Gavi 2020 multi-stakeholder dialogue: Immunisation planning in light of COVID-19

Introduction

The year 2020 has been marked by the unprecedented crisis caused by the COVID-19 pandemic. Though the longer-term trajectory of the pandemic remains uncertain, evidence shows that immunisation services in Gavi-supported countries have been disrupted. Millions of people are expected to miss out on immunisation, likely leading to a resurgence of Vaccine Preventable Diseases (VPDs), further exacerbating existing inequities and putting the most marginalised and poorest communities at greater risk. Gavi-supported countries have already had the opportunity to re-allocate or re-programme[1] existing HSS and TCA support to respond to immediate needs presented by the COVID-19 pandemic. The Gavi Alliance is fully committed to assisting countries to restore immunisation services that have been scaled-back, brought off-track or otherwise affected during the pandemic response.

As an alliance, multi-stakeholder engagement remains key to Gavi's portfolio management approach. It is particularly critical in 2020 as a forum for engagement on how the Gavi Alliance partners and other stakeholders can support countries as they deal with the different phases of the COVID-19 pandemic and seek to maintain and restore primary health care, including immunisation services that have been disrupted. Civil society organisations (CSOs), in particular, will have a vital role to play in engaging communities to rebuild trust and demand, deliver services where there are gaps in government provision and in overcoming gender-related barriers.

Recognising the difficult operating environment and the rapidly evolving landscape currently faced by countries, and to ensure that Gavi's continuing support to the EPI programme is aligned with realities; countries are not requested to conduct a traditional Joint Appraisal in 2020. However, countries are encouraged to sustain the multi-stakeholder dialogue. This dialogue should review the immunisation programme performance in 2019, the impact of the COVID-19 pandemic on immunisation, discuss the needs for maintaining and restoring immunisation services in the context of primary health care, plan for short-term catch-up activities and, where needed, create a roadmap for further re-allocation/planning within the country's recovery plan.

The 2020 multi-stakeholder dialogue exercise

This 2020 multi-stakeholder dialogue exercise will be tailored to the country context, taking into account current constraints in terms of travel, meetings, and workload. The process will involve preparatory work on data for the review, potentially multiple exchanges with at least one event for live discussion (likely a virtual meeting), concluding with the finalisation of reported relevant additional documents (e.g., work plan and budget for short-term response/recovery activities, roadmap for further planning). The process should be inclusive, transparent, with meaningful engagement of partners, and civil society.

The 2020 multi-stakeholder dialogue report is structured as follows

- Section 1: Country situation: overview of performance of vaccine support, HSS grant implementation, PEF-TCA and other Gavi support, up to end of 2019/early 2020; pre-COVID-19.
- Section 2: Update on impact of COVID-19immunisation service delivery and immunisation coverage (in 2020) and status of the implementation of the COVID-19 recovery plan (if relevant).
- Section 3: Discussion on priorities, immediate catch-up needs, related action plan, estimated budget and technical assistance needs. Roadmap for further analysis and re-allocation/planning in the context of the country health sector recovery plan.

Much of the information contained in sections 1 and 2 on the country immunisation programme and Gavi support is pre-filled by Gavi from existing documents and completed by the country. ;

[1] This document refers generally to the reallocation of Gavi support. Changes might also be categorized as reprogramming which is used for more significant modifications and may require to be reviewed by the Independent Review Committee.

1. Country situation pre-COVID-19, based on information received by Gavi

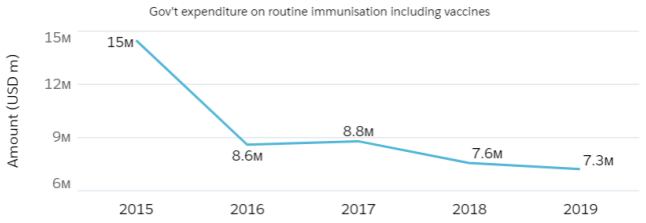
*[This section is pre-filled by the Gavi Secretariat. **The main source is the country dashboard**, as well as the analysis slide set prepared by Gavi's Country performance Monitoring and Measurement(CMM) Team. Both documents -which are more comprehensive than below summary- may be annexed to this report if considered useful.]*

Contextual Information

PEF Tier: Tier 3	Fragility Status: Non-fragile	2. Preparatory transition

Indicator Name	Year	Source	Value
GNI per capita	2019	World Bank	1,390
Health Centres per 100k population	2013	WHO - GHO	9.4
Nurses/Midwives per 1000 population	2018	WHO - GHO	19
Population	2020	UNPD	14,862,927
Surviving Infants	2020	UNPD	416,366
Under-5 mortality (per 1000)	2018	UNICEF	46

Health financing (and trends)



1.1. Overview of performance of vaccine support (end of 2019/early 2020; pre-COVID-19)

Vaccines introduced and forecasted to be introduced(country dashboard/Vaccine Launch Database go to section 2 on GAVI COUNTRY GRANT PORTFOLIO)

Vaccine	Introduction Date	2017 Coverage (%)	2018 Coverage (%)	2019 Target
PENTA	01-2008	89	89	91
PNEUMO	06-2012	89	89	91
ROTA	08-2014	91	90	91
MR	10-2015	-	-	-
HPV	05-2018	-	-	80
IPV	04-2019	-	-	91

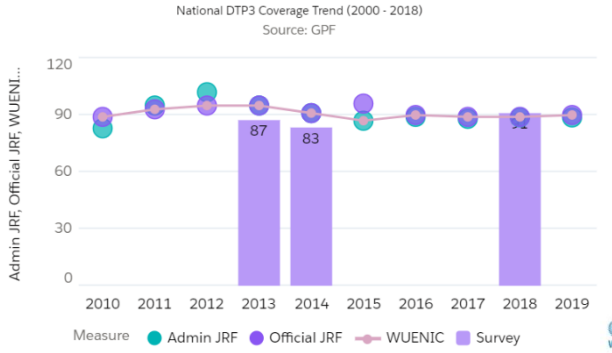
Vaccine Name	Type	Sub-Type	Status	CP Date ↑	Phase
TYPHOID	Campaign	-	Approved	2020-07-31	NA
IPV	Campaign	Catch-up	Approved	2020-07-31	NA
TYPHOID	Routine	1st D	Approved	2020-10-31	NA
MR	Campaign	Follow-up	Forecasted	2023-12-31	NA
MR	Campaign	Follow-up	Forecasted	2027-12-31	NA

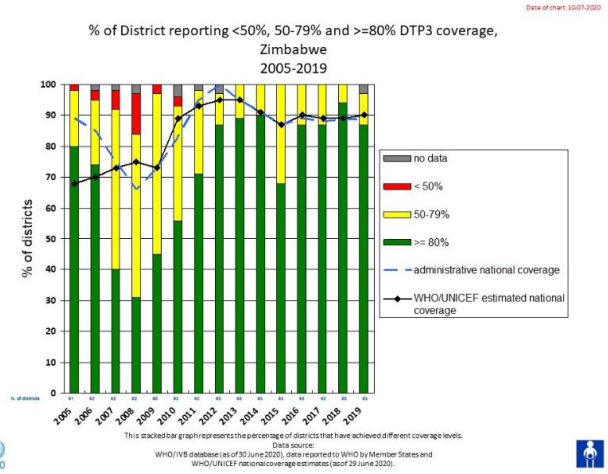
Performance against Alliance KPIs(info to be generated from the country dashboard section 1.1.2)

Indicator	Source Name	Year	Value	Previous Value	Trend
Measles containing vaccine (second dose) coverage at the national level (MCV2)	WUENIC	2019	75	78	▼
Pentavalent 3 coverage at the national level (Penta 3)	WUENIC	2019	90	89	▲
Drop-out rate between Penta1 and Penta3	WUENIC	2019	4.3	5.3	▲
Difference in Penta3 coverage between children of urban and rural residences	Survey	2018	0	0	→
Difference in Penta3 coverage between the highest and lowest wealth quintiles	Survey	2019	0	0	→
Penta3 coverage difference between the children of educated and uneducated mothers/care-takers	Survey	2019	0	0	→
EVM	EVM	2016	74.2	76.6	▼
# of Underimmunised Children	Calculated	2019	51007.8	56172.6	▲

Trends and district equity

(graph on the left and graph on the right)





Progress against indicators and targets achievement

Table provided by CMM

Vaccine Programme	Source (2019)	Intermediate results Indicator	Reported actuals	Rel. % change
PNEUMO	Admin (JRF)	Number of surviving infants who received the first recommended dose of PCV vaccine (PCV1)	433,228	1%
	Admin (JRF)	Number of surviving infants who received the third recommended dose of PCV vaccine (PCV3)	408,200	1%
PENTA	Admin (JRF)	Number of surviving infants who received the first recommended dose of pentavalent vaccine (Penta1)	434,140	2%
	Admin (JRF)	Number of surviving infants who received the third recommended dose of pentavalent vaccine (Penta3)	407,364	1%
MCV	Admin (JRF)	Number of children in the target population who received the second recommended dose of measles containing vaccine (routine) (MCV 2)	348,810	1%
	Admin (JRF)	Number of surviving infants who received the first recommended dose of measles containing vaccine (MCV1)	386,285	-1%
IPV	Admin (JRF)	Number of surviving infants who received the first recommended dose of IPV	NA	NA
All others	EVMA Reports	Effective Vaccine Management Score (composite score)	NA	NA
	JRF	Occurrence of stock-out at national or district level for any Gavi-supported vaccine	Yes	NA
	Admin (JRF) & Survey	Percentage point difference between Penta 3 national administrative coverage and survey point estimate	NA	NA

Relative % change refers to the percentage increase/decrease of the reported value from the year prior.
The cell is green when the relative change increased, yellow when it remained the same and red when the relative change decreased.

