GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION
Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of

COUNTRY: ZIMBABWE

Date of submission: 15 APRIL 2004

Reporting period: 2003 *(Information provided in this report MUST refer to the previous calendar year)*

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	ρ X
Third annual progress report	ρ
Fourth annual progress report	ρ
Fifth annual progress report	ρ

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.

- *Foreign currency account (GAVI) with Standard Chartered Bank opened in 2002, by Ministry of Health and Child Welfare is still being maintained.*
- *ICC Chairperson is a signatory of the GAVI bank account, together with any one of the following Ministry of Health and Child Welfare officials: Finance Director, Chief Accountant and Executive Officer (Aid Section).*
- *For easy access to foreign currency , Ministry of Health and Child Welfare with ICC and GAVI Board concurrence had to transfer the second tranche of GAVI funds to UNICEF for vaccine procurement to meet some of the 2003 requirements.The vaccines procured using GAVI funds are as follows: BCG 241 000 doses, DPT 710 500 doses, OPV 467 000 doses, DT 78 000, Measles 177 500 doses.*
- *Local currency allocated for procurement of vaccines by the Government of Zimbabwe, was utilised for carrying out other activities to increase vaccination coverage.*
- *The plan of action to increase immunisation coverage, endorsed by the ICC is in place and being implemented.*
- *ICC approves use of all funds on EPI related activities as reflected in the ICC work plan for 2003 and 2004 and monitors implementation of EPI activities.*
- *Zimbabwe is experiencing high staff attrition rate, transport and fuel shortages and WHO, UNICEF and ROTARY INTERNATIONAL are supporting the programme with vehicles and fuel.*

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 US$ 318 500
Remaining funds (carry over) from the previous year _____US$ __158 774. 57_____

Table 1 : Use of funds during <u>reported</u> calendar year 20_ _

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	**US$ 159 725. 43**	**US$ 159 725. 43**			
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.

- Government committed all the funds allocated for vaccine procurement (Z$1 billion dollars) to training of health personnel on EPI and procurement of cold chain equipment.
- UNICEF facilitated the transfer of 300 000 doses of DPT from Uganda and 450 000 doses of TT vaccine from Malawi into the country.
- MoHCW, through UNICEF and WHO procured the following vaccines BCG 1, 712 000 doses, DPT 1, 335 800 doses, Hep B1, 610 200 doses and 140 tones of LPG gas.
- Measles mop up and vitamin A supplementation campaign successfully conducted within 16 low coverage districts in July 2003 achieving an average coverage of 94% for measles and 89% for vitamin A.
- Application submitted to GAVI in April 2003 and approval with clarification received for injection safety and conditional approval for pentavalent obtained. The clarifications to be fulfilled were that the country was to include use of AD syringes as a policy within the national EPI policy document and that the budget, targets and responsible persons/units be included in the implementation framework. Clarifications sent to GAVI and country got an approval for support towards Injection Safety.
- EPI modular training for 50 Post basic nursing students was conducted
- Adapted and adopted WHO EPI MLM training modules and conducted a TOT training for 23 for provincial EPI managers in November 2003. Institutional training is planned for 2004.
- Through UNICEF, CIDA funded procurement of six EPI vehicles and SIDA procured eight vehicles. Rotary International, through WHO, procured three vehicles. All the 17 vehicles are Nissan Hard body 4 x 4 Double Cab Pick Ups Model J 84321000cc and they are being used to strengthen EPI mobile services in the districts. The vehicles were allocated to low coverage districts - two per Province and one at National level.
- During November 2003, DFID through UNICEF confirmed financial support for vaccines and cold chain activities and equipment for the first half of 2004, while EU made a commitment to meet funding for vaccine requirements for one year starting from July 2004.
- 20 cold chain technicians were trained on refrigeration maintenance supported by UNICEF.

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* [v]

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

The DQA had been planned for August 2003 was deferred and rescheduled to June 2004 because the GAVI support was less than two years.

