June 2003

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY: ZAMBIA

Date of submission: 30 September 2003
Reporting period: 2002 *(Information provided in this report MUST refer to the previous calendar year)*

(Tick only one) :

Inception report
✓ First annual progress report
Second annual progress report
Third annual progress report
Fourth annual progress report
Fifth annual progress report

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The ISS funds are held at the Central Board of Health (CBoH) and are to be expended as per CBoH financial regulations. There is a GAVI Core Group comprising officers from the Central Board of Health, WHO, UNICEF and the Zambia Integrated Health Programme (USAID), which meets regularly, to ensure that GAVI activities are implemented as planned. Recommendations of the GAVI Core Group are taken to the ICC for endorsement. It is only after the ICC has approved the release of funds that CBoH can release any funds.

In October 2002, following the announcement of the GAVI Vaccine Crisis the ICC approved the use of ISS funds to conduct a training workshop for Master Trainers on Injection Safety and Revised EPI Guidelines, Provincial Training of Trainers and Facility Training. This training was not conducted as planned because the Central Board of Health was finalising its Planning Process for 2003, and also planned to conduct a measles campaign in Southern Province in response to the humanitarian crisis. In consequence the activities were postponed to 2003. It should be clarified that funds could not be utilised as initially scheduled since the use was linked to training on injection safety and new vaccines. Considering that the last EPI training was conducted in 1993, CBoH had planned to conduct comprehensive training encompassing new vaccines, injection safety, and other components of EPI. The delay in delivering the pentavalent vaccine contributed greatly to this uncertainty in commencing the use of ISS funds.

1.1.2 Use of Immunization Services Support

In the <u>past year</u>, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year 2001: USD164, 000
Remaining funds (carry over) from the previous year: USD164, 000

Table 1 : Use of funds during <u>reported</u> calendar year 20_ _ (Not applicable)

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

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

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

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

The ICC approved the use of ISS funds on training of health workers on Injection Safety and Revised EPI Guidelines, in October 2002 but no funds were actually spent in 2002. The training was postponed by the Central Board of Health to early 2003 in view of the Emergency Measles Campaign that was conducted in Southern Province in November 2002 in response to the humanitarian crisis that affected some parts of Zambia. The only activities that were undertaken in 2002 included finalisation of the training package, identification of facilitators and selection of participants for the training.

1.1.3 Immunization Data Quality Audit (DQA) (*If it has been implemented in your country)*

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES ☐ *NO* ☒

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

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

None

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

The pentavalent vaccine approved in 2001, could not be introduced in September 2002 as expected due a GAVI Vaccine Crisis that affected the pentavalent and tetravalent vaccines for newly approved countries. In the light of this development Zambia rescheduled the introduction of the pentavalent vaccine to the last quarter of 2003, when it would be available.

1.2.2 Major activities

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

Cold Chain Equipment

The cold chain was strengthened when JICA donated two new cold rooms at the central store and cold chain equipment to districts, satisfying about 55% of the national requirements for new cold chain equipment.

New Vaccines, Strengthening Immunisation Services and Injection Safety

The following activities were planned:

- *Training of Master Trainers was scheduled to start on 7 October 2002, and facilitators were to be drawn from WHO/AFRO, WHO Country Office, UNICEF Country Office, CBoH, and Zambia Integrated Health Programme (ZIHP/USAID).*
- *Social Mobilisation Materials were developed and awaiting printing*
- *Data collection and monitoring tools were revised to include the new vaccines*

However, the GAVI Vaccine crisis that was announced in October 2002 necessitated serious reconsideration of plans. Production of social mobilisation materials and data management tools was put on hold and consequently no training took place in 2002.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

The introduction of the pentavalent vaccine was rescheduled to 2003 following the GAVI Vaccine Crisis, so these funds were not spent.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

The Injection Safety proposal was approved on 27 August 2002 and GAVI committed itself to supplying AD syringes and injection equipment valued at USD450, 500 for 2002-3. The first quarterly shipment of 488, 000 pieces of AD syringes arrived in the country in September 2002. These materials were not distributed, as training had not been conducted. Injection Safety was one of the key topics to be covered in the training scheduled for October 2002 but was deferred due to the Vaccine Crisis as earlier indicated. This training was later postponed to early 2003 following a decision by Government to conduct an Emergency Measles Campaign in Southern Province in November 2002.

