



# Annual Progress Report 2008

Submitted by

The Government of

*Zambia*

Reporting on year: 2008

Requesting for support year: 2010/2011

Date of submission: 15 May 2009

**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](mailto:apr@gavialliance.org)

and any hard copy could be sent to :

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Switzerland**

Enquiries to: [apr@gavialliance.org](mailto: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 **Zambia**

**Minister of Health:**

Title: **Hon. Kapembwa Simbao**

Signature: .....

Date: .....

**Minister of Finance:**

Title: Hon. Situmbeko Musokotwane

Signature: .....

Date: .....

*This report has been compiled by:*

Full name: Dr Penelope Kalesha- Masumbu

Position: Child Health Specialist

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## ICC Signatures Page

*If the country is reporting on ISS, INS, NVS support*

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Hon. Kapembwa Simbao- Minister	Ministry of Health		
Dr V. Mtonga- Permanent Secretary	Ministry of Health		
Dr V. Mukonka- Director Public Health & Research	Ministry of Health		
Dr Olusegun Babaniyi- Representative	WHO		
Ms Lotta Sylwander	UNICEF REPRESENTATIVE		
Mr Dave Barbar	Rotary International		
Mr Shiro Nabeya- Representative	JICA		
Randy Kolstad – PHN Director	USAID/Zambia		
Ms. Melinda Ojmark – Chief of Party	HSSP		
Lynn Lederer – Chief of Party	HCP		
Karen Sichinga-Executive Director	CHAZ		

### Comments from partners:

You may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

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 .....

As this report been reviewed by the GAVI core RWG: y/n

.....  
 .....

## HSCC Signatures Page

*If the country is reporting on HSS, CSO support*

We, the undersigned members of the National Health Sector Coordinating Committee, ..... (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Hon. Kapembwa Simbao- Minister	Ministry of Health		
Dr V. Mtonga- Permanent Secretary	Ministry of Health		
Dr V. Mukonka- Director Public Health & Research	Ministry of Health		
Mr D. Chimfwembe- Director Planning & Development	Ministry of Health		
Dr Olusegun Babaniyi- Representative	WHO		
Ms Lotta Sylwander- Representative	UNICEF		
Mr Dave Barbar- Chairman	Rotary International		
Mr Shiro Nabeya- Representative	JICA		
Ms. Melinda Ojmark – Chief of Party	HSSP		
Lynn Lederer – Chief of Party	HCP		
Karen Sichinga -Executive Director	CHAZ		
Joy Hutcheon -	DFID		
Randy Kolstad – PHN Director	USAID		
	CIDA		

### Comments from partners:

You may wish to send informal comment to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

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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
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....


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	614,363	629,787	645,730	662,209	679,244	695,863	709,780	723,976
Infants' deaths	61,436	62,979	64,573	66,221	67,924	69,586	70,978	72,397
Surviving infants	552,927	566,808	581,157	595,988	611,320	626,277	638,802	651,579
Pregnant women	547,661	568,094	582,474	604,368	627,123	650,735	653,989	657,258
Target population vaccinated with BCG	614,363	629,787	645,730	662,209	679,244	695,863	709,780	723,976
BCG coverage*	599,819	621,562	644,148	667,615	691,998	717,272	720,858	724,463
Target population vaccinated with OPV3	552,927	552,927	566,808	581,157	595,988	611,320	626,277	638,802
OPV3 coverage**								
Target population vaccinated with DTP (DTP3)***	552,927	566,808	581,157	595,988	611,320	626,277	638,802	651,579
DTP3 coverage**	539,103	552,638	566,628	581,088	596,037	610,620	616,726	619,810
Target population vaccinated with DTP (DTP1)***								
Wastage <sup>1</sup> rate in base-year and planned thereafter	5%	5%	5%	5%	5%	5%	5%	5%
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with 3 <sup>rd</sup> dose of .....								
..... Coverage**								
Target population vaccinated with 1 <sup>st</sup> dose of .....								
Wastage <sup>1</sup> rate in base-year and planned thereafter								
Target population vaccinated with 1 <sup>st</sup> dose of Measles	487,027	505,269	521,144	537,606	554,680	572,296	573,441	638,802
Target population vaccinated with 2 <sup>nd</sup> dose of Measles								
Measles coverage**								
Target pregnant women vaccinated with TT2+	547,661	568,094	582,474	604,368	627,123	650,735	653,989	657,258
TT2+ 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

<sup>1</sup> 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  $\alpha$  after Table 7.1.

