was conducted in July 2012.

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

An EPI coverage survey was conducted in July 2010 combined with post measles National Immunisation Days coverage survey. More than 80% of districts were trained in RED approach. RED training was also conducted for all district EPI managers in all the districts in 2012. The training included Data Quality Self Assessment. Supportive supervision was conducted quarterly in all the provinces. A national census was carried out in August 2012. The outcome of the census results will hopefully address population denominator issues in the country. EPI review meetings are conducted quarterly where provincial and district statistics on routine coverage and surveillance are discussed and verified.

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

A national Data Quality Self Assessment will be conducted in August 2013.

5.5. Overall Expenditures and Financing for Immunisation

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

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

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	MCHIP	None	None
Traditional Vaccines*	1,227,175	0	0	1,227,175	0	0	0	0
New and underused Vaccines**	3,547,500	0	3,547,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	413,861	0	0	413,861	0	0	0	0
Cold Chain equipment	2,455,396	0	0	2,455,396	0	0	0	0
Personnel	612,756	612,756	0	0	0	0	0	0
Other routine recurrent costs	16,528,302	15,337,620	0	436,093	569,875	184,714	0	0
Other Capital Costs	371,375	0	0	371,375	0	0	0	0
Campaigns costs	1,219,438	0	0	1,219,438	0	0	0	0
Measles and Polio SIAs		0	0	2,042,134	451,000	0	0	0
Total Expenditures for Immunisation	26,375,803							
Total Government Health		15,950,376	3,547,500	8,165,472	1,020,875	184,714	0	0

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

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

The Government of Zimbabwe is not yet able to fund the procurement of traditional vaccines and supplies because of a constrained revenue base. Traditional vaccines are being funded and procured by UNICEF while new vaccines are financed by GAVI (DTP-HepB-Hib, PCV13). UNICEF will continue sourcing funds for vaccines until the Government has capacity to take over.

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
Aide memoire not concluded by end of 2012.This was only concluded in 2013.	No

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

Account for GAVI funds has been opened with Ministry of Finance and signatories to the account will be both parties, Ministry of Health & Child Welfare and Ministry of Finance. Other recommended activities are work in progress.

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

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

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

The ICC was concerned about the continued unreliability of population projections from 2002 census. However, they expressed hope that the projections would improve when the full census results of 2012 are out.

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

If Yes, which ones?

List CSO member organisations:
The Zimbabwe Red Cross
Community Working Group on Health
Zimbabwe Association of Church Related Hospitals
Southern Africa Aids Trust
Women Aids Support Network

5.8. Priority actions in 2013 to 2014

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

Introduction of Rotavirus vaccine in 2013

Introduction of HPV demonstration project in 2014

Strengthening of outreach services

Expansion of the Central Vaccine Stores in preparation for Rota introduction in 2013

Installation of cold rooms at Central and Provincial Vaccine Stores in 2013

Data Quality Self Assessment in 2013

Application for GAVI support MCV2

Routine EPI Coverage survey in 2014

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD 0.05 ml syringes and 2 ml for reconstitution	UNICEF
Measles	AD 0.5 ml syringes and 5 ml for reconstitution	UNICEF
TT	AD 0.5 ml syringes	UNICEF
DTP-containing vaccine	AD 0.5 ml syringes	GAVI
PCV 13	AD 0.5 ml syringes	GAVI

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

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

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

No problems encountered

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

Both incineration, burn and bury methods were used with no problems

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

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

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

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

6.3. Request for ISS reward

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

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	1,373,587	1,373,587	0	Yes
Pneumococcal (PCV13)	737,117	737,117	0	Yes

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

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

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

Some districts and service delivery facilities experienced vaccine stock out of one or two antigens mainly due to inadequate transport to ferry the vaccines to facilities. In some few instances the stock outs were due to poor stock management. PCV 13 also ran out of stock in the country due to some district that vaccinated children outside the target population. However, to address poor stock management, the country conducted an effective vaccine management training during the last quarter of 2012.

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

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

The country conducted EVM trainings for all health workers involved in vaccine handling at all levels.

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

For PCV13 the duration of stock out ranged from 1 to 21 days. This was mainly due to facilities vaccinating children outside targeted cohort. For other vaccines the stock outs were for periods ranging between 1 and 10 days and this was due to a combination of issue ranging from unavailability of transport to poor stock management.

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	26/01/2008
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	The country has already reported about this in previous APRs.

