



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Zimbabwe

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

Please submit the APR **2011** 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: **2011**

Requesting for support year: **2013**

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

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 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	No	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** 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	Dr Henry Madzorera	Name	Mrs T Makone
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):

Full name	Position	Telephone	Email

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
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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

Zimbabwe is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Zimbabwe is not reporting on CSO (Type A & B) fund utilisation in 2012

3. Table of Contents

This APR reports on **Zimbabwe's** activities between January – December **2011** and specifies the requests for the period of January – December **2013**

Sections

[1. Application Specification](#)

[1.1. NVS & INS support](#)

[1.2. Programme extension](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous Monitoring IRC Report](#)

[2. Signatures](#)

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

[2.2. ICC signatures page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC signatures page](#)

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

[3. Table of Contents](#)

[4. Baseline & annual targets](#)

[5. General Programme Management Component](#)

[5.1. Updated baseline and annual targets](#)

[5.2. Immunisation achievements in 2011](#)

[5.3. Monitoring the Implementation of GAVI Gender Policy](#)

[5.4. Data assessments](#)

[5.5. Overall Expenditures and Financing for Immunisation](#)

[5.6. Financial Management](#)

[5.7. Interagency Coordinating Committee \(ICC\)](#)

[5.8. Priority actions in 2012 to 2013](#)

[5.9. Progress of transition plan for injection safety](#)

[6. Immunisation Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2011](#)

[6.2. Detailed expenditure of ISS funds during the 2011 calendar year](#)

[6.3. Request for ISS reward](#)

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

[7.1. Receipt of new & under-used vaccines for 2011 vaccine programme](#)

[7.2. Introduction of a New Vaccine in 2011](#)

[7.3. New Vaccine Introduction Grant lump sums 2011](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2011](#)

[7.5. Vaccine Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2011](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012](#)

[7.9. Request for continued support for vaccines for 2013 vaccination programme](#)

- [7.10. Weighted average prices of supply and related freight cost](#)
- [7.11. Calculation of requirements](#)
- [8. Injection Safety Support \(INS\)](#)
- [9. Health Systems Strengthening Support \(HSS\)](#)
 - [9.1. Report on the use of HSS funds in 2011 and request of a new tranche](#)
 - [9.2. Progress on HSS activities in the 2011 fiscal year](#)
 - [9.3. General overview of targets achieved](#)
 - [9.4. Programme implementation in 2011](#)
 - [9.5. Planned HSS activities for 2012](#)
 - [9.6. Planned HSS activities for 2013](#)
 - [9.7. Revised indicators in case of reprogramming](#)
 - [9.8. Other sources of funding for HSS](#)
 - [9.9. Reporting on the HSS grant](#)
- [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](#)
 - [10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)
- [11. Comments from ICC/HSCC Chairs](#)
- [12. Annexes](#)
 - [12.1. Annex 1 – Terms of reference ISS](#)
 - [12.2. Annex 2 – Example income & expenditure ISS](#)
 - [12.3. Annex 3 – Terms of reference HSS](#)
 - [12.4. Annex 4 – Example income & expenditure HSS](#)
 - [12.5. Annex 5 – Terms of reference CSO](#)
 - [12.6. Annex 6 – Example income & expenditure CSO](#)
- [13. Attachments](#)