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

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

- A national EPI Coverage survey was conducted in February 2003, in conjunction with the Nutrition survey and the coverage for fully immunised under one year was 76%.
- A National EPI Review was conducted in April 2003 and a draft report available. Major observations from the review included:
  - inadequate knowledge on EPI amongst health workers
  - mothers/caregivers lacked knowledge in some aspects of EPI
  - use of outdated EPI IEC materials
  - and unavailability of LP gas in some health facilities.
- Some of the recommendations from these studies have been implemented e.g. training of service providers in EPI and IEC material production commenced and decentralised and the supply of LP gas for refrigerators improved.

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

Start of vaccinations with the new and under-used vaccine: MONTH…….. YEAR…….

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

N/A

1.2.2 Major activities

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

N/A

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.

N/A

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

No Injection Safety support received for 2003 (approved for 2004.)

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
Injection Safety policy adopted as an addendum to EPI policy guide by Government of Zimbabwe	*Signed policy document by Ministry of Health And Child Welfare*	*Policy document signed by the Secretary for Health and Child Welfare and endorsed by the ICC.*	*Nil*	*N/A*
Submit clarifications requested by GAVI secretariat by the 29th of August 2003	*Approval of GAVI support for Injection Safety*	*Clarifications submitted before the deadline Approval received in September 2003*	*Nil*	*N/A*
Proportion of health workers trained in EPI Injection safety at all levels	*80% of health workers trained by December 2003*	*Health workers from 16 districts that conducted measles mop-up campaigns were trained on use of AD syringes and new disposal Boxes for the first time.*	*By December 2003 AD syringes not yet available for training of the other health workers in the remaining 46 districts.*	*80% of health workers trained by end of second quarter 2004*

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:

N/A

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 Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

The Government of Zimbabwe (GOZ) had allocated a budget for EPI/vaccines, but due to the prevailing economic constraints, that budget could not be easily converted to hard currency needed for vaccine procurement. For 2003, a total budget of Z$1billion was allocated. These funds were used for EPI related activities such as training of health workers on the provision of EPI services, training of cold chain technicians, social mobilisation and procurement of spares for cold chain equipment.

The Financial Sustainability Plan will be completed by end of 2004.

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine ……N/A…… *(specify)*

Proportion of vaccines supported by	Annual proportion of vaccines									
	20..	20..	20..	20..	20..	20..	20..	20..	20..	20..
Proportion funded by GAVI/VF (%)										
Proportion funded by the Government and other sources (%)										
Total funding for ……. *(new vaccine)* *										

** Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine*

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.
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.

3. Request for new and under-used vaccines for year …….. *(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 approved with country application: 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 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Under one year population	454 540	469 702	360 675	364 642	368 653	372 708	376 808	380 953	385 143
Infants' deaths									
Surviving infants									
Infants vaccinated / to be vaccinated with **1st dose** of DTP (DTP1)*	316 028	288 098	277 456	282 857	288 514	294 284	300 170	306 173	312 297
Infants vaccinated / to be vaccinated with **3rd dose** of DTP (DTP3)*	261 241	244 003	246 059	230 428	265 430	275 804	286 374	297 143	308 115
NEW VACCINES ** N/A									
Infants vaccinated / to be vaccinated with **1st dose** of ……. *(new vaccine)*									
Infants vaccinated / to be vaccinated with **3rd dose** of …… *(new vaccine)*									
Wastage rate of *** …….. *(new vaccine)*									
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	412 430	375 996	255 903	263 715	276 785	287 856	299 390	311 345	323 799
Infants vaccinated / to be vaccinated with BCG	406 974	351 510	347 302	323 819	361 333	368 560	375 931	383 449	391 118
Infants vaccinated / to be vaccinated with Measles	321 572	305 251	248 066	298 125	258 088	263 250	268 515	273 885	279 363

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

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.