**Table B: Updated baseline and annual targets**

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	615,776	631,181	647,103	663,561	680,573	698,158	716,337	735,132
Infants' deaths	43104	44183	45297	46449	47640	48871	50144	51459
Surviving infants	572,672	586,998	601,806	617,112	632,933	649,287	666,193	683,673
Pregnant women	639,435	671,966	689,056	706,721	724,982	743,860	763,377	671,966
Target population vaccinated with BCG	615,776	629,787	645,730	662,209	679,244	695,863	709,780	723,976
BCG coverage*	625,008	629,787	645,730	662,209	679,244	695,863	709,780	723,976
Target population vaccinated with OPV3	572,672	586,998	601,806	617,112	632,933	649,287	666,193	683,673
OPV3 coverage**	557,670	566808	581157	595988	611320	626277	638802	651579
Target population vaccinated with DTP (DTP3)***	572,672	586,998	601,806	617,112	632,933	649,287	666,193	683,673
DTP3 coverage**	546,170	563518	583,752	604,769	626,604	649,287	666,193	683,673
Target population vaccinated with DTP (DTP1)***		586,998	601,806	617,112	632,933	649,287	666,193	683,673
Wastage <sup>2</sup> rate in base-year and planned thereafter	5%	5%	5%	5%	5%	5%	5%	5%
<b>Duplicate these rows as many times as the number of new vaccines requested</b>								
Target population vaccinated with 3 <sup>rd</sup> dose of .....								
..... Coverage**								
Target population vaccinated with 1 <sup>st</sup> dose of .....								
Wastage <sup>1</sup> rate in base-year and planned thereafter								
Target population vaccinated with 1 <sup>st</sup> dose of Measles	572,672	586,998	601,806	617,112	632,933	649,287	666,193	683,673
Target population vaccinated with 2 <sup>nd</sup> dose of Measles								
Measles coverage**	513,132	510127	528853	554269	574641	594963	613250	632032
Target pregnant women vaccinated with TT2+	639,435	671,966	689,056	706,721	724,982	743,860	763,377	671,966
TT2+ coverage****	523,871	537,573	558,135	579,511	601,735	624,842	648,870	577,891
Vit A supplement	2,221,268	2,287,906	2,356,543	2,427,240	2,500,057	2,575,058	2,652,310	2,731,879
	2,134,335	2,173,511	2,262,281	2,354,422	2,425,055	2,497,807	2,572,741	2,649,923
Annual DTP Drop out rate $[(DTP1-DTP3)/DTP1] \times 100$								
Annual Measles Drop out rate (for countries applying for YF)	N/A							

\* 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

<sup>2</sup> 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  $\alpha$  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?

#### 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.*

**No ISS funds received in 2008**

## 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: **0**

Remaining funds (carry over) from 2007: **US\$1,357,214.05**

Balance to be carried over to 2009: **US\$ 436,087.05**

**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	
Vaccine sentinel surveillance	24,114			24,114	
Injection supplies					
Personnel					
Transportation (distribution of motor bikes, bicycles and vaccines)	78,278			78,278	
Maintenance and overheads	48,974	48,974			
Trainings for EPI, Vaccine management, MLM	92,499		29,988	62,511	
IEC / social mobilization	3,920	3,920			
Supervision	92,789		43,771	49,017	
RED strategy implementation	412,078		15,110	396,969	
Cold Chain	21,566			21,566	
Monitoring and evaluation	42,738			42,738	
Child Health Week	38,171	6,060			
Vehicles (2-trucks)	66,000	66,000		32,111	
Cold chain equipment	21,566				
Other ..... (specify)					
<b>Total:</b>	<b>921,127</b>	<b>124,954</b>	<b>88,869</b>	<b>707,304</b>	
<b>Remaining funds for next year:</b>	<b>436,087.05</b>				

### 1.1.3 ICC meetings

How many times did the ICC meet in 2008? **3**

**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]**

if yes, which ones?