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	394,362	394,362	399,095	399,095	403,485	403,485	407,924	407,924	412,411	412,411
Total infants' deaths	23,661	23,661	23,946	23,946	24,209	24,209	24,475	24,475	24,745	24,745
Total surviving infants	370701	370,701	375,149	375,149	379,276	379,276	383,449	383,449	387,666	387,666
Total pregnant women	513,943	513,943	514,962	514,962	520,626	520,626	526,353	526,353	532,143	532,143
Number of infants vaccinated (to be vaccinated) with BCG	394,362	445,336	399,095	449,789	403,485	454,286	407,924	458,828	412,411	463,416
BCG coverage	100 %	113 %	100 %	113 %	100 %	113 %	100 %	112 %	100 %	112 %
Number of infants vaccinated (to be vaccinated) with OPV3	315,096	391,274	330,131	395,186	341,348	399,137	352,773	403,128	360,529	407,159
OPV3 coverage	85 %	106 %	88 %	105 %	90 %	105 %	92 %	105 %	93 %	105 %
Number of infants vaccinated (to be vaccinated) with DTP1	370,701	427,845	374,408	432,123	378,152	436,444	381,934	440,808	385,743	445,216
Number of infants vaccinated (to be vaccinated) with DTP3	315,096	393,709	330,131	397,646	341,348	401,622	352,773	405,638	360,529	409,694
DTP3 coverage	90 %	106 %	88 %	106 %	90 %	106 %	92 %	106 %	93 %	106 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	15	0	15	0	15	0	15	0	15
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.18	1.00	1.18	1.00	1.18	1.00	1.18	1.00	1.18
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	359,580	427,845	374,408	432,123	378,152	436,444	381,934	440,808	385,743	445,216
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	333,631	393,709	330,131	397,646	341,348	401,622	352,773	405,638	360,529	409,694
DTP-HepB-Hib coverage	90 %	106 %	88 %	106 %	90 %	106 %	92 %	106 %	93 %	106 %
Wastage[1] rate in base-year and planned thereafter (%)	5	15	15	15	15	15	15	15	15	15
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0	374,408	432,123	378,152	436,444	381,934	440,808	385,743	445,216
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0	330,131	397,646	341,348	401,622	352,773	405,638	360,529	409,694
Pneumococcal (PCV13) coverage		0 %	88 %	106 %	90 %	106 %	92 %	106 %	93 %	106 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5	0	5	0	5	0	5

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	315,096	388,328	322,628	392,211	333,763	396,133	345,104	400,094	360,529	404,094
Measles coverage	85 %	105 %	86 %	105 %	88 %	104 %	90 %	104 %	93 %	104 %
Pregnant women vaccinated with TT+	229,000	269,272	231,733	271,000	239,488	272,110	247,386	272,551	255,429	273,103
TT+ coverage	45 %	52 %	45 %	53 %	46 %	52 %	47 %	52 %	48 %	51 %
Vit A supplement to mothers within 6 weeks from delivery	394,362	0	399,095	399,095	403,485	403,485	407,924	407,924	412,411	412,411
Vit A supplement to infants after 6 months	1,207,176	1,049,639	1,254,163	1,254,163	1,341,217	1,341,217	1,354,629	1,354,629	1,368,175	1,368,175
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	15 %	8 %	12 %	8 %	10 %	8 %	8 %	8 %	7 %	8 %

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
Total births		453,652
Total infants' deaths		25,000
Total surviving infants		428,652
Total pregnant women		537,933
Number of infants vaccinated (to be vaccinated) with BCG	416,947	468,050
BCG coverage	100 %	103 %
Number of infants vaccinated (to be vaccinated) with OPV3	371,384	411,230
OPV3 coverage	95 %	96 %
Number of infants vaccinated (to be vaccinated) with DTP1	388,486	449,668
Number of infants vaccinated (to be vaccinated) with DTP3	371,384	413,790
DTP3 coverage	95 %	97 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	15
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.18

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		
DTP-HepB-Hib coverage		0 %
Wastage[1] rate in base-year and planned thereafter (%)		
Wastage[1] factor in base-year and planned thereafter (%)		1
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	388,486	489,737
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	371,384	465,250
Pneumococcal (PCV13) coverage	95 %	109 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5
Wastage[1] factor in base-year and planned thereafter (%)	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	372,334	408,134
Measles coverage	95 %	95 %
Pregnant women vaccinated with TT+	263,619	273,703
TT+ coverage	49 %	51 %
Vit A supplement to mothers within 6 weeks from delivery	416,947	416,947
Vit A supplement to infants after 6 months	1,381,857	1,381,857
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	4 %	8 %

*

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 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**

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

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

The country is conducting a population census in August this year 2012. Apparently most of the antigens have surpassed the 100% coverage limit indicating that our population figures are not accurate. This is usually expected when we get to end of population census period. So all our targets for the coming years are based on current performance which in most cases is above 100%.