- According to the 1992 census projections, Zimbabwe was expected to have a total population of 14,3 million in 2002, but after the 2002 census the actual population was assessed as being 11,6 million with a growth rate of 1.1%.
- Based on the 2002 population census the population under one year is now 360 675. This figure was calculated using a proportion of 3.1% under one year. The assumption was that this proportion does not change much. New rates for calculating births and deaths are not yet available.
- Currently we are using **under one** year as a target for vaccine coverage for all the antigens and **not** surviving infants
- Once the census figures are available (growth rate, births and deaths), this table will be updated.
- DPT coverage for year 2000 to first half of 2003 included Hep B since the county was giving a tetravalent vaccine then.

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

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

N/A

Table 4: Estimated number of doses of …… vaccine *(specify for one presentation only)* : *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund N/A*

		Formula	For year ……
A	Infants vaccinated / to be vaccinated with 1st dose of …..... *(new vaccine)*		*
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	
C	Number of doses per child		
D	Number of doses	*A x B/100 x C*	
E	Estimated wastage factor	*(see list in table 3)*	
F	Number of doses (incl. wastage)	*A x C x E x B/100*	
G	Vaccines buffer stock	*F x 0.25*	
H	Anticipated vaccines in stock at start of year ….		
I	Total vaccine doses requested	*F + G - H*	
J	Number of doses per vial		
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	

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:** Countries are expected to plan for a maximum of:
  50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial;
  25% for a liquid vaccine in a 10 or 20-dose vial;
  10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **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 5: 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 3.*

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

Table 6: Estimated supplies for safety of vaccination for the next two years with ……BCG *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2004	For year 2005	For year 2006
A	**Target of children for BCG vaccination**	#	368 653	372708	376808
B	**Number of doses per child**	#	1	1	1
C	**Number of doses**	A x B	368 653	372708	376808
D	**AD syringes (+10% wastage)**	C x 1.11	409 205	409979	414488
E	**AD syringes buffer stock [1]**	D x 0.25	102 301	102495	103622
F	**Total AD syringes**	D + E	511 506	512474	518110
G	**Number of doses per vial**	#	20	20	20
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	2	2	2
I	**Number of reconstitution [2] syringes (+10% wastage)**	*C x H x 1.11 / G*	40920	41371	41826
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	6132	6148	6215

[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 factors 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 DTP

		Formula	For year 2004	For year 2005	For year 2006
A	**Target of children for DTP vaccination** [3]	#	368653	372708	376808
B	**Number of doses per child**	#	4	4	4
C	**Number of DTP doses**	A x B	1474612	1490832	1507232
D	**AD syringes (+10% wastage)**	C x 1.11	1636819	1654824	1673028
E	**AD syringes buffer stock** [4]	D x 0.25	409205	413706	418257
F	**Total AD syringes**	D + E	2046024	2068530	2091285
G	**Number of doses per vial**	#	10	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.6	1.6	1.6
I	**Number of reconstitution** [5] **syringes (+10% wastage)**	*C x H x 1.11 / G*	N/A	N/A	N/A
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	22711	22961	23213

[3] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[4] 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.

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

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

Table 8: Estimated supplies for safety of vaccination for the next two years with Hepatitis B

		Formula	For year 2004	For year 2005	For year 2006
A	**Target of children for Hep B vaccination [6]**	#	368653	372708	376808
B	**Number of doses per child**	#	3	3	3
C	**Number of Hep B doses**	A x B	1105959	1118124	1130424
D	**AD syringes (+10% wastage)**	C x 1.11	1227614	1241118	1254771
E	**AD syringes buffer stock [7]**	D x 0.25	306904	310280	313693
F	**Total AD syringes**	D + E	1534518	1551398	1568464
G	**Number of doses per vial**	#	10	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.6	1.6	1.6
I	**Number of reconstitution [8] syringes (+10% wastage)**	*C x H x 1.11 / G*	N/A	N/A	N/A
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	17033	17221	17410

[6] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[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 factors will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 9: Estimated supplies for safety of vaccination for the next two years with DT

		Formula	For year 2004	For year 2005	For year 2006
A	**Target of children for DT vaccination** [9]	#	368653	372708	376808
B	**Number of doses per child**	#	1	1	1
C	**Number of DT doses**	A x B	368 653	372708	376808
D	**AD syringes (+10% wastage)**	C x 1.11	409 205	409979	414488
E	**AD syringes buffer stock** [10]	D x 0.25	102 301	102495	103622
F	**Total AD syringes**	D + E	511 506	512474	518110
G	**Number of doses per vial**	#	10	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.6	1.6	1.6
I	**Number of reconstitution** [11] **syringes (+10% wastage)**	*C x H x 1.11 / G*	N/A	N/A	N/A
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	5678	5688	5751

[9] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[10] 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.