1.2. Overview of HSS grant implementation (*end of 2019; pre-COVID-19*)

HSS implementation summary (as of 31/12/2019)

Recipient	Grant Amount	Funds Disbursed	Expenditure	Country cash balance
UNICEF/MoHCC	5,576,664	4,798,667	3,241,665	1,557,002
Total				

The disbursed funds from Gavi amounting to $4,798,667 excluded $741,679, which was sent directly to UNICEF SD for CCEOP co-financing. $700,000 for CCEOP, which had been included in the disbursed amount, was reprogrammed to be used from Year 2 of the budget. From the Year 1 budget, Gavi withheld $770,000 for vehicle procurement and $39,600 for EPI level of Effort, which required further justification before the funds were released. The justification for level of effort was eventually provided and the allowances started to be paid out in March 2020.The expenditure above included reallocation made to Covid-19 from the HSS budget as well as the funds channelled directly to UNICEF SD whilst excluding the programme support costs charged to the grant

UNICEF HQ Pre- Financed Year 1 & 2 to UNICEF Local Office amounting to $8,488,914.28.

HSS key milestones achieved in 2019

*Structured based on grant objectives or GPF indicators (**graph prepopulated by the CMM team**)*

	Process Indicators			Intermediate Results		
	Indicator name	Value	Rel. % change	Indicator name	Value	Rel. % change
OBJ-1	Number of SDD installed	0	↓, -100%	Number of planned supportive supervision conducted	NA	NA
	Proportion of vehicles maintained according to schedule	NA	NA	Proportion of health facilities with 100% availability of the traditional vaccines (antigens) for primary immunisation in the previous year	NA	NA
				Proportion of health facilities with 100% availability of functional cold chain equipment in the previous year	NA	NA
				Proportion of planned outreach clinics conducted	NA	NA
OBJ-2	Proportion of financial reports produced.	NA	NA	Number of EPI staff trained on RED/REC	NA	NA
OBJ-3	Number of monthly outreach sessions conducted in the 18 HSS priority districts	NA	NA	% of caregivers who know the number of times child needs to go for immunisation	NA	NA
				% of caregivers who state at least 3 benefits of immunisation	NA	NA
				Proportion of infants fully immunised	84	NA
OBJ-4a				Data completeness	NA	NA
				Data Quality Index	NA	NA
				Data timeliness	NA	NA
OBJ-4b	AEFI reporting ratio per 100,000 surviving infants per year	19	NA	Non-measles febrile rash illness detection rate	4	NA
				Non-polio AFP case detection rate	3	NA
OBJ-5	Proportion of health workers trained in (a)EVM and(b) cold chain management vs planned	0	NA	The proportion of health facilities with functional refrigerators	97	NA
	Proportion of provinces submitting up-to-date Stock Management Tools on monthly basis	NA	NA			
	Proportion of vaccine & supplies deliveries done timely	NA	NA			

Relative % change refers to the percentage increase/decrease of the reported value from the year prior.
Value cell color is green if target has been >= 90% met, yellow if 70-90% met, and red < 70% met.

1.3. Overview of other Gavi support, such as VIGs, OPS, PBF, switch grants, transition grants etc. (as of 31/12/2019)

				In US$				
	Start Date	**End Date**	**Recipient**	**Grant Value**	**Disbursed**	**Expenditure**	**Cash balance**	**Status Update**
MR Follow up Campaign Ops Cost	2019	2019	UNICEF/ MoHCC	1,157,417	1,157,417	1,096,937.05	$60,479.95	Balance was reprogrammed to Covid 19
TCV Ops Cost	2019	2019	WHO	202,150	202,150			
PCV Product Switch Grant Cost	2018	2018	UNICEF/ MoHCC	121,928	121,928	109,489	$12,439	Balance to be returned to Gavi at the end of June 2021 against the final certified financial statements
HSS PBF	2018	2018	UNICEF/ MoHCC	340,000	340,000	340,000	-	Grant has been fully utilized
HPV VIG	2018	2018	UNICEF/ MoHCC	510,137	510,137	510,137	-	Grant has been fully utilized
HPV MAC Ops Cost	2018	2019	UNICEF/ MoHCC	385,626	385,626	385,626	-	Grant has been fully utilized
IPV VIG	2015	2019	MoHCC	367,000	367,000	364,734	$2,266	2019 Grant Financial statements were submitted to Gavi

IPV VIG Grant was affected by changes in the monetary environment operating in the country at the time of implementation. As a result, the programme was implemented with funds, which had been converted to ZWL/RTGS. The balance as at 31/12/2019, the preparation date of the financial statements of ZWL$38,010 was equivalent to USD$2,266. The ZWL/RTGS balance will continue to be affected by the changes in exchange rates to such a time when the funds are either reprogrammed to HSS or returned back to Gavi.

1.4 Compliance, absorption and other fiduciary risk matters

The Absorption rate was 63% on the budget amount for Year 1 programmable funds excluding programme support costs after incorporating reallocation to Covid-19. Only two of the four quarter's Year 1 were funds requested, with the rest of the unutilised funds for the other quarters being reallocated to Covid-19. Performance was hampered by delays in ground breaking of the construction projects, as well as funds which were withheld for vehicle procurement and prolonged procurements done directly by UNICEF.

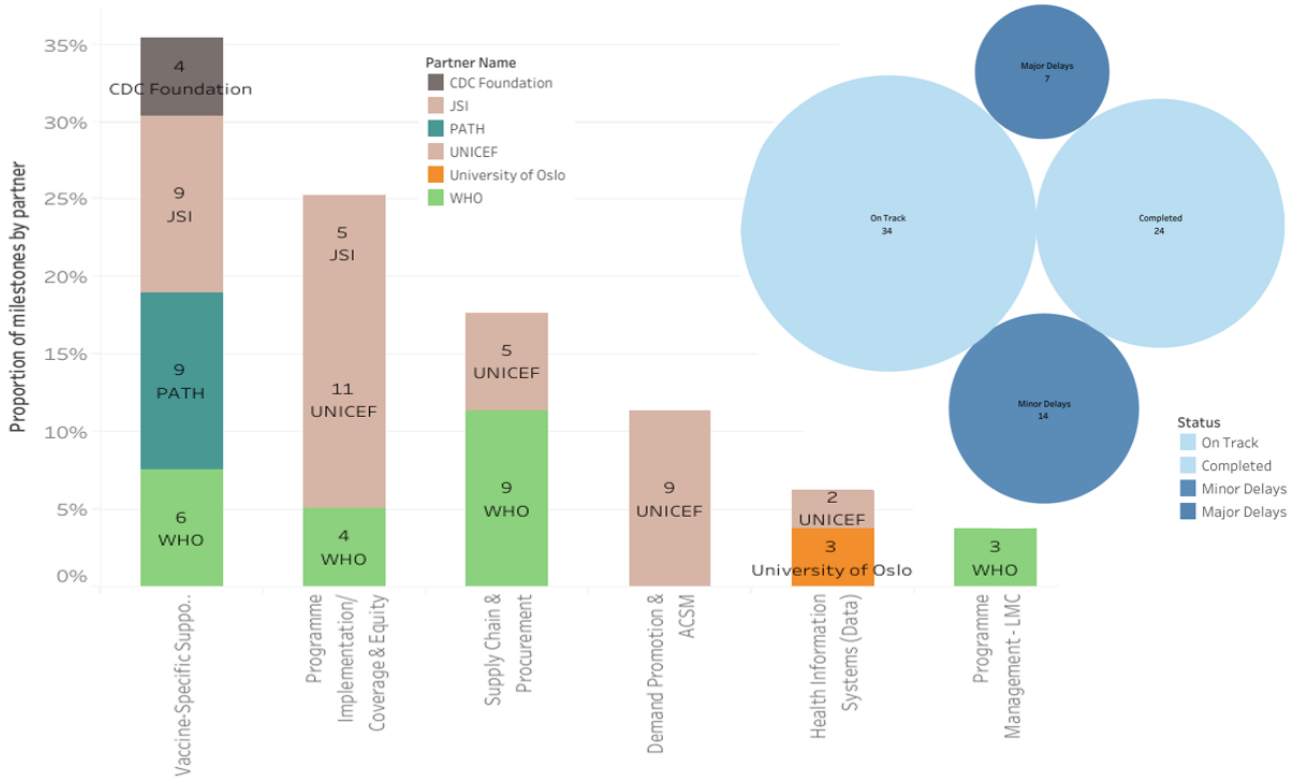
- Compliance with financial reporting requirements (periodic/annual financial reports, audits):
  The Auditor General has audited the 2019 MOHCC financial records; however, a return to audit the systems in which donor funds are channelled including Gavi funds was disrupted by the Covid-19 outbreak.

