



Annual Progress Report 2008

Submitted by

The Government of

Zimbabwe

Reporting on year: __2008__

Requesting for support year: _2010/2011_

Date of submission: _____

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

and any hard copy could be sent to :

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Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of Zimbabwe

Minister of Health:

Title:

Signature:

Date:

Minister of Finance:

Title:

Signature:

Date:

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

This report on the GAVI Alliance CSO Support has been completed by:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	382764	386592	390458	394362	398306	402289	406312	410375
Infants' deaths	22966	23195	23427	23661	23898	24137	25378	24622
Surviving infants	359798	363397	367030	370701	374408	378152	381934	385743
Pregnant women	493890	498828	503817	513943	524274	534812	545561	556527
Target population vaccinated with BCG								
BCG coverage*								
Target population vaccinated with OPV3								
OPV3 coverage**								
Target population vaccinated with DTP (DTP3)***								
DTP3 coverage**								
Target population vaccinated with DTP (DTP1)***								
Wastage ¹ rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of								
..... Coverage**								
Target population vaccinated with 1 st dose of								
Wastage ¹ rate in base-year and planned thereafter								
Target population vaccinated with 1 st dose of Measles								
Target population vaccinated with 2 nd dose of Measles								
Measles coverage**								
Pregnant women vaccinated with TT+								
TT+ coverage****								
Vit A supplement	Mothers (<6 weeks from delivery)							
	Infants (>6 months)							
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100								
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

Table B: Updated baseline and annual targets

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Number	Achievements as per JRF	Targets							
	2008	2009	2010	2011	2012	2013	2014	2015	
Births	382764	386592	390458	394362	398306	402289	406312	410375	
Infants' deaths	22966	23195	23427	23661	23898	24137	25378	24622	
Surviving infants	359798	363397	367030	370701	374408	378152	381934	385743	
Pregnant women	493890	498828	503817	513943	524274	534812	545561	556527	
Target population vaccinated with BCG	279866	386592	390458	394362	398306	402289	406312	410375	
BCG coverage*	73%	100	100	100	100	100	100	100	
Target population vaccinated with OPV3	231353	308887	330327	333631	344455	355463	366657	374171	
OPV3 coverage**	64%	85	90	90	92	94	96	97	
Target population vaccinated with DTP (DTP3)***									
DTP3 coverage**									
Target population vaccinated with DTP (DTP1)***									
Wastage ² rate in base-year and planned thereafter									
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with 3 rd dose of DTP-HepB-Hib	257746	308887	330327	333631	344455	355463	366657	374171	
..... Coverage**	72%	85	90	90	92	94	96	97	
Target population vaccinated with 1 st dose of	325564	337959	348679	359580	363176	366807	370476	374171	
Wastage ¹ rate in base-year and planned thereafter	5%	5%	5%	5%	5%	5%	5%	5%	
Target population vaccinated with 1 st dose of Measles	228376	305253	330327	333631	344455	355463	366657	374171	
Target population vaccinated with 2 nd dose of Measles	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
Measles coverage**	63%	84	90	90	92	94	96	97	
Pregnant women vaccinated with TT+	196736	279344	287176	298087	309322	320887	332792	345047	
TT+ coverage****	40	56	57	58	59	60	61	62	
Vit A supplement	Mothers (<6 weeks from delivery)	ND	498828	503817	513943	524274	534812	545561	556527
	Infants (>6 months)	1339280	1372353	1418690	1480474	1527201	1592517	1659843	1729231
Annual Penta Drop out rate $[(Penta1-Penta3)/Penta1] \times 100$	21	9	5	7	5	3	1	0	
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): **No**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

No funds received for this activity. Zimbabwe submitted its application for ISS in 2008 and received a response that the application had been put on hold pending a decision on verification of actual immunisation coverage from countries

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.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 ___ Nil _____

Remaining funds (carry over) from 2007 \$637,000

Balance to be carried over to 2009 - Nil. **The funds were advanced to WHO for procurement of vehicles and 29 vehicles have since been delivered and distributed to districts. Information on the remaining funds was received late ,just before the submission of this report and the country is now planning on how to utilise the funds**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles	\$637,000	\$637,000			
Cold chain equipment					
Other (specify)					
Total:	\$637,000				
Remaining funds for next year:	NIL				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? Three

Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: [Yes/No]
if yes, which ones?