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	26/07/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The initial introduction as per the proposal was January 2012 but due to delays in getting the vaccine introduction was pushed to end of June 2012. This was again postponed to end July 2012 now because the updated data collection tools were not available. These included the new baby health card, the tally sheets and the summary sheets all changed to accommodate the new vaccine and the new schedule. The country changed the immunisation schedule of DTP-HepB-Hib, OPV, PCV13 from 3, 4, and 5 months to 6, 10 and 14 weeks at introduction of PCV 13.

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

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

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

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

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

The data from the special studies was used to provide evidence based decisions for new vaccine introduction such as Hib, PCV13 and rotavirus.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	120,000	120,000
Remaining funds (carry over) from 2011 (B)	100,000	100,000
Total funds available in 2012 (C=A+B)	220,000	220,000
Total Expenditures in 2012 (D)	77,850	77,850
Balance carried over to 2013 (E=C-D)	142,150	142,150

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

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

7.3.2. Programmatic Reporting

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

Of the US\$120 000 introduction grant, a total of \$112 150 was received 4th quarter 2012 well after introduction of the vaccine and this was after administrative deductions by WHO. As a result of the delay, activities meant to be financed by this grant had to be funded from other sources. Since the money came late in 2012 it could not be used then and is planned to be used in 2013. However activities done towards introduction of the new vaccine include Advocacy, Communication and IEC materials production, National Launch of new vaccine, training and orientation of health workers at all levels and updating of data collection tools.

Activities to be implemented in 2013 using the grant include Post Introduction Evaluation of PCV 13, Post Marketing Surveillance of PCV 13 by MCAZ (NRA), Quarterly EPI review meetings to discuss inter alia PCV 13 introduction implementation progress, IEC material production.

Integrating new vaccine into National Health Information System

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

The late disbursement of introduction grant funds by GAVI resulted in delayed introduction of the vaccine as some materials like data collection tools to be produced using the grant could not be availed on time. WHO assisted by financing the printing of the updated new tally sheets. The monthly summary sheets was only availed 2 months after introduction through support of other partners. As a result data for August and September 2012 for some health facilities was not captured in the national data base. All provinces and districts were requested to ensure that the missing data is collected from health facilities and updated in the national data base. Some subnational facilities did not follow national guidelines on the target age group at introduction resulting in stock outs. Some of them gave PCV13 to children outside the bracket. In future, health workers need to follow instructions to avoid unnecessary stock outs. The country also requested GAVI to consider giving additional vaccine to meet the deficit.

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

All remaining funds will be used during 2013.

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?
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Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	137,758	39,400
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	Government of Zimbabwe	
Donor		
Other		
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	January	Government of Zimbabwe
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	January	Government of Zimbabwe
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
No Technical Assistance required as yet.		

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

N/A

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

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

If yes, provide details

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Zimbabwe does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Zimbabwe does not require to change any of the vaccine presentation(s) for future years.

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

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

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

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

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

Yes

If you don't confirm, please explain

7.11. Calculation of requirements

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	420,056	429,348	438,846	448,553	1,736,803
	Number of children to be vaccinated with the first dose	Table 4	#	424,677	434,071	438,846	448,553	1,746,147
	Number of children to be vaccinated with the third dose	Table 4	#	428,883	429,348	438,846	448,553	1,745,630
	Immunisation coverage with the third dose	Table 4	%	102.10 %	100.00 %	100.00 %	100.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.08	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	159,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	159,000				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

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

Co-financing group	Low
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	2012	2013	2014	2015
Minimum co-financing		0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.00	0.20	0.20	0.20

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

		2013	2014	2015
Number of vaccine doses	#	1,328,300	1,330,600	1,360,100
Number of AD syringes	#	1,464,800	1,465,800	1,502,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	16,275	16,275	16,700
Total value to be co-financed by GAVI	\$	2,955,000	2,960,000	2,954,000