- Compliance with programmatic reporting requirements (GPF):
  The programme has updated sections on financial reporting on the grant performance framework

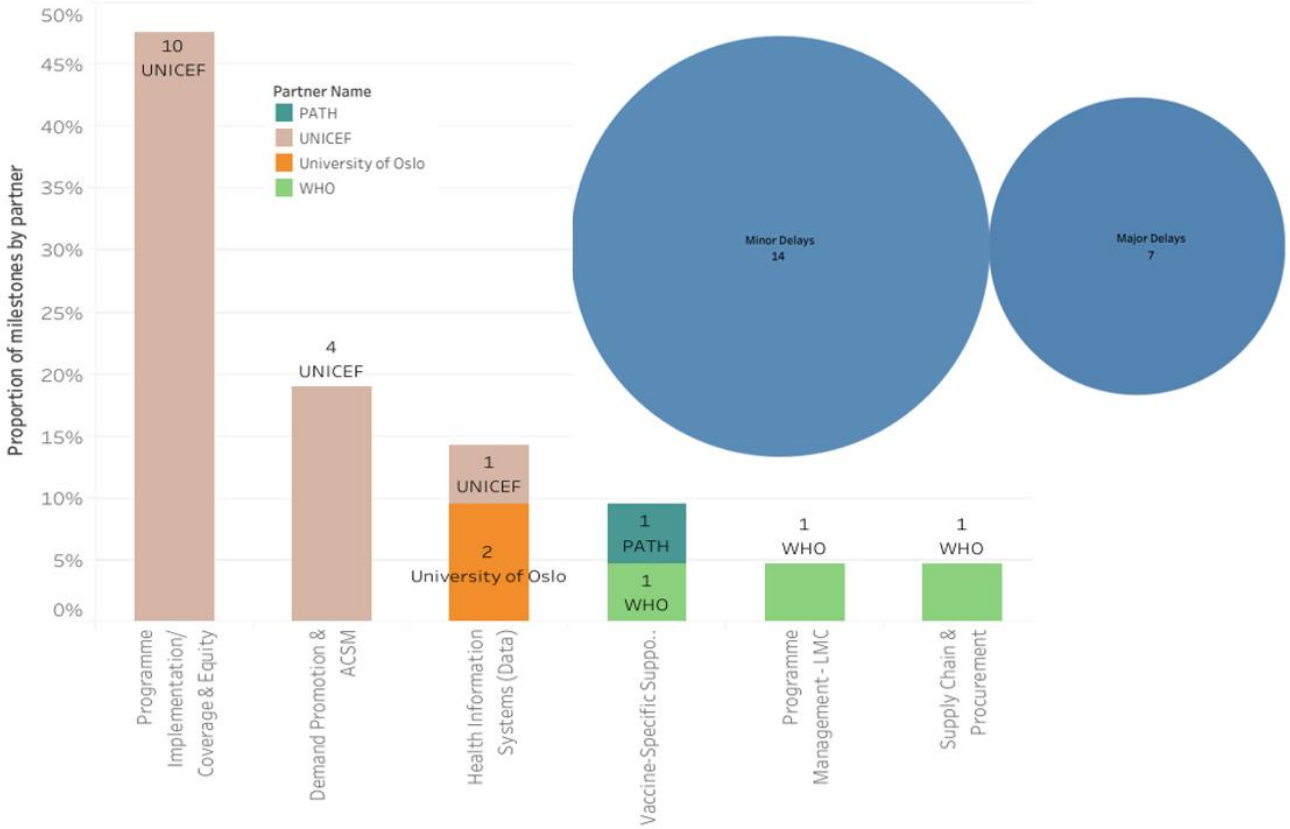
- Other financial management and fiduciary risk comments:
  Due to the Covid-19 pandemic implementation of certain grant management requirements (GMR) specifically migrating financial management system to PFMS have been derailed. The country will seek that the timelines for compliance with some of the GMR indicators be revised with Gavi concurrence.

Overview of PEF TCA progress

1) Total milestones for Zimbabwe, per partner, per programmatic area from June 2019 – June 2020:



2) Total number of delayed milestones for Zimbabwe, per programmatic area per partner, from June 2019-June 2020:



Please provide any additional comments -as relevant- on the implementation of the TCA plan (e.g. progress in key areas, challenges, constraints, reallocations, no-cost extensions)

UNICEF

No-cost Extension
UNICEF requested for no cost extension up to 31 December 2020 due to delays faced by the COVID-19 situation.

Reallocations
Reallocation of $19, 696.20 to COVID-19 responses was done on Grant SC190114. The funds were used to support training of Community health workers in Mashonaland West province.

Milestones

- All vaccines were cleared through Customs and delivered to Central Vaccine Store within 24 hours of arrival and the 1st quarter 2020 Vaccine Arrival Report submission rate (VAR) received within 72 hours) is above 90%
- All district EPI focal points have LP Gas distribution plans in place, covering all concerned health facilities
- CCEOP Operational Deployment Plan implemented and at least 50% of all Gavi supported procurements for 2020 are initiated through UNICEF Supply Division
- CCEOP Operational Deployment Plan was amended in March 2020 to match the 968 SDDs specifications.
- The CCEOP Costed Operational Plan was endorsed by MoHCC on the 19 December 2019. Distribution and installation of refrigerators is to be done by Medirite who is the local agent for Haier. Distribution of SDDs to health facilities started on the 24th of August 2020.
- The Vaccine Arrival Report (VAR) submission rate is 100% and monitoring for timeliness and completeness continues. An EVMA conducted in January 2020 showed an improvement in effective vaccine management as reflected by a global score of 83% up from 79% in 2016.
- The Vital Medicines Availability Health Survey for Q1 2020, showed that electricity from the main grid remains the major source of power (50.4%), for cold chain across all provinces followed by solar (43%) and LP Gas (24%). The LP gas delivery schedule has been developed and a WhatsApp platform created for quick communication to ensure efficiency in the gas delivery system.
- Regarding procurement of HSS2 items, about 75% have been done while TCV campaign items and cold chain spares are currently underway. Remote temperature monitoring devices procurements are scheduled for December 2020 due to Supply Division backlogs.

2. The implementation of RED/REC routine EPI activities (outreach, supportive supervision, EPI reviews) including campaigns are technically supported to ensure optimal use of resources. Coverage of hard to reach populations (# of districts utilizing micro plans – target all 20 low performing districts; # of recommendations implemented following EPI reviews and supportive supervision). At least 3 demand promotion activities in 2020 are well prepared, implemented in line with the new demand promotion strategy and where possible integrated with other MNCH interventions
    - The training of Health workers on RED/REC has been postponed to Q4 2020 following COVID-19 pandemic imposed constraints.
    - Micro-planning for integrated campaign was done and this enhanced health worker capacity to identify and reach under-served communities. The programme is going to link the Number of zero dose children for DPTHepBHib1 and MR1 by district; identify where the 90% of zero dose are and target them for the possibility of getting tracked through the SIAs or the Child health days (catch up drive) to ensure missed doses are provided; this will be linked with the planned Integrated campaigns; The microplanning update will guide how we identify the children through the Health facilities and community linkage
    - The technical officers invested significant time in development of training materials, training agenda.
    - The production of routine IEC materials integrating COVID19 information is underway. In line with recently finalized demand promotion strategy.
    - Community dialogues have been deferred to 2021due to unforeseeable challenges like COVID 19 and will be integrated with other MNCH activities.

3. **At least 3 field missions are undertaken to monitor implementation of the demand promotion strategy implementation.**
   A dashboard of demand promotion indicators is established and shared on a quarterly basis. Demand promotion activities for Q1 & Q2 2020 are well planned and in-line with the national demand promotion strategy.

   - The demand promotion strategy was approved by MoHCC and Gavi IRC. Funds for demand promotion that were ring-fenced pending the approval have now been released. An accelerated demand promotion action plan informed by the new strategy (including targeted EPI Community dialogues) has been drafted
   - The demand promotion monitoring and evaluation framework has been finalised with input from all provinces and technical support partners.
   - Selected demand promotion indicators will be incorporated into the GPF for continuous monitoring.
   - Engagements to establish a dashboard of key indicators have been initiated with the Health Information Unit

4. **All surviving infants entered in mHealth platform**
   - mHealth dashboard is currently under development through technical support provided by ONA labs. The mHealth dashboard is part of the 1000 days' initiative (Hello Mwana) that leverages RapidPro to communicate client centred, targeted, timely and actionable information on immunization, early childhood care services, maternal care during pregnancy and lactation among others.
   - Caregivers will also receive reminders to facilitate defaulter tracking to complement the tracking already conducted by VHWs (note Zimbabwe has a high mobile penetration of over 90% (POTRAZ, 2019). The Health Facility through the Community linkages will identify the proportion who have the mobile phone access and ensure inequity is addressed (not leaving those with no phones).
   - Twelve districts have been identified to initiate registration of mothers pending launch of the initiative.
   - Orientation of National, Provincial and District Health Executives preparations underway
   - Training of VHWs for selected districts ongoing within integrated VHWs trainings. Registration of caregivers will commence soon after the trainings and reminders monitoring of defaulters
   - Integrated health education messages have been developed

5. **Every province has an adapted demand promotion strategy in place, costed and activities initiated for implementation by Q2 2020**
   - All provinces and cities have developed costed roll out plans for HCD roll out as recommended at the validation meeting for the Human Centred Design and Coverage and Equity Assessment reports in 2019.
   - Provincial EPI teams are utilizing findings and recommendations of both reports to develop their demand promotion plans.
6. **Two missions conducted in vaccine hesitant communities, producing documentation (human interest stories or lessons learned report) by Q2 2020.**

   - Documentation was affected by COVID 19 travel restrictions and has been rescheduled to Q4 of 2020. Plans for the first documentation exercise are at an advanced stage and the scope has been extended to cover best practices for immunisation in the context of COVID 19.