List CSO member organisations

- Rotary International
- Helen Keller International
- Riders for Health
- University of Zimbabwe
- World Vision International
- Plan International
- ZACH(Zimbabwe Association of Church Related Hospitals)

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

Major activities conducted to strengthen immunisation include;

- Procurement of 31 vehicles for use by provinces and districts
- Districts assisted with spares and servicing of EPI vehicles
- All districts assisted with fuel for outreach work
- Motivation of some staff by giving specific allowances for outreach work
- Conducted one round of National Child Health Days focusing on vitamin A supplementation and due and overdue antigens
- New refrigerators procured as per 5 year replacement plan and distributed to provinces and districts
- Training of health workers on immunisation in practice

Problems encountered included;

- Provision of allowances to certain categories of staff de-motivated other staff members
- General de-motivation of staff that led to frequent industrial action by health workers throughout the country resulting in most health facilities not offering immunisation at all
- High staff attrition rate due to unstable economic environment
- No outreach activities carried out in most districts due unavailability of vehicles and or fuel
- Cholera outbreak experienced from 2nd half of the year shifted attention from most programmes including EPI (both human and material resources)
- Unavailability of transport and fuel to distribute inputs – vaccines and LP gas – to fixed facilities affected routine immunisation
- Socio-economic instability affected immunisation programme
- Lack of communication because of equipment breakdowns (mainly computers) or unavailability of communications means e.g. internet, telephones and radio communication

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N°.....) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.

- c) Detailed Financial Statement of funds (DOCUMENT N°.....) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

No DQA conducted during period under review. The last DQA was conducted 2006.

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

See attached DQA plan of action and implementation status

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [May 2007 minutes sent with 2007 report]

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted: **None**

List challenges in collecting and reporting administrative data:

- Shortage of data collection tools in the first half of the year
- Lack of transport to move data from health centre to sub-national level affecting timeliness submission and completeness of reporting
- Constant breakdown of sub-national computers to capture the submitted data
- Low staff morale due to poor conditions of service
- Unexpected outbreak of cholera shifting staff from routine programmes to cholera treatment camps

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[DTP-HepB-Hib single dose introduced throughout the country in January 2008.]

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DTP-HepB-Hib	1 dose		26 January 2008	
DTP-HepB-Hib		303710		22 April 2008
DTP-HepB-Hib		303320		20 June 2008
DTP-HepB-Hib		303320		17 September

Please report on any problems encountered.

[National launch was cancelled at the last minute]

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.

All health workers sensitized on introduction of pentavalent
 Distribution of pentavalent to all facilities and retrieval of Hep B mono vaccine
 Use of remaining Hep B to vaccinate health workers

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: [September 2007, however funds were not accessible from the Reserve Bank of Zimbabwe (RBZ)]. The funds would be required for advocacy and training.

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2007	100,000	Sept 2007	100,000	Nil	Inaccessibility from RBZ

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [October 2007]

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

[List major recommendations]

- *EPI central level should ensure that reliable vaccine wastage data is generated, used at point of generation and transmitted up the ladder for vaccine management purposes.*
- *Sub national and lower level facilities should be encouraged to keep stock records for both vaccines and diluents, and distribute equal amounts of these to ensure correct diluents use. Immediate action is to carry out physical inventory of all freeze dried vaccines and their diluents so that where they do not match the excess quantities are returned to the supplying store for redistribution or destruction as the case may dictate.*
- *EPI Unit national level should come up with a template standard cold chain equipment maintenance plan, share it with sub national stores managers and encourage managers to develop periodic cold chain maintenance plans that should be essentially followed.*
- *EPI Unit national level should develop a standard stock recording tool for service delivery facilities and distribute it for immediate use. Further to this stock management system should be strengthened to include critical stock levels at all levels.*
- *Transport and fuel should be availed for distribution of vaccines, injection safety materials and gas in order to minimize stock outs at lower levels.*
- *Vaccine Vial Monitors should be used for vaccine management purposes and evidence of such use documented.*
- *EPI Unit national level should consider raising resources for training Vaccine Store Managers on vaccine management more so considering the current high staff attrition rate.*

Was an action plan prepared following the EVSM/VMA? Yes

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[List main activities]

- Establishment of vaccine wastage monitoring system – work in progress
- Employment of stock recording system of both vaccines and diluents at all facilities – now being done at most facilities
- Establishment of standard stock card for use by health facilities – work in progress
- Provision of transport and fuel for distribution of inputs – being done but not consistently
- Training of vaccine store keepers on vaccine management – training for sub-national storekeepers scheduled for 2009

When will the next EVSM/VMA* be conducted? [Oct/Nov 2009]

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: DTP-Hep B-Hib	
Anticipated stock on 1 January 2010	100 000 doses
Vaccine 2:	
Anticipated stock on 1 January 2010
Vaccine 3:	
Anticipated stock on 1 January 2010

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? No

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

[List sources of funding for injection safety supplies in 2008] <i>Injection safety support is being funded by UNICEF since the expiry of GAVI support in 2006. These were adequate for the period under review.</i>

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities] Method of disposal is incineration, burning and burying.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

Lack of funding for clearing injection safety containers through Customs led to stock outs of BCG syringes from March to September 2008.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

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

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines	US\$695,882.95		
New Vaccines	US\$5,594,420		
Injection supplies	US\$113,044.71		
Cold Chain equipment	US\$1,163,267.30		
Operational costs	US\$103,407.53		
Other (please specify)			
Total EPI			
Total Government Health	Z\$963 billion		

Exchange rate used	
---------------------------	--

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab “Support Requested” Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>1st vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		Nil	Nil	Nil			
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>2nd vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		Nil	Nil	Nil			
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>3rd vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		Nil	Nil	Nil			
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.3: Country Co-Financing in the Reporting Year (2008) N/A

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**. None

3.1. Up-dated immunization targets

Please provide justification and reasons for 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.