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

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
Production of new inventory record and plan for incineration	*Updated inventory on incinerators and plan for collection/incineration of filled safety boxes by 2002*	*Updating inventory on incinerators*	*Lack of incinerators in many health facilities*	*Updated inventory on incinerators and plan for collection/incineration of filled safety boxes by 2003*
Installation of incinerators	*Installation of incinerators in 3 provinces by 2002*	*Identification of priority districts*	*Difficulties in sourcing funds*	*Installation of incinerators in three provinces by 2003*
Production of Vaccination Manual with new guidelines	*Incorporation of guidelines on collection and incineration of sharps waste in the Vaccinations Manual by 2002*	*Production of Vaccination Manual with components on injection safety*	*Collection and incineration of injection waste not adequately addressed*	*Incorporation of guidelines on collection and incineration of sharps waste in the Vaccinations Manual by 2003*
Introduction of safety boxes for routine immunization in health facilities	*Introduction of safety boxes for routine immunization in all health facilities by 2002*	*Approval of Injection Safety Proposal in August 2002*	*Safety boxes not introduced as training was not conducted*	*Introduction of safety boxes for routine immunization in all health facilities by 2003*
Plan for advocacy and communication on injection safety and safe disposal	*Development of plan for advocacy and communication on injection safety by 2002*	*Plan partly completed*	*Frequent postponement of planned activities*	*Development of plan for advocacy and communication on injection safety by 2003*

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

None

2. Financial sustainability

Inception Report:	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report:	Report progress on steps taken and update timetable for improving financial sustainability Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
Second Annual Progress Report:	Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
Subsequent reports:	Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible. Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

The idea of financial sustainability planning was discussed at many ICC meetings and Government remained fully committed to improving the funding of vaccines and logistics, and the supply from the central level to districts. These are some of the issues that were addressed:

- ***Improved Funding of Health Services***
  - *Government together with its cooperating partners has improved the allocation of resources to districts following a Sector Wide Approach (SWAp) mechanism*
  - *Expenditure at district level is monitored using Finance and Administration Management System (FAMS)*
  - *Government has concluded a proposal on Vaccine Independence Initiative and submitted it to partners*
- ***Resource Mobilisation***
  - *Consistent and targeted resource mobilization from cooperating partners*
  - *Strengthening the ICC*
- ***Use of International Procurement Mechanisms for Vaccines***
  - *Government committed to the improvement of vaccine forecasting and procurement*
  - *Government will continue to procure its vaccines through UNICEF*
  - *A training package for districts was finalised to include vaccine forecasting and procurement*
- ***Strengthening Routine Immunisation***
  - *Development of district plans of action*
  - *Development of plans to reduce wastage of vaccines and logistics*
  - *Training and refresher training of health staff*
  - *Monitoring and Supervision*
  - *Providing regular feedback and updates*
- ***Improving Access to Immunisation***
  - *Devising strategies to reach unreached and underserved populations*
  - *Improving communication with communities (IEC)*
  - *Sustaining Outreach Immunization Services*
  - *Improving Advocacy and Social Mobilization*
- ***Networking with the Private Health Service Providers***
  - *Incorporating the private sector in all EPI training programmes*
  - *Developing a monitoring system to check on practices*
  - *Providing regular feedback and updates on new developments*