7. **Progress report on RED/REC operationalization in 10 low performing districts 2. At least 3 demand promotion activities in 2019 are well prepared, implemented in line with the new demand promotion strategy and where possible integrated with other MNCH**

   The RED/REC training for health workers has been deferred to Q4 2020 following COVID-19 pandemic. However, the development of Zimbabwe RED/REC guidelines was done and printing is in progress. Regarding implementation of demand promotion activities, production of culture sensitive IEC materials is underway. A media campaign on Immunisation, roll out of community dialogue meetings and development of communication packages informed by the recently approved demand promotion strategy have been included in the accelerated plan scheduled for Q4. There is however a funding gap on capacity building and roll out of HCD strategy to all provinces and cities. Integration opportunities are being explored.

8. CCEOP Cost Operation Plan is approved by MoHCC and the trainings and installations of 25% refrigerators done by Q2 2020

CCEOP Operational Deployment Plan was finalized and submitted. The Cold Chain Equipment Optimization Platform Costed Operational Plan was endorsed by MoHCC on 19th December 2019. The deployment plan was last amended in March 2020 to match the 968 SDDs specifications. A total of 968 solar direct drive (SDD) refrigerators are expected in the country by end of June 2020 and installation will be done in Q3. The provincial cold chain technicians were trained on how to install and maintain the new refrigerators at Central Vaccine stores. The PCCT will train the end users at the health facilities during the installation period. The installation methodology is that, distribution of the CCE will be done first in one province and then the installation teams will follow and install the units. After 60 days, the national team will go around commissioning the units in all the provinces.

9. RED/REC new guidelines and tools are finalized and disseminated to the district level.

The Zimbabwe RED/REC guidelines and tools has been finalized and printing is underway. The activity was met with delay due to bureaucratic issues. Printing, distribution and training of health workers on RED/REC are expected to be conducted in Q4 2020. The life course approach with integration is being promoted for essential health services as per the adapted RED guide of Zimbabwe

World Health Organization (WHO)

ZIMNITAG Support

The ZIMNITAG was supported in meeting all operational costs both stipends for support staff and costs for conducting scheduled subcommittee and committee meetings resulting in the effectiveness of the ZIMNITAG. The ZIMNITAG managed to conduct all their scheduled meetings and make two key recommendations in year 2019; the introduction of the Hepatitis B birth dose and the new Tetanus diphtheria (Td) vaccine schedule. Currently the ZIMNITAG is also looking at reviewing immunization schedules to guide further introduction of new vaccines including change of schedules as well as the catch up schedule on immunizations

New Vaccine Introduction

Technical and financial support was given to MOHCC during introduction of IPV the support of which facilitated the smooth national roll-out of the vaccine in 2019. Besides the above, support was given to MOHCC in application and eventual implementation of the cholera vaccination programme in the two Cyclone Idai affected districts of Chimanimani and Chipinge in Manicaland. This was in addition to technical support given to City of Harare during quarters 1 and 2 of 2019 where oral cholera and Typhoid conjugate vaccines where given to hot spot areas with financial support from Gavi. WHO also supported the MOHCC in the application to Gavi for introduction of Typhoid conjugate vaccine (TCV). The application was successful, funding and vaccine received, but introduction delayed due COVID-19 pandemic response efforts.

Vaccine Supply Chain Management

A new version of the 2019 computerised stock management tool was rolled out at national and subnational levels with technical and financial support from WHO. This helped in monitoring immunisation supply chain inputs at the three critical supply chain levels of national, provincial and subnational levels. An analysis of a cross section of these levels indicated stocks of vaccines were generally within the minimum and maximum stock level. This was further corroborated by results of the Effective Vaccine Management Assessment conducted quarter 1 of 2020. Besides the above, WHO managed to visit and support 4 provinces and 8 districts in vaccine supply chain management in year 2019. The MOHCC was also technical supported in training of 2 Cyclone Idai affected districts in vaccine management in 2019. At least one nurse from health facility and 2 vaccine storekeepers from each district store of the 2 districts (Chimanimani and Chipinge) were trained following a recommendation made by a team assessing the Cyclone in the districts.

The MOHCC received technical and financial support for conducting the Effective Vaccine Management Assessment (EVMA). The assessment initially scheduled for fourth quarter 2019 was conducted first quarter

2020 due competing priorities. The assessment was a success, and produced encouraging results. The country managed for the first time to meet WHO standards by achieving a global score of 83% implying that the country had a satisfactory vaccine management system. However, a comprehensive improvement plan to attend to weaknesses noted could not be developed as planned, 2nd quarter 2020 due to COVID-19 lockdown restrictions. This has to be rescheduled for an appropriate time.

CCEOP

Technical and financial support was provided to MOHCC in the finalisation and submission of the CCE deployment plan. Required data was collected from levels of the supply chain. The collected data was then analysed at national level and the final deployment plan successfully submitted to Gavi. WHO also supported the development of terms of reference for the contractor to do the installation of the CCE.

2. COVID-19 pandemic impact on immunisation (in 2020):current situation

[This section is partially prefilled by the Gavi Secretariat.]

2.1 COVID-19 cases and deaths as of 19 October 2020

Province	PCR Tests	Cum Cases (New)	Recovered Cases (New)	Active Cases	Deaths (New)
Bulawayo	151	1580(10)	1408(1)	124	48(1)
Harare	239	3292(1)	3143(0)	28	121(0)
Manicaland	94	504(0)	460(0)	22	22(0)
Mash Cent	0	208(0)	202(0)	2	4(0)
Mash East	0	413(0)	402(4)	7	4(0)
Mash West	0	351(1)	317(0)	22	12(0)
Midlands	25	656(0)	615(0)	32	9(0)
Masvingo	0	236(0)	231(0)	3	2(0)
Mat North	0	141(0)	136(0)	2	3(0)
Mat South	55	778(0)	769(0)	2	7(0)
Total	**564**	**8159(12)**	**7683(5)**	**244**	**232**

2.2 Disease Surveillance and Incidence

*[Information from CCM team and/or*https://www.who.int/immunisation/monitoring_surveillance/data/en/]

Impact of COVID-19 on disease surveillance

Briefly describe the impact of COVID-19 on the sensitivity and specificity of vaccine preventable disease surveillance. Measles surveillance data are one option to illustrate that impact, including:

- Changes in the number of reported suspected measles cases

Year	Suspected cases	Measles Igm Positive	Rubella positive	Annualised Rate
2016	444	1	2	3.2
2017	702	1	4	5.1
2018	506	1	4	3.6
2019	480	4	33	3.7
2020 (August)	211	3	12	3

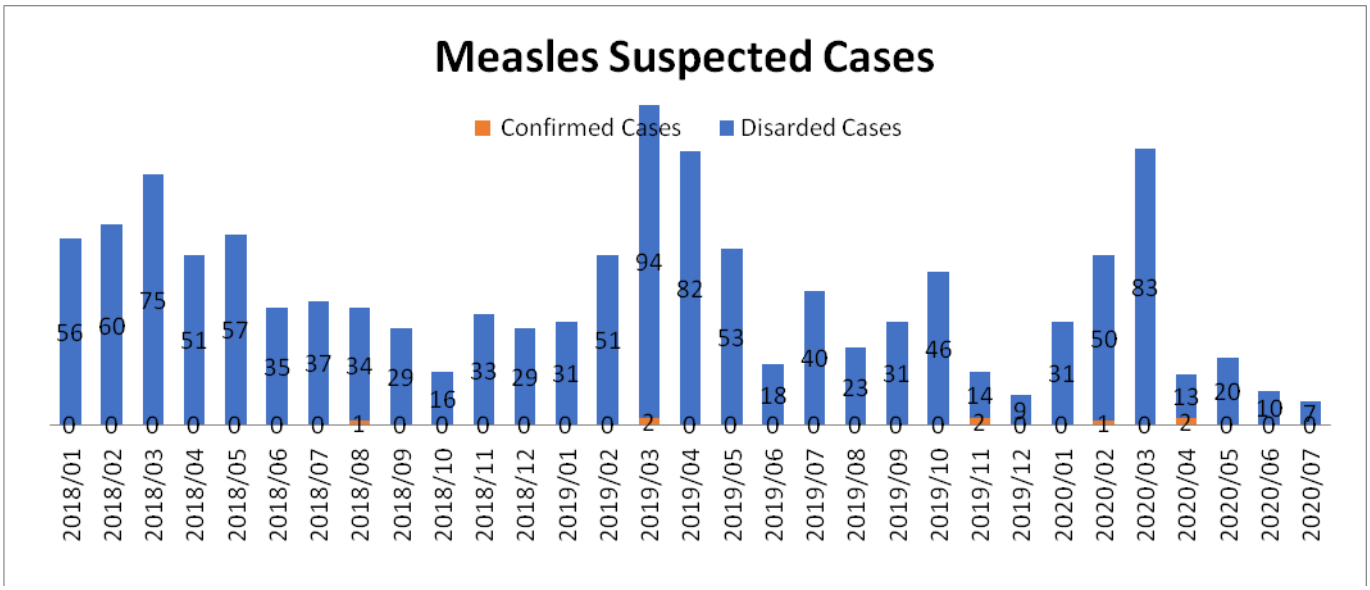
- Changes in the number or rate of discarded suspected measles cases