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

		2013	2014	2015
Number of vaccine doses	#	135,100	135,400	142,200
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	293,000	293,500	300,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	9.23 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	424,677	434,071	40,075	393,996
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	1,274,031	1,302,213	120,225	1,181,988
E Estimated vaccine wastage factor	Table 4	1.08	1.11		
F Number of doses needed including wastage	$D \times E$	1,375,954	1,445,457	133,450	1,312,007
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		17,376	1,605	15,771
H Stock on 1 January 2013	Table 7.11.1	159,000			
I Total vaccine doses needed	$F + G - H$		1,463,333	135,100	1,328,233
J Number of doses per vial	Vaccine Parameter		10		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		1,464,744	0	1,464,744
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		16,259	0	16,259
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		2,979,346	275,063	2,704,283
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		68,111	0	68,111
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		9,431	0	9,431
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		190,679	17,605	173,074
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		3,247,567	292,667	2,954,900
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		292,667		
V Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.23 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	438,846	40,516	398,330	448,553	42,455	406,098
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,316,538	121,547	1,194,991	1,345,659	127,364	1,218,295
E	Estimated vaccine wastage factor	Table 4	1.11			1.11		
F	Number of doses needed including wastage	$D \times E$	1,461,358	134,918	1,326,440	1,493,682	141,374	1,352,308
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,976	368	3,608	8,081	765	7,316
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,465,834	135,331	1,330,503	1,502,263	142,186	1,360,077
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,465,771	0	1,465,771	1,502,652	0	1,502,652
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	16,271	0	16,271	16,680	0	16,680
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,984,439	275,533	2,708,906	2,983,495	282,381	2,701,114
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,984,439	0	68,159	2,983,495	0	69,874
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	9,438	0	9,438	9,675	0	9,675
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	191,005	17,635	173,370	190,944	18,073	172,871
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	3,253,041	293,167	2,959,874	3,253,988	300,453	2,953,535
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	293,167			300,453		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID	Source		2012	2013	2014	2015	2016	TOTAL	
	Number of surviving infants	Table 4	#	420,056	429,348	438,846	448,553	458,476	2,195,279
	Number of children to be vaccinated with the first dose	Table 4	#	150,735	434,071	438,846	448,553	458,476	1,930,681
	Number of children to be vaccinated with the third dose	Table 4	#	87,264	429,348	438,846	448,553	458,476	1,862,487
	Immunisation coverage with the third dose	Table 4	%	20.77 %	100.00 %	100.00 %	100.00 %	100.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	559,641					
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	559,641					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	0.00 %	

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

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

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

Co-financing group	Low
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	2012	2013	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2013	2014	2015	2016
Number of vaccine doses	#	1,506,500	1,313,200	1,345,800	1,375,500
Number of AD syringes	#	1,693,200	1,465,600	1,502,200	1,535,400
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	18,800	16,275	16,675	17,050
Total value to be co-financed by GAVI	\$	5,678,500	4,949,500	5,072,500	5,184,500

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

		2013	2014	2015	2016
Number of vaccine doses	#	85,900	74,900	76,700	78,400
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country ^[1]	\$	318,500	278,000	284,500	291,000

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	5.39 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	150,735	434,071	23,401	410,670
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	B X C	452,205	1,302,213	70,201	1,232,012
E Estimated vaccine wastage factor	Table 4	1.05	1.05		
F Number of doses needed including wastage	D X E	474,816	1,367,324	73,711	1,293,613
G Vaccines buffer stock	(F – F of previous year) * 0.25		223,127	12,029	211,098
H Stock on 1 January 2013	Table 7.11.1	559,641			
I Total vaccine doses needed	F + G – H		1,592,251	85,836	1,506,415
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		1,693,128	0	1,693,128
L Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		18,794	0	18,794
N Cost of vaccines needed	I x vaccine price per dose (g)		5,572,879	300,426	5,272,453
O Cost of AD syringes needed	K x AD syringe price per unit (ca)		78,731	0	78,731
P Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q Cost of safety boxes needed	M x safety box price per unit (cs)		10,901	0	10,901
R Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		334,373	18,026	316,347
S Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T Total fund needed	(N+O+P+Q+R+S)		5,996,884	318,451	5,678,433
U Total country co-financing	I x country co-financing per dose (cc)		318,451		
V Country co-financing % of GAVI supported proportion	U / (N + R)		5.39 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	5.39 %			5.39 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	438,846	23,658	415,188	448,553	24,181	424,372
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	1,316,538	70,973	1,245,565	1,345,659	72,543	1,273,116
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	1,382,365	74,522	1,307,843	1,412,942	76,170	1,336,772
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,761	203	3,558	7,645	413	7,232
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	1,387,926	74,822	1,313,104	1,422,387	76,679	1,345,708
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,465,532	0	1,465,532	1,502,168	0	1,502,168
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	16,268	0	16,268	16,675	0	16,675
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,857,741	261,874	4,595,867	4,978,355	268,376	4,709,979
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,857,741	0	68,148	4,978,355	0	69,851
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	9,436	0	9,436	9,672	0	9,672
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	291,465	15,713	275,752	298,702	16,103	282,599
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	5,226,790	277,586	4,949,204	5,356,580	284,478	5,072,102
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	277,586			284,478		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.39 %			5.39 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 3)