3. Request for new and under-used vaccines for year 2004 *(indicate forthcoming year)*

*Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.*

3.1. Up-dated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10). Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	465,849	479,882	496,678	514,062	532,054	550,676	569,950	589,899
Infants' deaths	50,777	52,307	54,138	56,033	57,994	60,024	62,125	64,300
Surviving infants	415,072	431,249	446,342	461,965	478,134	494,868	512,190	525,599
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	313,379	327,749	348,147	369,742	406,414	435,484	460,971	487,707
NEW VACCINES								
Infants vaccinated with DPT+Hib * (use one row per new vaccine)	N/A	N/A	N/A	N/A	406,414	435,484	460,971	487,707
Wastage rate of ** *DPT+Hib (new vaccine)*	N/A	N/A	N/A	N/A				

INJECTION SAFETY								
Pregnant women vaccinated with TT		323,437	343,683	369,572	396,851	425,586	450,727	477,104
Infants vaccinated with BCG		441,491	466,877	488,359	510,772	534,156	558,551	584,000
Infants vaccinated with Measles		366,562	388,318	411,149	439,883	465,176	491,702	514,213

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

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

The target for the number of infants to be vaccinated with DPT3 coverage in 2002 was 348, 147 but the number reported in the WHO/UNICEF Joint Reporting Form for 2002 is 406,564. As reported in the JRF, there are factors limiting the accuracy of the numerator of which double tallying is key. Until these problems are addressed, it is not logical to revise our targets at this stage. Tally sheets and data aggregation sheets have been revised to include the missing doses of antigens. This will help to capture accurate information on coverage and if need be, the targets will be revised.

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for the year 2004** *(indicate forthcoming year)*

→ *Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.*

The quantities are consistent with those in the approved proposal

Table 3: Estimated number of doses of DPT+Hib vaccine *(specify for one presentation only):* *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For year 2004
A	**Number of children to receive new vaccine**		406,414
B	**Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan**	*%*	100
C	**Number of doses per child**		3
D	**Number of doses**	*A x B/100 x C*	1,219,242
E	**Estimated wastage factor**	*(see list in table 3)*	1.33
F	**Number of doses (incl. wastage)**	*A x C x E x B/100*	1,621,592
G	**Vaccines buffer stock**	*F x 0.25*	405,398
H	**Anticipated vaccines in stock at start of year. …**		0
I	**Total vaccine doses requested**	*F + G - H*	2,026,990
J	**Number of doses per vial**		10
K	**Number of AD syringes (+ 10% wastage)**	*(D + G – H) x 1.11*	1,803,351
L	**Reconstitution syringes (+ 10% wastage)**	*I / J x 1.11*	224,996
M	**Total of safety boxes (+ 10% of extra need)**	*(K + L) / 100 x 1.11*	22,515

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year… …..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3: Wastage rates and factors

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

**Please report the same figure as in table 1.*

3.3 Confirmed/revised request for injection safety support for the year 2004 *(indicate forthcoming year)*

Table 4: Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	For year 2004	For year 2005
A	**Target of children for BCG vaccination**	#	510,772	534,156
B	**Number of doses per child**	#	1	1
C	**Number of BCG doses**	A x B	510,772	534,156
D	**AD syringes (+10% wastage)**	C x 1.11	566,957	592,914
E	**AD syringes buffer stock [1]**	D x 0.25	0	0
F	**Total AD syringes**	D + E	566,957	592,914
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	2	2
I	**Number of reconstitution [2] syringes (+10% wastage)**	*C x H x 1.11 / G*	56,696	59,292
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	6,923	7,240

[1] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[2] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 5: Estimated supplies for safety of vaccination for the next two years with DTP

		Formula	For year 2004	For year 2005
A	**Target of children for DTP vaccination**	#	406,414	435,484
B	**Number of doses per child**	#	3	3
C	**Number of DTP doses**	A x B	1,219,242	1,306,452
D	**AD syringes (+10% wastage)**	C x 1.11	1,353,359	1,450,162
E	**AD syringes buffer stock [3]**	D x 0.25	0	0
F	**Total AD syringes**	D + E	1,353,359	1,450,162
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.6	1.6
I	**Number of reconstitution [4] syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	15,023	16,097