Year	Discarded
2016	441
2017	693
2018	501
2019	443
2020	196

Impact of COVID-19 on disease surveillance

Briefly describe the impact of COVID-19 on the sensitivity and specificity of vaccine preventable disease surveillance. Measles surveillance data are one option to illustrate that impact, including:

- Changes in the number of reported suspected measles cases
- Changes in the number or rate of discarded suspected measles cases

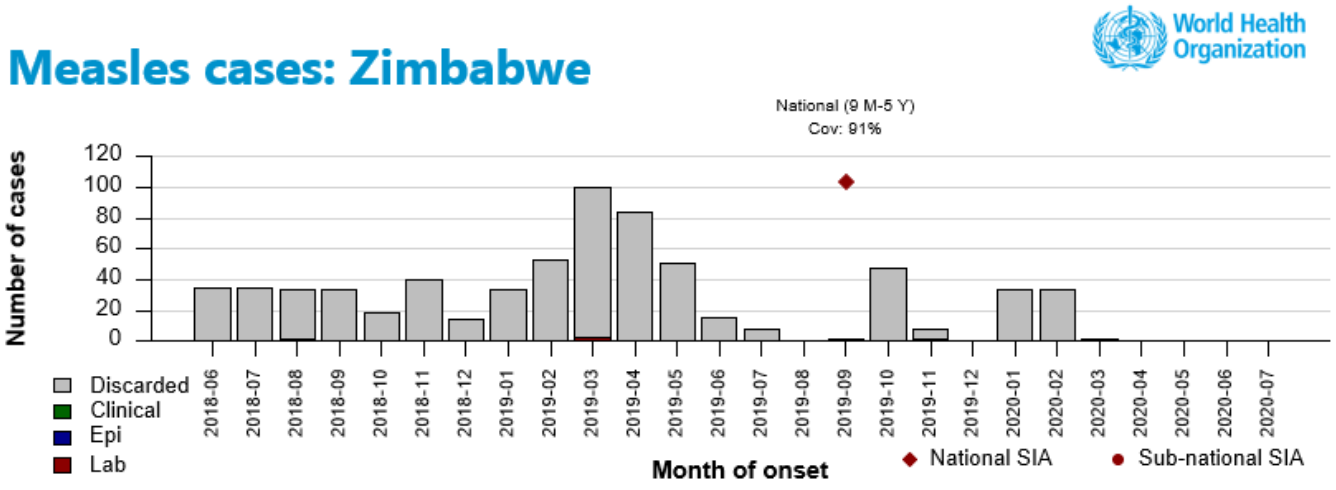


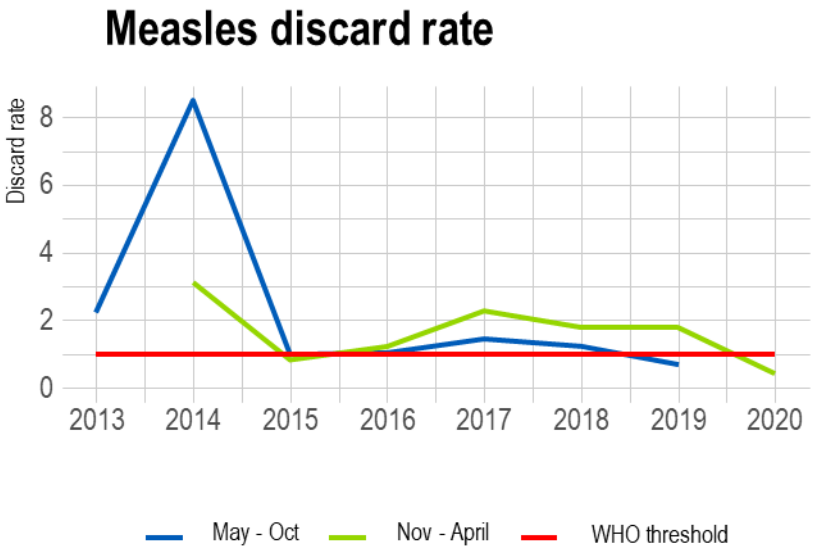
- **Changes in the proportion of suspected measles cases that undergo laboratory testing**

Surveillance data from other diseases can be used as well to highlight key areas of impact.

Since the beginning of 2020, 203 suspected measles cases were notified from 77.8 % of districts with non-measles febrile rash illness rate of 2.3 per 100,000 population.

Only one surveillance indicator was met. Need to strengthen surveillance system to ensure cases are being captured and reported from all districts and increase sensitivity of the surveillance





Source: WHO measles discard rate

Impact of COVID-19 on disease cases

Briefly describe the impact of COVID-19 on vaccine preventable disease incidence. Since measles is the vaccine preventable disease most likely to have a rapid increase in incidence due to declines in immunisation coverage associated with COVID-19, measles data can be used to illustrate this impact, including:

- Changes in the number or rate of confirmed measles cases
- Interpretation of changes in the number or rate of confirmed measles in light of changes in surveillance performance. For example, assessment of whether decreases in measles incidence are due to actual declines or decreased sensitivity of measles surveillance.

Similar data for other diseases can also be used as well.

The number of confirmed cases for both measles and rubella are on a decline as shown by the graph. Two measles and 3 rubella cases were confirmed during the period of January to August 2020.This is attributed to a decrease in sensitivity of measles surveillance.

2.3 Impact of COVID-19 on immunisation

Briefly describe the impact that COVID-19 has had on your ability to effectively deliver immunisation services, including:

Constraints on routine immunisation services (e.g. are health workers still carrying out immunisation services? What barriers do health workers face?)

- The introduction of COVID-19 lockdown brought uncertainty to health workers and communities. The main contention bordered on contact, whether or not one would be safe from COVID-19 if communities visited health facilities.
- Immunisation services were affected as indicated by DTP3 coverage dropping from 82% in March 2020 to 58% in April 2020l. However, coverage started picking in June 2020 but not to the levels prior COVID-19 lockdown.
- The on and off industrial action by some Health workers demanding better working conditions and PPE is affecting vaccination coverage.
- Quarterly supportive visits for Q2 2020 to provinces and districts were not conducted because of COVID-19 restrictions.
- Some health centres have been designated as Covid 19 treatment centres with some routine activities being assigned elsewhere.
- Basic PPE for health workers are in short supply and affecting vaccinations
- Transport; non-availability of public transport, vehicles and fuel for outreach services
- Recruitment of nurses to avert staff shortage improved service delivery at facility level.
- Temporary closure of health centres for fumigation and decontamination thus interfering with access to health services.

- Twenty-three out of 63 (37%) of the districts achieved less than 80% DTP3 coverage, and thirty-six out of sixty-three (57%) districts MR2 coverage was less than 80%. At least 80% of the districts must have ≥80% DTP3 coverage and all districts should have ≥95% MR2 coverage; therefore, the country did not achieve required performance in both DTP3 and MR2.
- Thirty-three (52%) districts had DTP1/3 DOR above 10%, while thirty-five (56%) districts MR1/2 DOR was above10%. The maximum DOR threshold for all is 10% hence the majority of districts are out of range.

- **Impact of the pandemic that may have exacerbated gender related barriers to immunisation experienced by caregivers, adolescents and/or Health workers.**

No gender related barriers to immunisation were documented

- **Impact on uptake, demand and community engagement (including impact of rumours or misinformation)**
  - Transport; non-availability of public transport, vehicles and fuel for outreach services – community not able to travel to health centres
  - Public fear of contracting Covid 19 at health centres and in transit thus negatively affecting health seeking behaviour.
  - Village Health Workers did not have adequate PPE and were not able to conduct defaulter tracking or door to door engagements. This resulted in missed opportunities for vaccination.
  - Public loss of trust in immunisation due to misinformation by public figures contributed to reduced turnout.
  - Health workers responsible for community mobilisation were part of the Covid 19 Response Teams at different levels hence did not have adequate time for conducting EPI demand promotion activities.

- **Impact on any planned new vaccine introductions or campaigns**

  The country had planned to roll out TCV in a catch up campaign integrated with IPV, HPV and Vitamin A Supplementation in June 2020. The main strategy for vaccine delivery was through schools as the bulk of the target was school going children. Schools were closed indefinitely. Country stakeholders agreed on rescheduling the integrated campaign to February 2021 due to COVID-19 pandemic.