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

Wastage for pentavalent vaccine changed from 5% to 15% due to change in vial presentation in May 2011 from single dose to 10dose vial.

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

There was a significant improvement in coverage for all antigens in both absolute figures and %ge compared to 2010. This is attributable to financial, material and technical support from partners that assisted in the resuscitation of outreach services and improvement in the distribution of EPI inputs at service delivery level. The partners provided fuel and daily subsistence allowances for outreach work mostly targeting districts with highest numbers of unimmunised children. There was improved utilisation of services due to improved advocacy, social mobilisation and programme communication at all levels. Supportive supervision was also strengthened during period under review. RED training conducted in about 30% of districts between 2010 and 2011 also contributed to the improvement in coverage.

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

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **yes, available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate
NHIS	Jan - Dec 2009	
NHIS	Jan - Dec 2010	

NHIS	Jan - Dec 2011	
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How have you been using the above data to address gender-related barrier to immunisation access?

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Not selected**

What action have you taken to achieve this goal?

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 were based on the results of EPI Coverage Survey of 2010. The discrepancies between the official estimates and the immunisation coverage are due to the difference between the population projections from ZIMSTATs (CSO) and the population on the ground. For 2011 the population projections provided to the programme by ZIMSTATs are higher than the population projections that were provided in the 2010 APR.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**
If Yes, please describe the assessment(s) and when they took place.

The EPI Coverage and post Measles NIDs Coverage Surveys were conducted in July 2010.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

About 30% of districts were trained in RED Approach and this included Data Quality Self Assessment issues. Supportive supervision was strengthened throughout the course of the year.

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 census is planned for August 2012 which is hoped will improve the denominator issues.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** 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 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	To be filled in by country	To be filled in by country	To be filled in by country
Traditional Vaccines*	1,173,486	0	0	1,173,486	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	919,350	0	0	919,350	0	0	0	0

Personnel	612,756	612,756	0	0	0	0	0	0
Other routine recurrent costs	16,343,588	15,337,620	0	436,093	569,875	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
To be filled in by country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	23,010,541							
Total Government Health		15,950,376	3,547,500	2,942,790	569,875	0	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.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

A costed Annual Action Plan for 2011 was developed based on the cMYP. The Government of Zimbabwe allocated about \$800,000 to the programme but in reality these funds were inaccessible. Some funds earmarked for some activities in 2011 could not be disbursed from UNICEF as Ministry of Health and Child Welfare delayed in accounting for funds previously disbursed.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

The programme had planned to conduct RED training in 20 districts but funding was available for 10 districts only.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

The Government of Zimbabwe is not yet able to fund the procurement of traditional vaccines and supplies because of the prevailing socio-economic challenges. All traditional vaccines except pentavalent are being funded and procured by UNICEF, This will continue until the Government takes over.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	1,029,765	1,078,529
New and underused Vaccines**	6,890,694	14,109,015
Injection supplies (both AD syringes and syringes other than ADs)	440,815	439,317
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	2,145,436	1,745,312
Personnel	5,308,219	5,419,065
Other routine recurrent costs	298,000	303,960
Supplemental Immunisation Activities	5,479,134	0
Total Expenditures for Immunisation	21,592,063	23,095,198

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

The country is expecting to receive all funds budgeted for but some of the funding has not been confirmed yet, particularly for the Measles SIA planned for June 2012

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

The economic situation of the country has not yet improved. Partners (UNICEF and WHO) continue to fund raise to mobilise resources.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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?

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

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 2011? **2**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

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

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

If Yes, which ones?