[3] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[4] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 6: Estimated supplies for safety of vaccination for the next two years with Measles

		Formula	For year 2004	For year 2005
A	**Target of children for Measles vaccination**	#	439,883	465,176
B	**Number of doses per child**	#	1	1
C	**Number of Measles doses**	A x B	439,883	465,176
D	**AD syringes (+10% wastage)**	C x 1.11	488,271	516,346
E	**AD syringes buffer stock [5]**	D x 0.25	0	0
F	**Total AD syringes**	D + E	488,271	516,346
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.6	1.6
I	**Number of reconstitution [6] syringes (+10% wastage)**	*C x H x 1.11 / G*	78,124	82,616
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	6,287	6,649

[5] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[6] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 7: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	For year 2004	For year 2005
A	**Target of target of pregnant women for TT vaccination**	#	396,851	425,586
B	**Number of doses per woman**	#	2	2
C	**Number of TT doses**	A x B	793,702	851,172
D	**AD syringes (+10% wastage)**	C x 1.11	881,010	944,801
E	**AD syringes buffer stock** [7]	D x 0.25	0	0
F	**Total AD syringes**	D + E	881,010	944,801
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.6	1.6
I	**Number of reconstitution** [8] **syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	9,780	10,488

ITEM		For the year 2004	For the year 2005	**Justification of changes from originally approved supply:**
Total AD syringes	for BCG	566,957	592,914	*The targets for BCG are different from the proposal due to the fact that in the proposal, targets were based on surviving infants instead of total births. The targets are now based on total births.*
	for other vaccines	2,722,640	2,911,309	
Total of reconstitution syringes		134,820	141,908	
Total of safety boxes		38,013	40,474	

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

There were some errors on the quantification of DPT and TT requirements due to inclusion of reconstitution syringes. Secondly, the wastage factor was at the time of the application, not required for the estimation of required supplies of reconstitution syringes for BCG and Measles. Then the targets for BCG were calculated wrongly as explained above

[7] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[8] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
Introduction of the pentavalent vaccine in all health facilities	*Introduction of the pentavalent vaccine in all health facilities by the fourth quarter of 2002*	*Approval of the proposal by GAVI*	*Unavailability of the pentavalent vaccine due to a Vaccine crisis*	*Introduction of the pentavalent vaccine in all health facilities by the fourth quarter of 2003*

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	30/09/03	
Reporting Period (consistent with previous calendar year)	2002	
Table 1 filled-in	No	No ISS funds were utilised in 2002
DQA reported on	No	Not yet conducted in Zambia
Reported on use of 100,000 US$	No	New vaccines not yet introduced
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	Yes	FSP to be submitted by 30 November 2003
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Yes	Justification of changes done
ICC minutes attached to the report	Yes	DQA not conducted in 2002
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

ICC comments:

The ICC is concerned about the long delays in introducing new vaccines in Zambia

7. Signatures

For the Government of the **Republic of Zambia**

Signature: ……...……...

Title: Permanent Secretary, Ministry of Health

Date: ……..……..

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date Signature	Agency/Organisation	Name/Title	Date Signature
Ministry of Health	Dr. S K Miti Permanent Secretary		USAID	Mr. R Clay Director of Population, Health and Nutrition	
Central Board of Health	Dr. B U Chirwa Director General		DFID	Coordinator Health & Population Sector	
WHO	Dr. S Anyangwe Resident Representative		Zambia Integrated Health Programme (ZIHP) Systems	Dr. C Musumali Chief of Party	
UNICEF	Dr. S Goings Resident Representative		Zambia Integrated Health Programme (ZIHP) Services	Dr. P Eerens Chief of Party	
Rotary International District 9210	Mr. D Babbar Coordinator		JICA	Mr. K Sasaki Resident Representative	
Central Board of Health	Dr. G Carlsson Senior Health Advisor				

~ End ~