- **Impact on vaccine stocks (e.g. restocking of vaccines and related supplies, risk of expiry, updating dose requirements, reallocating stocks internally within the country/districts to ensure equity of supply)**
  - The low uptake of vaccines especially during the months of April and May 2020 resulted in overstocking of vaccines and supplies in some facilities. However, the magnitude of overstocking needs further assessment to come up with a comprehensive report recommending clear actions to mitigate/minimize vaccine losses. A cross sectional assessment of facilities that managed to share their vaccine management data indicate that.
  - There were reported incidences of stock outs of vaccines at facility level during the period and this could have also impacted negatively on coverage.
  - The national level was adequately stocked for all routine vaccines and supplies except for PCV13 and Td whose stock levels were below minimum. TCV received for the campaign is still in stock at central level
  - Some provincial stores were overstocked of some vaccines e.g. Matabeleland North and Matabeleland South.
  - Districts have not been submitting their vaccine stock reports (SMTs) making it difficult to envisage the stock situation at that level.
  - Vaccine usage analysis for Q2 2020 indicate that there is high wastage of vaccines in districts, for example Kariba district PCV13 46.2% and Zvimba district Rota virus vaccine at 35.86%. At Zvimba district, records are inadequate to support/refute the reports while Kariba district data could not be verified.

- Health Centre – due to Covid 19 restrictions, there were no assessments conducted. Reports and records indicate that there is higher wastage of vaccines in opened vials due to low turnout by caregivers. Incidences of stock outs at this level are still significant.
- Records for vaccine management at district and facility level not updated, for example, Zvimba district in Mash West and Kapfunde Clinic in Hurungwe district, all in Mashonaland West province.
- However, the national level has now designated from its pool of supply chain managers focal points for provinces to follow up on supply chain issues. It is hoped this will significantly improve vaccine management and reporting at all levels.

- **Impact on health and immunisation (incl. vaccines) financing (e.g. repercussions on the health/immunisation/vaccine budget; delays in budget disbursements relating to immunisation activities; intention of other donors to make additional funding available for health/immunisation/vaccines)**

  - Delayed disbursements for EPI outreach due to the plan to implement a broader integrated outreach. However, requests for disbursements have been submitted.
  - Possible high cost of vaccine storage due to postponement of the campaign. TCV and IPV are going to be kept in store for over a year before consumption while supplies are going to be kept in a UNICEF rented warehouse for almost six months. The more the vaccines and supplies are stored, the higher the overheads and other costs associated with holding stock.

- **What has been the impact on the implementation of Gavi support (vaccines, HSIS, TCA, other), including financial absorption, stock management etc.?**

  - Financial absorption very low because of cancellation of most activities
  - Low vaccine uptake for routine and SIAs
  - Documentation of TCV campaign activities and Community Dialogues not implemented

2.4 Already agreed budget reallocations of HSS grant for COVID-19 response

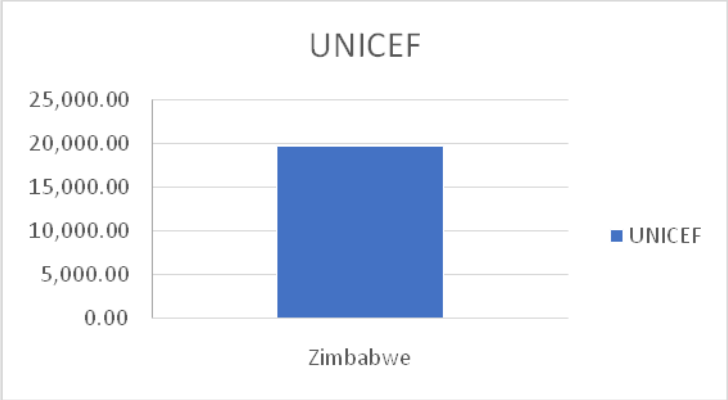
[Please complete table to reflect any budget reallocations already approved – example below]

	COVID-19 activity	Amount reallocated	Status of implementation
Activity 1	Procurement of Test Kits	629,098	$511,399.39 (81%) utilized due to global shortage
Activity 2	Procurement of Rapid Test Kits	145,800	Completed
Activity 3	Procurement of PPE Kits	255,700	Completed
Total	Total Reallocated from HSS	1,030,598	$922,725.00 utilised. Balance of $117,698.61 yet to be utilised due to global shortage

Within the above total, the country reallocated towards Covid-19 a total of $60,479.95 from the 2019 MR Follow up Campaign Operational Costs budget, which had also been reallocated to HSS. The country also reallocated $54,300 from the HSS2 Year 2 budget with $33,706 reallocated from National EPI Review Meeting budget line and $20,608 from the Active Search Budget line.

2.5 Already agreed modifications in Technical Assistance (if applicable)

[This refers to modifications already agreed as part of the COVID-19 emergency response, graphs are provided by the PEF team]



TCA-2019 funding for UNICEF-Zimbabwe was reallocated to finalising and rolling out trainings for community health workers on Covid-19 prevention, case identification, and referrals – aligned with VHW trainings. The reallocated activity intended to reach 2000 community health workers in 23 districts.

2.6 Unspent funds and savings from Gavi support, available for re-allocation

[Brief narrative and/or table. Considering that some activities have been cancelled, delayed or modified, this is an overview of funds available to be re-allocated.]

The country realised savings when it redirected CCEOP funds directly to UNICEF SD, as well as when it realigned its DSA for district level activities to reflect active circulars. The internal auditors requested to have their budget increased from an annual budget of $6,960 to $23,160 which was approved by Gavi. The savings after taking into consideration the internal audit request totalled $155,864 *($139,165 programmable*) and these savings will increase by the below mentioned activities.

Of the **HSS2 Year 2** budget, which started from **April 2020**, the following activities will not be undertaken and can be available for reallocation. These activities relate to **Q3 2020(July -Sept 2020)** OR **Year 2 Quarter 2of the budget**. The total from these activities total $92,835.00 *(the total amount is programmable)*. Therefore, total programmable savings after the realignment of DSA to active circulars and activities, which have been, delayed amounts to $232,000.

	Quantity	Unit Cost	Multiplier	Frequency	TOTAL	
National Review						
DSA for Quarterly Review Meetings Participants	50	75.00	6	1	22,500.00	Already reallocated to Covid-19
DSA for Quarterly Review Meetings Facilitators	10	75.00	6	1	4,500.00	
Conference for Quarterly Review Meeting	70	15.00	5	1	5,250.00	
Fuel for Quarterly Review Meeting	80	1.30	14	1	1,456.00	
Support and supervision						
DSA for head office	15	75.00	6	1	6,750.00	

Fuel for head office	300	1.30	4	1	1,560.00	
DSA for provincial level	16	75.00	5	1	6,000.00	
Fuel for Provincial level	200	1.30	8	1	2,080.00	
DSA for Cities level	9	9.00	5	1	405.00	
Fuel for Cities level	100	1.30	3	1	390.00	17,185.00
Vehicle maintenance						
Land Cruiser	76	500.00	1	1	38,000.00	
Trucks	10	750.00	1	1	7,500.00	45,500.00
Active Search						
DSA For District	60	56.00	5	1	16,800.00	Already reallocated to Covid-19
Fuel For Districts	40	1.30	63	1	3,276.00	
Fuel For Province	40	1.30	11	1	572.00	
Fuel National	200	1.30	1	1	260.00	
Fuel for Standby Generators						
National	500	1.20	1	1	600.00	
Province	300	1.20	11	1	3,960.00	
District	100	1.20	60	1	7,200.00	11,760.00
Onsite Data Verification						
DSA for Central level	4	75.00	6	1	1,800.00	
Fuel for Central level	300	1.30	1	1	390.00	2,190.00
Cold Chain maintenance						
DSA for Cold Chain Technicians	18	75.00	12	1	16,200.00	16,200.00
Total Available for reallocation						92,835.00

3. Discussions on priorities, action plan and technical assistance needs; Roadmap for further re-allocation/planning

Based on the analysis of the current programmatic and financing status of your immunisation programme (captured in Sections 1 and 2), the questions below provide guidance for a multi-stakeholder dialogue.
This should result in an outline of your plans to reinforce/re-establish routine immunisation activities, catch-up on missed children, and potentially re-activate some of the planned new introductions and/or campaigns, in the context of the country epidemic response/recovery plans while taking into account the guidance provided by the Alliance.

The country is expected to:
Define short/medium-term activities to maintain/restore routine immunisation and catch-up on coverage as needed. For these, a workplan and budget will be required.