	Formula	2016			
		Total	Government	GAVI	
A	Country co-finance	V	5.39 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	458,476	24,716	433,760
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	1,375,428	74,148	1,301,280
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	1,444,200	77,855	1,366,345
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	7,815	422	7,393
H	Stock on 1 January 2013	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	1,453,815	78,373	1,375,442
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,535,400	0	1,535,400
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	17,043	0	17,043
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	5,088,353	274,305	4,814,048
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	71,397	0	71,397
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	9,885	0	9,885
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	305,302	16,459	288,843
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	5,474,937	290,763	5,184,174
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	290,763		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.39 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.1.1. Report on the use of HSS funds in 2012

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

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

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

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

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

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

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

Table 9.1.3a (US)\$

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

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

Table 9.1.3b (Local currency)

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

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

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2012 calendar year

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

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

Financial management of HSS funds

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

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

Has an external audit been conducted? **Not selected**

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

9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
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9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
---	--

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

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

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

9.4. Programme implementation in 2012

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

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

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

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

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

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

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

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

9.5. Planned HSS activities for 2013

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

Table 9.5: Planned activities for 2013

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

9.6. Planned HSS activities for 2014

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

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

Table 9.6: Planned HSS Activities for 2014

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

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

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

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

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

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

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

Please attach:

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

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

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

Zimbabwe **has NOT received GAVI TYPE A CSO support**

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

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

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

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

11. Comments from ICC/HSCC Chairs

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

The program has performed very well in 2012, in terms of improving the coverage of antigens in the routine program, smooth introduction of PCV13 and planning for new vaccines. This is despite funding and other challenges currently prevailing in the country. The multi-sectoral interest, high level of discussion and participation in meetings is commendable and renders confidence that the country is poised for major achievements in vaccinology.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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


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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Ministers Signatures.pdf File desc: Minister of Health and Child Welfare Signature Date/time: 5/14/2013 10:42:38 AM Size: 231776
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Ministers Signatures.pdf File desc: Minister of Finance signature Date/time: 5/14/2013 10:44:27 AM Size: 231776
3	Signatures of members of ICC	2.2	✓	ICC Members Signatures.pdf File desc: ICC Members Signatures Date/time: 5/14/2013 10:45:17 AM Size: 122008
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	Minutes of ICC.pdf File desc: Minutes of ICC Meeting endorsing the 2012 APR Date/time: 5/14/2013 10:46:26 AM Size: 418243
5	Signatures of members of HSCC	2.3	✗	ICC Members Signatures.pdf File desc: ICC members signature Date/time: 5/14/2013 2:50:48 PM Size: 122008
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Minutes of ICC.pdf File desc: Minutes of ICC Date/time: 5/14/2013 2:51:20 PM Size: 418243
9	Post Introduction Evaluation Report	7.2.2	✓	Zim PCV13 PIE Draft Report 2013 February 2013.doc File desc: Draft report for PIE conducted Jan 2013 Date/time: 5/14/2013 2:52:09 PM Size: 738816
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	WHO New Vaccine Grant Letter.pdf File desc: Letter from WHO Date/time: 5/15/2013 11:24:13 AM Size: 193308
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1	✓	Letter Clarifying Some Attachements.pdf File desc: Date/time: 5/15/2013 10:10:05 AM

				Size: 360851
12	Latest EVSM/VMA/EVM report	7.5	✓	ZIM EVM_Report_Final_Draft_12_10_01.doc File desc: 2012 EVMA report Date/time: 5/14/2013 11:52:55 AM Size: 6938624
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Copy of ZIM EVMA 2012-09 Improvement_plan_template_v2.xls File desc: Improvement plan Date/time: 5/14/2013 11:37:57 AM Size: 208384
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	ZIM EVMA 2012-09 Improvement_plan.xls File desc: Implementation status Date/time: 5/14/2013 2:38:08 PM Size: 209920
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	Letter Clarifying Some Attachements.pdf File desc: Date/time: 5/15/2013 10:11:33 AM Size: 360851
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Letter Clarifying Some Attachements.pdf File desc: Date/time: 5/15/2013 10:12:11 AM Size: 360851
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Letter Clarifying Some Attachements.pdf File desc: Date/time: 5/15/2013 10:12:43 AM Size: 360851
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	Letter Clarifying Some Attachements.pdf File desc: Date/time: 5/15/2013 10:13:21 AM Size: 360851
22	HSS Health Sector review report	9.9.3	✗	Letter Clarifying Some Attachements.pdf File desc: Date/time: 5/15/2013 10:14:30 AM Size: 360851
				2009 GAVI Introduction Grant bank statement.pdf

26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0		File desc: 2009 Bank statement for 2008 DTP-HepB-Hib Introduction Grant Date/time: 5/15/2013 7:01:19 AM Size: 374570
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