List CSO member organisations:
Zimbabwe Association of Church Related Hospitals

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

Introduction of new vaccines (pneumococcal vaccine in 2012 and rotavirus vaccine in 2013)

Integrated measles and polio national immunisation days in June 2012

Revitalisation and strengthening of outreach services

EVMA in the 3rd quarter of 2012

Training in RED

Expansion of cold chain (cold rooms for Central Vaccine Stores and Provincial Stores)

Are they linked with cMYP? **Yes**

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 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD 0,05ml syringes	UNICEF
Measles	AD 0,5ml syringes	UNICEF
TT	AD 0,5ml syringes	UNICEF
DTP-containing vaccine	AD 0,5ml syringes	GAVI
BCG dilution	2ml disposable syringes	UNICEF
Measles dilution	5ml disposable syringes	UNICEF
Safety Boxes		UNICEF and GAVI

Does the country have an injection safety policy/plan? **No**

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)

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Both Incineration and burn and bury methods used and no problems were encountered

6. Immunisation Services Support (ISS)

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

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

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

The country did not receive any ISS funding in 2011.

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

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

6.3. Request for ISS reward

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

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at

http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the \$ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

	Base Year**	2011
	A	B***

1	Number of infants vaccinated with DTP3* (from JRF) specify			378654	393709
2	Number of additional infants that are reported to be vaccinated with DTP3				15055
3	Calculating	\$20	per additional child vaccinated with DTP3		301100
4	Rounded-up estimate of expected reward				301500

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

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

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		1,141,300	0
Pneumococcal (PCV13)		0	0

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

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

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

There were no problems encountered

- 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)

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

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

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	N/A	
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	There were no plans to introduce any new vaccine in 2011

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2010**

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° 20))

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? **No**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . 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

No New Vaccines introduction grant was disbursed to Zimbabwe in 2011.

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

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

N/A

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government		
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	

Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

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/>

Is GAVI's new vaccine support reported on the national health sector budget? **Not selected**

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? **October 2009**

Please attach:

- (a) EVM assessment **(Document No 15)**
- (b) Improvement plan after EVM **(Document No 16)**
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any

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? **August 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

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 2012

Renewal of multi-year vaccines support for Zimbabwe is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000\$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	370,701	375,149	379,276	383,449	387,666	1,896,241
	Number of children to be vaccinated with the first dose	Table 4	#	427,845	432,123	436,444	440,808	445,216	2,182,436
	Number of children to be vaccinated with the third dose	Table 4	#	393,709	397,646	401,622	405,638	409,694	2,008,309
	Immunisation coverage with the third dose	Table 4	%	106.21 %	106.00 %	105.89 %	105.79 %	105.68 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.18	1.18	1.18	1.18	1.18	
	Vaccine stock on 1 January 2012		#	210,650					
	Number of doses per vial	Parameter	#		10	10	10	10	
	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	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		0.00	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	\$		0.0058	0.0058	0.0058	0.0058	
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	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