- Intensified Immunisation Activities to improve service
  Immunisation activities will be intensified at both fixed and outreach points in order to catch up children who missed vaccinations due to Covid-19 and this will be achieved through the following strategies;

    - Catch up Campaign - Identification of children who missed vaccinations and reaching them with vaccines. The activity will be implemented country wide with priority being low performing districts with high numbers of unvaccinated children. The implementation will be a mix of Village and Street Health Days as well as Health Centre based approaches as a way of improving access and increase coverage.
    - Integrated Outreach – although immunisation outreach is part of the strategies being implemented for service delivery, there are opportunities for leverage from other funding mechanisms from HDF and other funding partners under the rebranded integrated outreach. Under the integrated outreach approach, there is optimism to share innovations across implementing programs, enjoy economies and provide a comprehensive package which will help to strengthen immunisation.
    - My Village My Home (MVMH) concept replication-MVMH is currently being implemented in 14 districts in the country and the plan is to reallocate funds, train health workers and the community in other districts and then implement. Some registers for MVMH have been produced and are awaiting training of health workers so that the package is delivered. The Ministry would like to capitalise on the synergies which are already in place, for example, in Manicaland province FHI360 is already supporting the innovation. The concept will also assist in defaulter tracking. *(fast track RED/REC training)*
    - Cascading of urban immunisation strategies to other cities-Urban immunisation is planned for introduction in specific urban areas with support from JSI. The country fragility budget has line items for urban immunisation activities and this cascade will build on this existing platform. This will be achieved by reallocation and funds mobilisation to accommodate other districts which will be priority based on DTP3/MR2 coverage for 2020. This will supplement the current support which directly targets 4 cities and 8 others on virtual platforms *(target intervention depending on needs – identify districts and request for work plans and budgets)*

- **Intensify demand generation activities**
  There has been a noted increase in misinformation and hesitancy related to the Covid-19 pandemic resulting in low demand for health services. The plan to intensify demand generation activities includes the following strategies;
    - Engaging of more CSOs in communication and service delivery – this will be in addition to the support to be provided by Crown Agents to strengthen engagement of hesitant groups, hard to reach populations, religious objectors and urban elites through community dialogues. The plan will be achieved through engagement CSOs who are already working with the MoHCC in other interventions as well as considering others who may not be providing health services at present.
    - Align Demand Promotion Activities to the recently approved Demand Promotion Strategy.
    - Mass Media campaign – informed by human centred design solutions to immunization demand to promote integrated messaging "*Vaccine for Prevention in a timely manner*" through multi channels. The country hopes to reach out to higher numbers of hesitant

groups and hard to reach communities with tailored messages. The available demand generation budget in the HSS2 grant is proposed for funding implementation. The country will also take advantage of the media briefs line item in the Additional HSS grant to fund some activities in an integrated approach

- Capacity building on Interpersonal Communication (IPC) in delivering information about vaccines. The country previously trained 477 Nurses and Environmental Health Technicians in IPC in 2019 and proposes to continue the training in order to build frontline health worker knowledge and practice. IPC is expected to strengthen health worker- caregiver interaction to enhance caregiver experience, trust and knowledge.

- Effective Vaccine Management
  Development of an EVMA Improvement Plan will be done and finalised Q4 2020. This will inform the five-year strategic plan 2021-2025. Assessment of stock status at all levels and recommending actions to minimize vaccine wastage, find innovative ways of improving vaccine distribution to minimise vaccine stockouts, implementation of a web based vaccine management system and integrating inventory management indicators in the electronic health register (eHR) in order to maximise on benefits of integration and internet based solutions at all levels. The plan will take opportunity of the oncoming additional HSS budget which provides for installation of a web based Logistics Management Information System as a way of strengthening logistics management. Training of health workers will be conducted using the existing HSS2 budget and this is aimed at building capacity among health workers in EVM.
- Cold Chain Management
  Installation of 1051 Solar Direct Drive refrigerators in facilities; 968 procured under CCEOP and 83 funded by the PBF awarded to the country. All the equipment is already in the country and deployment currently underway. Installation of the SDD refrigerators started on the 22nd of September 2020. The SDD units are being installed in facilities which do not have solar refrigerators already installed. Preventive and corrective maintenance of CCE is be carried out every quarter. A cold chain assessment is planned soon after installation of the SDD refrigerators in order to identify gaps and inform future planning. Remote Temperature Monitoring System (RTMS) will be installed at district level and this will improve quality of vaccines, inform maintenance decisions as well as forming a vital cold chain reporting system for the country. The RTMS is being procured by UNICEF but has taken longer than anticipated to be delivered. The delays where caused by the absence of a Long Term Agreement between UNICEF SD and the supplier. Procurement of the RTMS will be done Q4 2020 and delivery is expected in December, which means that installation of these devices will commence first quarter of 2021
- Periodic Rapid Assessment
  The assessment will be conducted six months apart to inform mid-year review meetings. The assessments will inform management on areas that require attention during EPI review meetings. Preceding assessments will help to assess improvement or lack of it so that correct actions are taken or good practices are shared. Review meetings will act as feedback platforms on the health of the program from an informed perspective.
- Leadership Management and Coordination
  During the 2019 Joint Appraisal Review, CHAI participated with other stakeholders and the Government to identify the broad challenges in the Leadership, Management and Coordination (LMC) of Immunization Service Delivery in Zimbabwe. As per Government's interest in making improvements on LMC, a few key areas of TCA support were chalked out to strengthen systems and capacity of the ZEPI. These interventions would help ZEPI sustain the current high immunization coverage rates in the face of increased threats and further improve the coverage and equity over the long-term.

  Working closely with government and partners on the ground, CHAI will to provide direct technical support to the ZEPI management team at national level and in one focal province. The support will be provided in two Phases: 1) A Diagnostic Phase that will determine specific challenges and priority areas for LMC support as per latest government priorities and impact of COVID-19 disruptions on the immunization system, and 2) an Implementation Phase that will help improve core management systems for immunization program performance management, strengthen ZEPI's financial management systems for sustainable financing, and support ZEPI advocacy efforts for adequate staffing at national level.

- **Define a roadmap for further re-allocating/planning of activities not captured here, considering the medium/long-term country recovery plan, domestic resources and those available from other development partners, lessons learned and innovative approaches used to cope with the epidemic,and synergies with all relevant stakeholders, including CSOs, with the vision of "building back better".**

The multi-stakeholder dialogue may consider the following questions, taking into account the latest programmatic guidance provided by the Alliance:

Short/medium-term activities to maintain/restore routine immunisation

- **COVID-19 recovery plan: does the country have a recovery plan which includes restoring essential health services including immunisation?**

  The country has a recovery plan which includes immunisation services.

- **If not, is the recovery plan being developed? Please give a brief overview of the process and timelines for its completion.**
  The plan is in place is that of continuity of health services in the context of Covid-19 which includes immunization services.

  Immunisation services: What strategies have been implemented at the service delivery points to re-activate immunisation services and to address any immunisation gaps resulting from COVID-19?

  - **Are any additional strategies/delivery mechanisms planned (e.g. updated demand strategies, community outreach, PIRIs, new campaigns, etc.)?**
    - Continuity of essential health services
    - Provision of PPE for vaccinators – procurement of PPE for health workers to ensure uninterrupted provision of services and testing of health workers and the public so that appropriate measures are taken.
    - Integrated outreach-a broader all-encompassing approach to outreach services was adopted and is still in infancy. Impact of this approach will be provided in the near future
    - Communication – immunisation demand generation messages were integrated into communication adopted as a response to Covid-19. Radio programs, advocacy and development and distribution of IEC material
    - Training of HPOs and DEHOs on risk communication incl. continuity of essential health services
    - Training of nurses and Community Health Workers in Infection Prevention and Control
    - Community meetings
    - Door to door mobilisation by Community Health Workers

  - **If so, how are these measures incorporated into broader primary healthcare considerations and are they in line with WHO guidelines?**
    - Yes, are incorporated and in line with WHO guidelines and are also informed by ZIMNITAG recommendations.

  - **What plans exist regarding risk communication and community engagement in the response?**
    - Training in risk communication and Interpersonal Communication for front line health workers
    - Mobilisation of PPE for Community Health Workers
    - Utilising COVID19 communication platforms for EPI demand creation
    - Training of Community leaders, interfaith religious groups and traditional healers on SBCC and risk communication
    - Monitoring and addressing misinformation and rumours on immunisation and vaccines
    - Mass media campaign on integrated COVID 19 and continuity of essential services messages

  - **What lessons learned and/or innovative approaches to immunisation service delivery that were used to cope with the epidemic are worth broader adoption and scaling-up?**
    - Immunisations at marketplaces, in slums and integration
    - Awareness Campaign into EPI outreach activities
    - Availability of PPE during immunisation sessions boosts confidence of health workers and clients
    - Weekly immunisation monitoring assists in providing information for quicker decision making and intervention

- Weekly vaccine stock status update – this activity is already being implemented in line with the country Covid-19 pillar on Logistics
- Integrated communication approach provides opportunities for raising awareness

- **Equity approach: What are the plans to ensure that underserved and missed communities, including zero-dose children, are prioritised within the country's recovery plan?**
  - Targeted Catch Up campaign in districts with low coverage and high number of unimmunised children
  - Train Districts on RED approach to strengthen routine immunisation
  - Human Centred Approaches for hesitant communities to reach the unvaccinated
  - Mass call-back of missed children
  - Defaulter tracking using programme registers and CHWs

  - **Does the plan consider any additional cohort of children or any new communities that might have missed immunisation due to COVID-19 and have strategies to address them?**