[11] 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 10: Estimated supplies for safety of vaccination for the next two years with Measles

		Formula	For year 2004	For year 2005	For 2006
A	**Target of children for Measles vaccination** [12]	#	368653	372708	376808
B	**Number of doses per child**	#	1	1	1
C	**Number of Measles doses**	A x B	368653	372708	376808
D	**AD syringes (+10% wastage)**	C x 1.11	409 205	409979	414488
E	**AD syringes buffer stock** [13]	D x 0.25	102 301	102495	103622
F	**Total AD syringes**	D + E	511 506	512474	518110
G	**Number of doses per vial**	#	1	1	1
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.6	1.6	1.6
I	**Number of reconstitution** [14] **syringes (+10% wastage)**	*C x H x 1.11 / G*	511506	512474	518110
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	11355	11377	11502

[12] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[13] 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.

[14] 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 11: Estimated supplies for safety of vaccination for the next two years with TT *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2004	For year 2005	For year 2006
A	**Target of children for TT vaccination (for TT: target of pregnant women)[15]**	#	475681	480914	486204
B	**Number of doses per child (for TT woman)**	#	3	3	3
C	**Number of TT doses**	A x B	1427043	1442742	1458612
D	**AD syringes (+10% wastage)**	C x 1.11	1584018	1601444	1619059
E	**AD syringes buffer stock [16]**	D x 0.25	396005	400361	404765
F	**Total AD syringes**	D + E	1980023	2001805	2023824
G	**Number of doses per vial**	#	10	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.6	1.6	1.6
I	**Number of reconstitution [17] syringes (+10% wastage)**	*C x H x 1.11 / G*	N/A	N/A	N/A
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	21978	22220	22464

[15] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[16] 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.

[17] 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 12: Summary of total supplies for safety of vaccinations with BCG, DTP, Hep B, DT, TT and measles for the next two years.

ITEM		For the year 2004	For the year 2005	For the year 2006	**Justification of changes from originally approved supply**
Total AD syringes	For BCG	511506	512474	518110	
	For other vaccines	6583578	6646681	6719793	
Total of reconstitution syringes for BCG		40920	41371	41826	
Total of reconstitution syringes for Measles		511506	512474	518110	
Total of safety boxes		84887	85615	86555	

NB – Calculation of reconstitution syringes for measles vaccine are based on single dose vials.

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

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
Proportion of Immunisation coverage for BCG, DTP3, measles, Hep B and TT^{2+}	Increase immunisation coverage for BCG, DTP, measles, Hep B By 2% every year and TT^{2+} immunisation coverage by 4% every year	BCG coverage increased by 22% (comparison between 2001and 2002), DPT3 by 6%, OPV3 by 22%, measles by 4% and TT2+ by 1%	Shortage of staff, transport, and fuel supplies. Also shortage of gas during 1st half of the year.	Increase immunisation coverage for BCG, DTP, measles, Hep B by 2% every year and TT^{2+} immunisation coverage by 4% every year
Proportion of stool adequacy and number of AFP cases detected per 100 000 children <15 years)	Attain polio free certification standard by June 2003(80% stool adequacy and AFP detection rate of >1/100 000 children <15 years) met by June 2003.)	Attained polio free certification by June 2003 Exceeded target of 80% AFP cases with adequate stools and detection rate of 1/100 000 children <15 years	Shortage of staff, transport and fuel supplies	Maintain polio free certification standard (80% stool adequacy and AFP detection rate of >1/100 000 children <15 years). Prepare documentation for polio free certification
Proportion of districts conducting local immunisation campaigns (including vitamin A supplementation) within at risk areas	Conduct local immunisation campaigns (including vitamin A supplementation) for all antigens in at risk areas To achieve at 90% coverage	16 low coverage districts conducted measles mop-up campaigns including vitamin A supplementation with coverage of 94 % for measles against a target of 90%, and 86% for vitamin A.	Some religious sects e.g Apostolic refused vaccinations.	Conduct local immunisation campaigns within districts with low routine measles coverage.
Proportion of suspected measles case investigated for measles IgM (Blood sera sent to national virology lab)	Implement measles case-based surveillance and investigate every suspected measles case for measles IgM	90% of measles cases investigated and blood sera sent to the laboratory	Shortage of staff, transport and fuel supplies	Sustain measles case-based surveillance and investigate every suspected measles case for measles IgM