Are there changes between table A and B? Yes/no

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

Provide justification for any changes **in surviving infants**:

Provide justification for any changes **in Targets by vaccine**:

Provide justification for any changes **in Wastage by vaccine**:

Vaccine 1: DTP-HepB-Hib

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of vaccinations with new vaccine: DTP-HepB-Hib

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	330327	333631	344455	355463	366657	374171
Target immunisation coverage with the third dose	<i>Table B</i>	#	90	90	92	94	96	97
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	348679	359580	363176	366807	370476	374171
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	5%	5%	5%	5%	5%	5%
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	Nil	Nil	Nil			

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses (DTP-HepB-Hib)	#	1272924	1141262	1146836	1158301	1169889	1181548
Number of AD syringes (for DTP-HepB-Hib)	#	1354890	1206930	1212519	1224641	1236892	1249219
Number of re-constitution syringes	#	Nil	Nil	Nil	Nil	Nil	Nil
Number of safety boxes	#	15039	13397	13459	13594	13730	13866
Total value to be co-financed by GAVI	\$	4232476	3563481	3349200	2680752	2471252	2338735

Vaccine 2: Pneumococcal Vaccine

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

Vaccine 3:

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report: *Zimbabwe has not yet submitted its application for this support. The application is due for submission this year, 2009.*

- a) Fiscal year runs from(month) to(month).
- b) This HSS report covers the period from(month/year) to(month year)
- c) Duration of current National Health Plan is from(month/year) to(month/year).
- d) Duration of the immunisation cMYP:
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

- f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

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- g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

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4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds arrived									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008:

Remaining balance from total:

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1:						
Activity 3.2:						
Support Functions						
Management						
M&E						
Technical Support						

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009					
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table	

				4.2)	
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Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments					
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS					

4.6 Programme implementation for reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

- b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section

- a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.

- b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

No funds applied or received under this activity

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds	2008 Funds US\$	Total funds
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⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

	approved	Funds received	Funds used	Remaining balance	due in 2009
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

No funding received

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

7. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

Comments on behalf of the ICC

2008 was a very difficult year in Zimbabwe. Hyperinflation reached unmanageable levels. Employers in all sectors, both public and private were unable to pay meaningful wages and salaries for much of the year. Even where employment continued, morale was low. This resulted in a flight of skills from most sectors, the Health Sector being no exception. The problems in the sector were exacerbated by the lack of availability of funds to procure drugs and supplies. The result was that public healthcare support for the general population suffered. To EPI this meant that levels of routine vaccination and surveillance fell owing to lack of clinic and hospital support. Transport was an ongoing problem, which severely curtailed outreach efforts. Given this background, the dedication of the key EPI staff in this most difficult of environments was not far short of heroic. ICC members continued to support the procurement of vaccines and supplies. Certain monetary allowances were given to some healthcare staff to help bolster the service generally, although this caused increased morale problems for those who were not so supported.

Given this background, the ICC and its members continued to support EPI wherever possible and to monitor its activities. Although in a normal environment performance would have been regarded as disappointing, the ICC pay tribute to all those who managed to keep the services running and particularly to the EPI Manager, Mrs Kamupota and her support team.

It is our hope that the maintenance of the operations in working order will provide a sound base for substantial improvement in 2009.

As always, the support that GAVI provides is very much appreciated, and will certainly help to bolster the service strengthening exercise going forward.