List CSO member organisations

**Rotary International, Care International, Christian Children's Fund,**

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



*Motor bikes and bicycles procured using GAVI HSS funds*

*Activities implemented in the multi year plan included:*

- *Orientation of 12 districts on issues of GAVI HSS and 2 integrated supportive supervision visits conducted with focus on GAVI HSS*
- *Vaccine management training for MCH coordinators at district and provincial health offices*
- *Support implementation of RED strategy in 25 districts*
- *Provided supportive supervision of RED approach as well as Cold Chain*
- *Updating of EPI manual*
- *Procurement of Cold Chain spares*
- *Strengthening monitoring of cold chain temperatures for central level vaccine store*

- *Distribution of vaccines and EPI logistics*
- *Development of MNCH communication strategy, IEC materials for Child health*
- *Conducted Child Health Week*
- *Conducted Mid-Level Management training in immunizations for health workers and nursing school tutors*

*Problems encountered include inadequate resources to implement activities, competing activities from other programs,*

#### **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 in 2008**

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.

N/A

**Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]**

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:

**Zambia Demographic and Health Survey 2007, Joint Annual review 2008, Mid term review of NHSP 2006-2010, IMCI Health facility survey 2008**

List challenges in collecting and reporting administrative data:

**Challenges in collecting administrative data in 2008 were related to the introduction of the Newly revised HMIS. Transition was not smooth as to facilitate timely reporting.**

#### 4.1 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)*

[List new and under-used vaccine introduced in 2008]  
**No new and underutilized vaccines introduced in 2008**

[List any change in doses per vial and change in presentation in 2008]  
**No Changes in presentation of vaccine were made in 2008**

*Dates shipments were received in 2008.*

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)

*Please report on any problems encountered.*

[List problems encountered]

##### 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.*

[List activities]  
**N/A**

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

These funds were received on: **N/A**

*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

##### 1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment



When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? **VMA conducted in August 2007**

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

Major recommendations

1. Vaccine storage temperatures: to be recorded seven days a week. All levels to prepare elaborate contingency plans for and display at appropriate place in vaccine store.
2. VAR: Need to install a cold room with appropriate temperatures ranges for purpose of receiving vaccines at the airport.
3. Building, cold chain equipment and transport: Supply all provincial and district stores with generators and dedicated transport for vaccine management purposes. Review nationwide existing space for provincial and district stores in the EPI system and take action where space is inadequate,
4. Stock management: computerise at provincial and district level and train staff accordingly at provincial and district level, print and disseminate standardised stock management tools. Organise and training for vaccine managers on vaccine management (all levels),
5. Effective vaccine delivery: train managers to estimate vaccine needs,
6. MDVP: train staff at sub-national levels in application of MDVP
7. VVM: Train staff on reading and interpretation and use of VVM for management purposes, print posters and stickers.
8. Vaccine wastage control current sentinel wastage monitoring to be instituted at all EPI of the EPI system.

Was an action plan prepared following the VMA? **Yes**

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

1. Vaccine storage temperatures: **Central, provincial and district level stores monitored seven days a week, health facilities fridges also monitored seven days a week.**
2. VAR: Need to install a cold room with appropriate temperatures ranges for purpose of receiving vaccines at the airport- **Not done**
3. Building, cold chain equipment and transport: Supply all provincial and district stores with generators and dedicated transport for vaccine management purposes. Review nationwide existing space for provincial and district stores in the EPI system and take action where space is inadequate- **Generators provided for National store, dedicated transport procure for national delivery system to lower levels. Cold chain replaced and installed for 50% of**

### Health facilities in the country.

4. Stock management: computerise at provincial and district level and train staff accordingly, print and disseminate standardised stock management tools. Organise and training for vaccine managers on vaccine management (all levels)- **Central level and Provincial offices have computerised stock management tools and staff trained in their use ( 6 provinces performing well while the remaining three need to be re-trained), on Vaccine management, all provincial cold chain officers and 72 districts MCH coordinators trained in vaccine management with support from AFRO and JICA**
5. Effective vaccine delivery: train managers to estimate vaccine needs- **Training in above recommendation took into account estimation of vaccine needs.**
6. MDVP: train staff at sub-national levels in application of MDVP: **Training in above recommendation (4) took into account estimation of vaccine needs.**
7. VVM: Train staff on reading and interpretation and use of VVM for management purposes, print posters and stickers.- **Training in above recommendation (4) took into account estimation of vaccine needs.**
8. Vaccine wastage control current sentinel wastage monitoring to be instituted at all EPI of the EPI system- **Not done**

When will the next EVSM/VMA\* be conducted? **2010**

*\*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: Liquid Pentavalent vaccine	
Anticipated stock on 1 January 2010	200,000

## 4.1 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]

**NA**

### 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]

**Country self procuring injection safety materials with funds from Government of the Republic of Zambia**

*Please report how sharps waste is being disposed of.*

[Describe how sharps is being disposed of by health facilities]