Proportion of neonatal tetanus cases reported and investigated	Report and investigate 100% of neonatal tetanus cases	100% of reported neonatal cases investigated		100% of neonatal tetanus cases reported and investigated
Proportion of districts with less than 1 NNT case per 1000 live deliveries.	Maintain MNT elimination status (less than one NNT case per 1000 live deliveries per district)	MNT elimination status maintained	National Health Information System needs strengthening.	Maintain MNT elimination status (less than one NNT case per 1000 live deliveries per district)
Proportion of health facilities with functioning cold chain equipment	Adequate supplies of cold chain equipment available at all levels	Most health facilities have functioning refrigerators	Shortage of cold chain spare parts and LP gas during the 1st quarter.	Conduct a National Cold Chain equipment assessment
Comprehensive EPI review and survey reports available	Conduct national EPI coverage survey and review	Draft reports available	-	Assess low EPI performing districts and establish reasons for low coverage
Number of health workers trained on EPI management including diseases surveillance	Train 80 health workers on EPI management including EPI disease surveillance as well as laboratory surveillance	More than 80 health workers trained	Inadequate staff to cascade training, and a high attrition rate.	Train health workers on EPI management including EPI disease surveillance as well as laboratory surveillance
Number of EPI - NPEC, NTF, NCC committee meetings convened	Quarterly secretarial services offered to NPEC, NCC and NTF committee meetings	4 NPEC, 1 NCC and 4 NTF committee meetings held	1 planned NCC committee meeting was cancelled due to inadequate quorum	Sustain all meetings
Number of institutional	Conduct at least 5	Four institutional meetings		Conduct at least 5

meetings conducted to sensitise clinicians on EPI disease surveillance	institutional meetings to sensitise clinicians on EPI disease surveillance	convened	-	institutional meetings to sensitise clinicians on EPI disease surveillance
Number of provincial visits conducted	Quarterly provincial visits conducted	Four provincial visits conducted		Visit each province at least once per quarter
Number of districts conducting social mobilization activities for both routine and supplementary immunization activities	Conduct at least two social mobilization activities per year within all the 58 districts for routine immunization and conduct social mobilization activities for supplementary activities	58 districts conducted at least one social mobilization activity for routine immunization. 16 low coverage districts conducted social mobilization for measles and vitamin A supplementation.	Staff shortages within all districts and shortage of fuel and transport affecting social mobilization activities	Development of national EPI IEC materials and translation of those materials into common local languages

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	15 April 2004	
Reporting Period (consistent with previous calendar year)	Jan-Dec 2003	
Table 1 filled-in	Yes	
DQA reported on	No	Not yet carried out in Zimbabwe
Reported on use of 100,000 US$	No	No new vaccines introduced.
Injection Safety Reported on	No	Funding approved for 2004
FSP Reported on (progress against country FSP indicators)	No	Plan not yet in place
Table 2 filled-in	No	Not applicable
New Vaccine Request completed	No	Not applicable
Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

ICC/RWG comments:

- During the course of the year, the ICC has monitored the progress of EPI activities through regular feedback via individual members and through periodic formal meetings involving Donor and Government Agencies and NGOs.
- In addition, the ICC Chairman, who represents Rotary, and the WHO and UNICEF representatives have maintained a close relationship with the EPI unit and with the Secretary for Health and her team.
- The ICC has continuously monitored progress against action plans, and the use of GAVI funds.
- As required, individual members of the ICC have been asked to assist with problem resolution when their particular expertise has been applicable.
- Throughout the year, individual members of the ICC have continued to provide considerable assistance to the EPI unit in particular and the Ministry of Health and Child Welfare in general. Some examples are:
- UNICEF assisted with the procurement of vaccines to help meet 2003 requirements.
- Through UNICEF, CIDA funded procurement of six EPI vehicles and SIDA procured eight vehicles which are being used to strengthen EPI mobile services in the districts.
- Through UNICEF, DFID confirmed financial support for vaccines and cold chain activities and equipment for the first half of 2004, whilst the EU made a commitment to meet funding for vaccine requirements for one year starting from July 2004.
- UNICEF supported the training of cold chain technicians on refrigeration maintenance
- Rotary, in cooperation with Riders for Health, are providing a community service vehicle for allocation to an area inaccessible to normal traffic.
- WHO assisted with the National EPI review.
- The ICC acknowledges with thanks the support received from its members and from the Ministry of Health and Child Welfare. It endorses this progress report, particularly in respect of the disbursement of GAVI funds and the actions taken by the Ministry. The ICC is satisfied with the progress, which has been made in what continues to be a most difficult operating environment.

A Donald MacDonald FCA
Chairman

7. Signatures

For the Government of ……..……

Signature: ……...……...

Title: ……..…….

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

~ End ~

MINUTES OF THE ICC MEETING

DATE: 18 February 2004
VENUE: Fourth Floor Board Room

AGENDA

EPI Annual Progress Report 2003
EPI Annual Plan for 2004
Principles of the Financial Sustainability plan
A.O.B.

MEMBERS PRESENT

NAME	ORGANISATION	ADDRESS	E-MAIL ADDRESS
Don MacDonald	Rotary	2 Aurora Terrace Meyrick Park	Donmac@meikles.co.zw
Dr E Xaba	Permanent Secretary, MoH & CW	Box CY 1122 Causeway	Xaba@africaonline.co.zw
Dr E Njelesani	WHO	Parirenyatwa Annex	
G Namusonge	UN/RRU	Takura House	Godfrey.namosonge@undp.org
E Manyora	UNICEF	6 Fairbridge Ave Belgravia	emanyora@unicef.org
M N Munyoro	WHO/MOH&CW	Box CY 1122 Causeway	munyorom@whoafro.org
W Kawanzaruwa	DFID	6th Floor Corner Hse, L Takawira/S Machel	w-kawanzaruna@dfid.gov.uk
N Mashonga	Riders for Health	15 Conaldrid Graniteside	Nmushonga@riders.zw
K Chindedza	Box CY 1122 Causeway	Box CY 1122 Causeway	
Mrs M Kamupota	MOH&CW	Box CY 1122 Causeway	
M V Chimedza	UNICEF/MOH&CW	Box CY 1122 Causeway	mchimedza@unicef.org

Apologies:
Dr S Midzi
Ms M Nyandoro
Dr F Kavishe
Dr Pazvakavambwa
EU Delegates

Proceedings

Opening Remarks

The meeting started at 1455 with the chairperson expressing his gratitude towards the work done by Mrs. Mabuzane during her stint as the National EPI Manager. He welcomed Mrs. Kamupota as the new National EPI manager

Highlights from the Annual EPI Progress report 2003

Mrs. Kamupota circulated a draft EPI annual plan document for 2004 and gave a power point presentation on progress of EPI activities for year 2003, and the report reflected the following:

- A general downward trend in coverage for all antigens between 1998 and 2002, with reported DPT3 coverage being below 60% in 2002. The decline was attributed to a number of factors such as, incomplete reporting, shortages of gas and transport that was experienced between 2001 – 2003 as well as high staff turn over.
- Two studies were conducted in 2003 i.e. a National EPI Review and an EPI coverage survey and a draft report for the Review was available but the report for the EPI coverage was still outstanding.
- Through UNICEF and WHO procurement of vaccines BCG 1, 712 000 doses, DPT 1, 335 800 doses, Hep B1, 610 200 doses and 140 tones of LPG gas was done.
- Measles mop up and vitamin A supplementation campaign successfully conducted within 16 low coverage districts in July 2003 achieving an average coverage of 94% for measles and 86% for vitamin A.
- Application for Injection Safety submitted to GAVI in April 2003 and approval with clarification received .The clarifications to be fulfilled were that the country was to include use of AD syringes as a policy within the national EPI policy document and that the budget, targets and responsible persons/units be included in the implementation framework. Clarifications sent to GAVI and country got an approval from GAVI for support towards Injection Safety in September 2003.
- Conducted an EPI modular training for 50 Post basic nursing students
- Adapted and adopted WHO EPI MLM training modules and conducted a TOT training for 23 provincial EPI managers in November 2003.

- Through UNICEF, CIDA funded procurement of six EPI vehicles and SIDA the other eight vehicles. Rotary International, through WHO, also funded for the procurement of three vehicles. All the 17 vehicles are Nissan Hard body 4 x 4 Double Cab Pick Ups Model J 84321000cc and they are being used to strengthen EPI mobile services in the districts.
- During November 2003, DFID through UNICEF confirmed financial support for vaccines and cold chain equipment for the first half of 2004, while EU made a commitment to meet funding for vaccine requirements for one year starting from July 2004.
- Through UNICEF support, conducted training for 20 cold chain technicians on refrigeration maintenance

The report reflected a decline MNT cases. Polio surveillance activities were said to be satisfactory in all the provinces except for Mat North. An increase in measles cases was observed, with a total of 505 cases and 20 community deaths being reported for year 2003.

Issues arising from the annual report

- The house indicated the need to analyze factors behind reports of low level of stool adequacy for polio surveillance in Mat North Province.
- The house debated on the long outstanding analysis of the results of the Feb 2003 EPI coverage survey. It was highlighted that analysis of the results was supposed to have been funded by UNICEF who later debated on the usefulness of the data since it had taken too long to be analyzed. The general feeling was that UNICEF should have brought their thinking to the ICC to make a decision. However, ICC expressed that the analysis was still necessary and needed to be done. UNICEF Rep was to be consulted and communication in writing was to be made back to the PS, to that effect.
- A draft report of the EPI National Review was reported to be available and had been circulated for comments and was to be ready for the next meeting.
- There was a need to conduct a study on religious objectors to EPI and a formal request for funding to be submitted to Rose Mcaulley and Grace (WHO AFRO).

Issues arising from the annual plan 2004

- A written proposal on the needed EPI equipment (computers and laptops) and other areas with funding gaps as indicated in the 2004 plan to be submitted to the ICC
- The EPI annual plan needs to reflect contributions by each partner and donor and gaps to be clarified and defined in the same plan document.

Report on vaccine status for 2004

The National logistician circulated a spreadsheet with the status report of vaccines as of February 2003 and the following issues arose from the report:

- An explanation given for the then high stocks of BCG in the country was that of lack of information to MoHCW EPI unit regarding pending vaccine shipments through UNICEF from GAVI procurement services.
- The house recommended that the 2004 BCG supply from EU funding be deferred to end of supply period which is March 2005
- It was reported that the Central Vaccine Stores had a large amount of vaccines, which expired due to overstocking.
- Districts were reported to have started using new vaccine wastage monitoring forms
- The grouping of 20 children before opening a vial of BCG was reported as difficult and not feasible
- There is need to come up with a training plan for Provincial and district vaccine store keepers in vaccine management

- Districts currently reported to have adequate stock of gas following the assistance from UNICEF and WHO.
- A national monitoring system for gas and fuel had been put in place.