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

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing			0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,322,900	1,404,000	1,415,800	1,425,800
Number of AD syringes	#	1,443,200	1,457,700	1,472,200	1,486,900
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	16,025	16,200	16,350	16,525
Total value to be co-financed by GAVI	\$	3,134,000	3,076,500	3,056,000	2,997,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	144,900	148,700	154,300
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	\$	0	310,000	313,000	316,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	427,845	432,123	0	432,123
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	1,283,535	1,296,369	0	1,296,369
E	Estimated vaccine wastage factor	Table 4	1.18	1.18		
F	Number of doses needed including wastage	D X E	1,514,572	1,529,716	0	1,529,716
G	Vaccines buffer stock	(F – F of previous year) * 0.25		3,786	0	3,786
H	Stock on 1 January 2012	Table 7.11.1	210,650			
I	Total vaccine doses needed	F + G – H		1,322,852	0	1,322,852
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		1,443,173	0	1,443,173
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		16,020	0	16,020
N	Cost of vaccines needed	I x vaccine price per dose (g)		2,886,464	0	2,886,464
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		67,108	0	67,108
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)		93	0	93
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		173,188	0	173,188
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		6,721	0	6,721
T	Total fund needed	(N+O+P+Q+R+S)		3,133,574	0	3,133,574
U	Total country co-financing	I x country co-financing per dose (cc)		0		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		0.00 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	9.35 %			9.50 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	436,444	40,828	395,616	440,808	41,879	398,929
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,309,332	122,482	1,186,850	1,322,424	125,637	1,196,787
E	Estimated vaccine wastage factor	Table 4	1.18			1.18		
F	Number of doses needed including wastage	$D \times E$	1,545,012	144,528	1,400,484	1,560,461	148,252	1,412,209
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,824	358	3,466	3,863	368	3,495
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,548,836	144,886	1,403,950	1,564,324	148,619	1,415,705
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,457,604	0	1,457,604	1,472,179	0	1,472,179
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	$(K + L) / 100 \times 1.11$	16,180	0	16,180	16,342	0	16,342
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,124,003	292,234	2,831,769	3,106,748	295,156	2,811,592
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3,124,003	0	67,779	3,106,748	0	68,457
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	$M \times \text{safety box price per unit (cs)}$	94	0	94	95	0	95
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	187,441	17,535	169,906	186,405	17,710	168,695
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	6,788	0	6,788	6,856	0	6,856
T	Total fund needed	$(N+O+P+Q+R+S)$	3,386,105	309,768	3,076,337	3,368,561	312,865	3,055,696
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	309,768			312,865		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.35 %			9.50 %		

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	9.76 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	445,216	43,458	401,758
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	1,335,648	130,373	1,205,275
E	Estimated vaccine wastage factor	Table 4	1.18		
F	Number of doses needed including wastage	$D \times E$	1,576,065	153,840	1,422,225
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,901	381	3,520
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	1,579,966	154,221	1,425,745
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,486,900	0	1,486,900
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	16,505	0	16,505
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	3,054,075	298,108	2,755,967
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	69,141	0	69,141
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	96	0	96
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	183,245	17,887	165,358
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	6,924	0	6,924
T	Total fund needed	$(N+O+P+Q+R+S)$	3,313,481	315,994	2,997,487
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	315,994		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.76 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	370,701	375,149	379,276	383,449	387,666	2,324,893
	Number of children to be vaccinated with the first dose	Table 4	#	0	432,123	436,444	440,808	445,216	2,244,328
	Number of children to be vaccinated with the third dose	Table 4	#	0	397,646	401,622	405,638	409,694	2,079,850
	Immunisation coverage with the third dose	Table 4	%	0.00 %	106.00 %	105.89 %	105.79 %	105.68 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	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	\$		0.0058	0.0058	0.0058	0.0058	
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	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

ID		Source		2016	TOTAL
	Number of surviving infants	Table 4	#	428,652	2,324,893
	Number of children to be vaccinated with the first dose	Table 4	#	489,737	2,244,328
	Number of children to be vaccinated with the third dose	Table 4	#	465,250	2,079,850
	Immunisation coverage with the third dose	Table 4	%	108.54 %	
	Number of doses per child	Parameter	#	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	
	Number of doses per vial	Parameter	#	1	
	AD syringes required	Parameter	#	Yes	
	Reconstitution syringes required	Parameter	#	No	
	Safety boxes required	Parameter	#	Yes	
g	Vaccine price per dose	Table 7.10.1	\$	3.50	
cc	Country co-financing per dose	Co-financing table	\$	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$	0	
cs	Safety box price per unit	Table 7.10.1	\$	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%	6.00 %	
fd	Freight cost as % of devices value	Parameter	%	10.00 %	