A Donald MacDonald
Chairman - ICC

5.. ZIMBABWE 2007 DQA PLAN OF ACTION IMPLEMENTATION STATUS: As of April 2009

OBJECTIVES	ACTIVITIES	EXPECTED OUTCOME	MONITOR INDICATOR	Achievements/Constraints
To capture data on TT given to pregnant women in the new ANC register	Improvise existing data collection tools to include TT given to pregnant women.	Quality data on TT given to pregnant women captured	No. of health facilities with updated data capturing tool.	Majority of health facilities have improvised a column on the existing register to capture TT given to pregnant women.
Develop a Standard EPI Register	<ul style="list-style-type: none"> - Constitute a taskforce. - Review of existing EPI registers. - Pilot draft EPI register and incorporate comments - Print and distribute registers. - Train health workers on use of register - Monitor usage. - Provide feedback at all levels. 	Standard EPI register in place	<ul style="list-style-type: none"> Taskforce in place Availability of progress reports on activities Availability of final printed register No of health facilities with standard register. 	Register awaiting printing pending availability of funds
To standardize protocols for late reporting	<ul style="list-style-type: none"> -develop and distribute guidelines on updating late reports to provinces and districts. -monitor late reporting -use checklist at all levels for weekly surveillance and T5. -follow up of late submissions at all levels. -update data before submission to next level. -information on EPI and T5 should pass through DNO's office before submitting to HIC -validate data before submission to next level 	100% completeness of reporting	<ul style="list-style-type: none"> % of facilities with standard protocols for late reporting % of facilities using checklist for weekly and routine surveillance % of Districts with 100% completeness of reporting Number of facilities validating data before submission to next level 	<ul style="list-style-type: none"> 45% 13% Emphasis was made on the need to validate and make use of data at all levels during the March 2009 surveillance review meeting.
To institute written backup procedures at all levels	- review and disseminate guidelines on back up procedures to all provinces, cities and districts	Guidelines on backup procedures available at all levels	Number of Provinces/districts with written back up procedures	11 provinces

<p>To analyze and validate data at all levels</p> <p>To standardize the monitoring system of completeness at all levels</p>	<ul style="list-style-type: none"> - Review and adapt the tools. - Disseminate the information to all levels. -Distribute standard monitoring tools to all levels. -Monitor use of tool 	<p>Analysis and validation of EPI data taking place at all levels.</p> <p>Completeness monitoring tool available at all levels</p>	<p>Number of provinces/districts with data validation reports/minutes/feedback</p> <p>No of facilities with data analysis tools in place (e.g. Immunization monitor charts)</p> <p>Proportion of facilities using the standard completeness monitoring tool</p>	<p>11 provinces</p> <p>1 422 facilities</p> <p>All</p>
<p>To improve EPI feedback mechanisms to lower levels</p>	<ul style="list-style-type: none"> - Identify existing feedback mechanisms - Systematize the mechanisms - Hold weekly disease surveillance meetings - Convene quarterly EPI review meetings at all levels -line listing feedback to all levels -quarterly visits at all levels 	<p>Regular feedback given to all levels including communities.</p>	<p>% of facilities receiving feedback reports.</p> <p>Number of provinces/cities convening quarterly review meetings.</p>	<p>Data not available</p> <p>National is holding quarterly review meetings</p>
<p>To develop standard EPI checklist</p> <p>To conduct comprehensive supportive supervision</p>	<ul style="list-style-type: none"> - Update existing check list and distribute to lower levels - Conduct comprehensive supportive supervision 	<p>EPI checklist standardized</p> <p>Comprehensive supportive supervision conducted at district level</p>	<p>% of provinces and districts with standardized check list.</p> <p>Availability of supervisory reports</p>	<p>Check list now in place</p> <p>National team is carrying out comprehensive supportive visits to lower levels. Other levels are not conducting supportive visits due to unavailability of fuel and transport.</p>
<p>To equip managers with supervisory skills</p>	<ul style="list-style-type: none"> - Carry out MLM training at provincial level 	<p>Improved general management of EPI</p>	<p>% of Mid-level managers trained</p>	<p>MLM modules awaiting printing</p>
<p>To modify T5 guidelines</p>	<ul style="list-style-type: none"> -Revive a national taskforce to review T5 guidelines -Incorporate procedures for late reporting - Stipulate back up procedures - Review T6 to ensure separate tallying of TT given to pregnant women from that of WCBA 	<p>Taskforce in place</p> <p>Procedures for late reporting included in the T5 guidelines</p> <p>Back-up mechanisms included in the T5 guidelines</p> <p>Separate tallying of TT given to pregnant women from that of WCBA done</p>	<p>Number of facilities using modified T5 guidelines</p>	<p>All</p>

<p>Monitor vaccine wastage at National and provincial levels</p>	<ul style="list-style-type: none"> - Distribution of adequate forms on vaccine usage and wastage to lower levels. - Monitor proper usage of tool - Capture data on vaccine wastage at provincial and national levels. - Procure computers for district and provincial levels for district vaccine data monitoring tool (DVDMT) implementation. 	<p>Vaccine wastage monitored</p>	<p>% of facilities properly using vaccine usage and wastage forms.</p> <p>Availability of data on vaccine wastage at all levels.</p>	<p>Emphasis on vaccine usage and wastage monitoring made during March 2009 EPI review meeting. All provinces/cities were trained on the new standard form for monitoring vaccine wastage during the same meeting.</p> <p>Computers procured for the implementation of the DVDMT in the country. Training is planned for this year this year pending availability of funds.</p>
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