Financial Sustainability Plan

- The chairperson outlined that Zimbabwe had received support from GAVI for ISS and Injection safety, and that over and above the annual progress reports submitted to GAVI the country needs to come up with a Financial Sustainability Plan.
- The responsibility of developing a FSP lies within the EPI Unit
- There is need for extensive training of the team to start the planning process, Regional training is planned for May 2004.
- The team can start on some ground work before the May training and that includes data gathering
- Technical support can be sourced from the Regional Office

The Secretary for Health and Child Welfare and the WHO Representative commended the EPI team for a job well done
The meeting ended at 1700 hours.

……	**……**
M V Chimedza	D Mac Donald
Secretary	**Chairperson**

5.. MINUTES OF THE ICC MEETING

DATE: 14 April 2004

VENUE: MoH &CW:Fourth Floor Board Room

AGENDA

Minutes of the last meeting
Matters arising
Review and endorsement of the draft second GAVI annual progress report: 2003
Review and endorsement of the 2003 JRF
AOB

LIST OF PARTICIPANTS

NAME	ORGANISATION	ADDRESS	E-MAIL ADDRESS
Don MacDonald	Rotary	2 Aurora Terrace Meyrick Park	donmac@meikles.co.zw
Dr D.G Dhlakama	MOH&CW	Box CY 1122 Causeway	dhlakama@africaonline.co.zw
Dr S. M. Midzi	MOH&CW	Box CY 1122 Causeway	smidzi@yahoo.com
Ms M. T. Nyandoro	MOH&CW	Box CY 1122 Causeway	mnyandoro@healthnet.zw
Juan Ortiz	UNICEF	6 Fairbridge Ave Belgravia	juortiz@unicef.org
M N Munyoro	WHO/MOH&CW	Box CY 1122 Causeway	munyorom@whoafro.org
K Chindedza	Box CY 1122 Causeway	Box CY 1122 Causeway	
Mrs M Kamupota	MOH&CW	Box CY 1122 Causeway	mkamupota@healthnet.zw
P Darikwa	EU - HSSP	Box CY 1122 Causeway	pdarikwa@mweb.co.zw
Boeckman Gill	Medicus Mundi Beligium	47 Lawson Av, Lundi Park	gmb@africaonline.co.zw
M V Chimedza	UNICEF/MOH&CW	Box CY 1122 Causeway	mchimedza@unicef.org

Apologies:

Dr E.Xaba (Permanent Secretary for Health and Child Welfare)
UNFPA Representative
WHO Representative

Proceedings
Opening Remarks

The meeting started at 1455 with a review of the previous minutes.

Matters arising

- On the issue of factors behind reports of low level of stool adequacy for polio surveillance, the committee was informed that the National Polio Expert Committee had tasked the National Polio Laboratory to submit a proposal for a study to be carried out.

- UNICEF has now agreed to fund the EPI coverage survey data analysis and a consultant has been identified to analyze the data and write a report and was to start shortly. However, UNICEF was requested to formally inform the Ministry regarding this new position.

- A national study on Religious objectors was still outstanding.

- ICC members to solicit for any pledges for EPI funding gaps for 2004 as reflected on the submission circulated to all members present.

- The remaining issues from the minutes of the previous meeting of 18 February 2004 were deferred to the next meeting.

Review of the Second GAVI Annual Progress Report: 2003

- Committee members made a few corrections to the report and members endorsed the report as a true reflection of country activities.

- It was noted from the report that there was a balance of US$158 774.57 from the US$318 500.00 disbursed to UNICEF from GAVI for purchasing of vaccines. The Ministry of Health and Child Welfare proposed that part of the remaining funds be used to buy 6 vehicles for EPI outreach activities. This proposal was to augment a deficit on the UNICEF procured vehicles. The house endorsed the proposal and agreed that the Chairperson writes to GAVI about the proposal.

Review of the 2003 JRF

The 2003 'Joint Reporting Form' Report for WHO and UNICEF was presented to the ICC. A few corrections were made and the amended report endorsed.

The Chairperson commended EPI Unit for preparing the reports but however requested that in future the report be circulated to members well ahead of time. He also thanked all members present for their participation.

The meeting ended at 1630 hours.

Don Mac Donald
Chairperson