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

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

	2016
Minimum co-financing	0.20
Recommended co-financing as per Proposal 2011	0.20
Your co-financing	0.20

2016
0.20
0.20
0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,609,800	1,304,000	1,317,000	1,330,200
Number of AD syringes	#	1,816,700	1,457,200	1,471,800	1,486,500
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	20,175	16,175	16,350	16,500
Total value to be co-financed by GAVI	\$	6,065,500	4,912,500	4,961,500	5,011,000

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

		2016
Number of vaccine doses	#	1,492,700
Number of AD syringes	#	1,669,800
Number of re-constitution syringes	#	0
Number of safety boxes	#	18,550
Total value to be co-financed by GAVI	\$	5,623,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	91,800	74,300	75,100	75,800
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	\$	340,500	276,000	278,500	281,500

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

		2016
Number of vaccine doses	#	85,100
Number of AD syringes	#	0
Number of re-constitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by the Country	\$	316,000

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

		Formula	2011	2012		
			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	0	432,123	23,296	408,827
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	0	1,296,369	69,886	1,226,483
E	Estimated vaccine wastage factor	Table 4	1.00	1.05		
F	Number of doses needed including wastage	$D \times E$	0	1,361,188	73,380	1,287,808
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		340,297	18,345	321,952
H	Stock on 1 January 2012	Table 7.11.1	0			
I	Total vaccine doses needed	$F + G - H$		1,701,485	91,725	1,609,760
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		1,816,700	0	1,816,700
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		20,166	0	20,166
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		5,955,198	321,035	5,634,163
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		84,477	0	84,477
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		117	0	117
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		357,312	19,263	338,049
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		8,460	0	8,460
T	Total fund needed	$(N+O+P+Q+R+S)$		6,405,564	340,297	6,065,267
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		340,297		
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	2013			2014		
			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	Table 5.2.1	436,444	23,529	412,915	440,808	23,764	417,044
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,309,332	70,585	1,238,747	1,322,424	71,290	1,251,134
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	1,374,799	74,114	1,300,685	1,388,546	74,855	1,313,691
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,403	184	3,219	3,437	186	3,251
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,378,202	74,297	1,303,905	1,391,983	75,040	1,316,943
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,457,136	0	1,457,136	1,471,706	0	1,471,706
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	$(K + L) / 100 \times 1.11$	16,175	0	16,175	16,336	0	16,336
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,823,707	260,039	4,563,668	4,871,941	262,639	4,609,302
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,823,707	0	67,757	4,871,941	0	68,435
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	$M \times \text{safety box price per unit (cs)}$	94	0	94	95	0	95
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	289,423	15,603	273,820	292,317	15,759	276,558
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	6,786	0	6,786	6,853	0	6,853
T	Total fund needed	$(N+O+P+Q+R+S)$	5,187,767	275,641	4,912,126	5,239,641	278,397	4,961,244
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	275,641			278,397		
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	2015			2016		
			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	Table 5.2.1	445,216	24,001	421,215	489,737	26,401	463,336
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,335,648	72,003	1,263,645	1,469,211	79,203	1,390,008
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	1,402,431	75,603	1,326,828	1,542,672	83,164	1,459,508
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,472	188	3,284	35,061	1,891	33,170
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	1,405,903	75,791	1,330,112	1,577,733	85,054	1,492,679
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	1,486,424	0	1,486,424	1,669,742	0	1,669,742
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	$(K + L) / 100 \times 1.11$	16,500	0	16,500	18,535	0	18,535
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,920,661	265,266	4,655,395	5,522,066	297,686	5,224,380
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	69,119	0	69,119	77,644	0	77,644
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	$M \times \text{safety box price per unit (cs)}$	96	0	96	108	0	108
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	295,240	15,916	279,324	331,324	17,862	313,462
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	6,922	0	6,922	7,776	0	7,776
T	Total fund needed	$(N+O+P+Q+R+S)$	5,292,038	281,181	5,010,857	5,938,918	315,547	5,623,371
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	281,181			315,547		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.39 %			5.39 %		