    Children who are due and overdue to immunisation services

  - **Does the plan consider disproportionate impacts of the pandemic on women and girls or other vulnerable groups (including migrant, disabled, HIV+, LGBTQI communities) and propose gender responsive/transformative strategies to mitigate them?**[2]

    - Yes
    - Temporary internal migration mainly urban rural due to fear of Covid 19
    - Targeted vaccination for disabled in streets, homes. Development of tailored communication material,
    - Inclusion of specific CSOs
    - Ministry of Public Service, Labour and Social Welfare

  - **Does the plan consider new or strengthened partnerships to reach underserved communities, including CSOs?**
    - Crown Agents – widen scale and broaden scope of engagement with CSOs in other districts and communities, and also strengthen Results Based Financing
    - Public Private Partnerships-revitalise partnership with Econet in provision of cold chain equipment and internet based solutions for cold chain monitoring through Energize the Chain.
    - Africaid Zvandiri
    - NAC
    - Save the Children

  - **What are the gaps in immunisation data and information that will limit the ability to identify missed children, track reaching those children, and monitor the effect of recovery strategies/service delivery mechanisms?**
    - Absence of an Immunisation Registry - electronic register is required in order to ensure that all eligible people are vaccinated and documented appropriately. The web based register will be integrated with the broader electronic immunisation register already being used by the MoHCC.
    - Data Quality Assessment (validity and reliability) – activity planned for Q3 2020 was not conducted mainly because of reprioritisation caused by the Covid-19 pandemic. This is now planned for Q4 2020 and will inform the current position.
    - No web based LMIS – an internet based Logistics Management Information System provides valuable data in, vaccine availability, stockouts, usage and wastage of vaccines and this can be used for triangulation and understand factors which could be indirectly affecting immunisation coverage.

[2]Gavi's revised gender policy was launched on July 1, 2020 and can be downloaded here https://www.gavi.org/programmes-impact/programmatic-policies/gender-policy

- Hesitant communities not well mapped and quantified – the real impact of hesitancy is generalised in some instances because of the non-availability of the actual numbers of children in these communities and where they are actually located
- Inadequate capacity in use of data for monitoring and decision making – at health centre where the data is generated, staff is overloaded and may not have adequate time to analyse the data for all interventions. Health information is such a critical component at point of data generation such that there may be need for a post for data/information/records management.

Does the recovery plan include activities to improve known gaps in immunisation data?

The country does not have an immunisation recovery plan but is in the process of engaging a consultant to lead the process of coming up with one.

Immunisation financing:
Has sufficient funding been secured to ensure availability of vaccines, including the co-financing portion, and to enable continuous immunisation service delivery going forward? Please give a brief overview of the funding landscape for the immunisation program[3] and highlight any gaps in support. Describe efforts underway to close any financing gaps.

Mr Norman Gavi may you address this question

[3] Including sources of funding.

What support is required from Gavi for the planned short/medium-term response efforts?

- **What are the key technical assistance needs to be funded through PEF TCA[4]?**

  - Technical and financial support in the implementation of recommendations from the 2020 EVMA to sustain and improve effective vaccine management practices in the country
  - Supporting the operations of the ZIMNITAG
  - Technical support to conduct a Cold Chain Assessment. The assessment is planned for Q3 2021 or any time after the installation of the Solar Direct Drive refrigerators, which is currently underway.
  - Technical support in the general management of the vaccine supply and cold chain
  - Technical and financial support in improving urban and peri urban vaccinations
  - Technical support in sustaining demand for immunisation services in all EPI target populations

- **Does the country anticipate requiring additional HSS flexibilities or support?**
  - Yes; no cost extension
  - Changes on how the outreach funds are to be used in line with the broader Integrated Outreach Approach
  - Support for catch up campaigns

- **Do any planned new vaccine introductions or campaigns need to be adjusted in light of the current situation? (Please confirm or indicate any changes in assumptions from section 1.1)**

  - Integrated campaign and planned introduction of TCV postponed to a later date-proposed period is 14-24 February 2021

- **Is the country intending to apply for new vaccine support or a product/presentation switch[5]in next 6-24 months? If so, please mention for which vaccines/support.**

  -Product presentation switch from MR 10 dose vial to MR 5 dose vial
  -NVI - HepB birth dose
  -NVI – Covid 19 Vaccine

- **Is the country interested in innovation initiatives6 from the innovation catalogue available to countries?**

  The link to the catalogue ishttps://www.gavi.org/sites/default/files/2020-09/Gavi_Innovation-catalogue.pdf
  -The country is interested in taking up some of the interventions in the catalogue such as drone delivery of vaccines, social listening and mobile based solutions to tracking children and reminder systems subject to availability of the necessary technical and financial support.
  -Some of the innovations like remote temperature monitoring, HCD workshops and mHealth have been initiated and will need to be scaled up for impact.

[4] The TA needs mentioned in this report are a key input into the process to classify Gavi TA support (PEF TCA). The TA plan will however be subject to follow-up discussions and a separate approval process, which may require supplementary information to be provided.
[5] For information on available products/presentations, please refer to:https://www.gavi.org/news/document-library/detailed-product-profiles
[6] Definition of innovation: new products, practices or services that unlock more efficient and effective ways to accelerate Gavi mission.

Roadmap for further medium/long-term planning

Please briefly outline your roadmap for developing a more detailed medium/long-term recovery plan to restore immunisation services and address any immunity gaps created by the COVID-19 pandemic. In your response, you can consider the following:

- Is there a need to conduct an assessment of the COVID-19 pandemic impact on immunisation services in order to best facilitate the development of a longer-term response plan?

  An assessment of the COVID-19 pandemic impact will consider the following;

  - **Service Delivery**

    As reported earlier, a 58% DTP3 coverage in April means a number of children may be unvaccinated. There is need to carry out an assessment to establish the causes of the drop outs and how the unvaccinated can be reached.

  - **Surveillance**

    All the performance indicators are on a decline as indicated by the recent data on AFP with detection rate at 2 cases /100 000 population under 15 years, Suspected Measles Cases with a detection rate of 1.99/100 000 total population. There is need to establish the contributing factors to the decline in the surveillance performance indicators and come with an improvement plan to address the gaps

  - **Demand**

    Demand for vaccination was affected due to fear of contracting COVID 19 by both HCWs and caregivers of children. Misinformation and circulating rumours on vaccines and immunisation may have influenced some caregivers not to come for services during this period. Both quantitative and qualitative analyses should be conducted to assess the impact of these and other factors on vaccination decisions. Local HCD researches in different community groups will need to be conducted for tailored communication packages to be developed to increase and sustain uptake of vaccines and other MNCH services

  - **Supply Chain**

    The low uptake of services including immunisation has resulted in reduced usage and higher wastage of vaccines in some cases. There is also need to assess the cold chain capacity in order to inform decisions post Covid-19.

  - **Data & Health Information**

    The MoHCC has already conducted an assessment of the status of the health delivery system but was not comprehensive enough to address issues specific to immunisation hence plans at an advanced stage for conducting a Rapid Assessment which will inform the immunisation Recovery Plan and also input into the strategic plan for 2021-2025.

- **What is the envisioned planning process, including efforts to engage communities in the development of the plans, to join broader health sector planning exercises, and to ensure harmonisation of support with all relevant bi-lateral and multi-lateral development partners?**

  - Conduct an assessment – the assessment will consider all EPI components and will involve major stakeholders involved in immunisation program. The plan is also to assess other new CSOs and CBOs whom the program can work with going forward.
  - Draw up recommendations, action and monitoring plan – recommendations will be based on findings of the assessment and these will inform action plans.
  - Develop a plan based on recommendations, action and monitoring plan – the country is in the process of coming up with a new cMYP 2021-2025 aligned to the NHS. The findings will provide inputs to the development of the strategic plan.
  - Resource mobilisation – all resources required to successfully implement the plan will be mobilised. The existing Gavi Cash Grants will be used or reallocated in order to reflect 'new' requirements as informed by the assessment.
  - Implementation – operationalisation of the plan will be integrated to the existing interventions meant to improve overall service delivery as measured by DTP3 coverage and other monitoring indicators.

- Evaluation – a monitoring tool will be developed for use. Monitoring & Evaluation indicators will cover all immunisation components.

The planning process will involve the following partners;

- MoHCC – lead implementer of the planning process
- UNICEF – focus on demand generation
- WHO – technical, monitoring & evaluation and VPD Surveillance
- JSI-urban immunisation
- CHAI – leadership, management and coordination
- Crown Agents–engagement of CSO in demand generation activities

The plan will cover all levels of service delivery

- **Will a technical assistance plan be developed alongside the recovery plan? Will it be holistic and ensure support from all TA partners is harmonised?**

  TA from partners will utilise the existing capacities of the different partners and maximise or build up on the grants already in country.

- **Finally, please note whether planning has already begun for a potential introduction of a COVID-19 vaccine if/when such vaccine becomes available?**

  The country has formally registered its interest in securing a COVID 19 vaccine when one is approved. A baseline readiness assessment was conducted using the standard assessment tool. An action plan to address preparedness gaps has been developed and shared with all key stakeholders. Adaptation of existing structures, procedures and plans for the roll out of a COVID 19 vaccine is currently underway Top management in MOHCC have been sensitized on the COVAX facility to which the country is eligible.