8. Injection Safety Support (INS)

Zimbabwe is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Zimbabwe is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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 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 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 major challenge in Zimbabwe continues to be the shortfall in public sector funding, owing to the ongoing seriously depressed state of the economy. The absence of substantial financial support both for the government and the private sector means that locally available funds for immunisation support are severely restricted. The ICC continues to monitor and support the immunisation programme, both formally as a committee and through the activities of its individual members. We are pleased to see the progress that was made in 2011, despite the financial problems. This is due in no small part to the dedication and diligence of the small EPI team and of the health service personnel involved in the immunisation programme countrywide. The ICC is most grateful for the financial support of GAVI and for the positive impact that this support has upon the immunisation programme. The ICC continues to be committed to ensuring that support provided to the programme, both by GAVI and other donors, is used in the most effective manner possible.

A Donald MacDonald

Chairman

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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	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 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	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 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	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 2011	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: 2011 APR Minister of Health signature Date/time: 5/22/2012 10:01:23 AM Size: 341221
2	Signature of Minister of Finance (or delegated authority)	2.1		Ministers signatures.pdf File desc: 2011 APR Minister of Finance signature Date/time: 5/22/2012 10:02:54 AM Size: 341221
3	Signatures of members of ICC	2.2		ICC signatures.pdf File desc: 2011 APR ICC Signatures Date/time: 5/22/2012 10:42:40 AM Size: 659285
5	Minutes of ICC meetings in 2011	2.2		2011 ICC Minutes.pdf File desc: 2011 APR ICC minutes - 2 copies Date/time: 5/22/2012 10:43:47 AM Size: 1976413
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		Zimbabwe -Minutes of the ICC Meeting Held 5 June 2012.doc File desc: File description... Date/time: 6/19/2012 9:38:14 AM Size: 110080
10	new cMYP APR 2011	7.7		Zimbabwe EPI cMYP 2012 - 2016.doc File desc: 2011 APR cMYP 2012 - 2016 Date/time: 5/22/2012 10:45:52 AM Size: 1108992
11	new cMYP costing tool APR 2011	7.8		Copy of Zimbabwe cMYP_Costing_Tool_Vs 2.5_En Day6.xls File desc: 2011 APR cMYP costing tool 2012 - 2016 Date/time: 5/22/2012 10:47:04 AM Size: 3540480
13	Financial Statement for ISS grant APR 2011	6.2.1		GAVI_Financial_Statement.pdf File desc: Financial Statement Date/time: 5/22/2012 11:59:10 AM Size: 349974
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1		2011 GAVI APR.docx File desc: Comments 2011 APR Date/time: 5/22/2012 12:11:13 PM Size: 13023
15	EVSM/VMA/EVM report APR 2011	7.5		ZIM 2009 VMA Report.doc File desc: VMA 2009 report

				Date/time: 5/22/2012 12:04:45 PM Size: 313344
16	EVSM/VMA/EVM improvement plan APR 2011	7.5		Vaccine_Management_Assessment__Improvement_Plan_Final 2011.docx File desc: VMA Improvement plan Date/time: 5/22/2012 10:48:52 AM Size: 22712
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5		Vaccine_Management_Assessment__Implementation Status.docx File desc: VMA Implementation Status 2011 Date/time: 5/22/2012 10:54:00 AM Size: 22931
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3		2011 GAVI APR.docx File desc: Comments 2011 APR Date/time: 5/22/2012 12:12:26 PM Size: 13023
20	Post Introduction Evaluation Report	7.2.2		Zim_PIE_Report_2010__Final_Draft_25_Feb_2011.doc File desc: PIE report 2010 Date/time: 5/22/2012 11:57:50 AM Size: 613888
21	Minutes ICC meeting endorsing extension of vaccine support	7.8		2011 GAVI APR.docx File desc: Comments 2011 APR Date/time: 5/22/2012 12:13:21 PM Size: 13023