**Incinerators available in limited number of facilities. Some districts on a regular schedule collect injection waste materials from Health centres to central incineration points. However the most common method of disposal of sharps is by burn and bury.**

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

[List problems]

**No problems encountered during the transitional plan**

### 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:*

--

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

**N/A**

#### 4. **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 \$.

##### Central level expenditure

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<b><i>Expenditures by Category</i></b>			
Traditional Vaccines	853,117	1,000,000	1,100,000
New Vaccines	7,591,580	8,000,000	7,146,058
Injection supplies	32,000	200,000	242,000
Cold Chain equipment	-	1,000,000	200,000
Operational costs ( installation of JICA Phase II equipment)	143,857		2,000,000
Other (please specify) EPI trainings, RI implementation etc		200,000	250,000
<b>Total EPI (ZMK)</b>	8,620,554	10,400,000	10,938,058
<b>Total Government Health</b>			

<b>Exchange rate used for 2009</b>	5,600
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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.

The Government of Zambia remains committed to financing vaccine procurement. In 2008, 90 % funds for traditional vaccines was met by Govt while 10% by JICA. For the Pentavalent vaccine the govt met its commitment for the co-financing. The same is the case for injection safety materials. This level of co- financing is expected to remain for the coming years. Financing for cold chain expansion still remains a challenge in view of the heavy cost involved. There has been under funding for other immunisation activities such as MLM trainings, DQA, etc leading to low implementation of capacity building and operational research related activities.

## 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>1<sup>st</sup> vaccine: Liquid Pentavalent</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		\$0.30	\$0.35	\$0.40	\$0.46	\$0.53	\$0.61
Number of vaccine doses	#	195,800	219,300	274,800	409,100	529,900	668,000
Number of AD syringes	#	208,300	231,900	290,600	432,600	560,400	706,400
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	2,325	2,575	3,250	4,825	6,225	7,850
<b>Total value to be co-financed by country</b>	<b>\$</b>	<b>\$651,000</b>	<b>\$685,000</b>	<b>\$802,500</b>	<b>\$947,000</b>	<b>\$1,119,500</b>	<b>\$1,322,500</b>

**Table 2.3: Country Co-Financing in the Reporting Year (2008)**

<b>Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
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)	
1 <sup>st</sup> Awarded Vaccine (Fully Liquid Pentavalent)	<b>September 2008</b>	<b>Dec 2007</b>	<b>September 2009</b>
2 <sup>nd</sup> Awarded Vaccine (specify)			

<b>Q. 2: How Much did you co-finance?</b>		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1 <sup>st</sup> Awarded Vaccine (specify)	1,627,580	452,100
2 <sup>nd</sup> Awarded Vaccine (specify)		

<b>Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?</b>
1. N/A
2.

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

N/A

#### 4. 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.

##### 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**:

*In view of the 2007 Zambia Demographic and Health Survey(ZDHS), infant mortality and underfive mortality rates have reduced from 95 to 70 and 168 to 119 per 1,000 live births respectively, as compared to the 2002 ZDHS*

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

**As Above**

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

**As Above**

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

**Not changed**

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**Vaccine 1: .....**

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 (Fully Liquid Pentavalent Vaccine)**

	<i>Use data in:</i>		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	601,806	617,112	632,933	649,287	666,193	683,673
Target immunisation coverage with the third dose	<i>Table B</i>	#	583,752	604,769	626,604	649,287	666,193	683,673
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	601,806	617,112	632,933	649,287	666,193	683,673
Estimated vaccine wastage factor	<i>Excel sheet Table E – tab 5</i>	#	1.1	1.1	1.1	1.1	1.1	1.1
Country co-financing per dose *	<i>Excel sheet Table D – tab 4</i>	\$	\$0.30	\$0.35	\$0.40	\$0.46	\$0.53	\$0.61

**4.** 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\$)**

		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Number of vaccine doses	#	1,973,900	1,736,800	1,731,500	1,649,100	1,582,000	1,499,500
Number of AD syringes	#	2,099,900	1,836,600	1,831,000	1,743,900	1,672,900	1,585,700
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	23,325	20,400	20,325	19,375	18,575	17,625
<b>Total value to be co-financed by GAVI</b>	<b>\$</b>	<b>\$6,563,000</b>	<b>\$5,423,000</b>	<b>\$5,056,500</b>	<b>\$3,817,000</b>	<b>\$3,342,000</b>	<b>\$2,968,000</b>

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

## 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 15<sup>th</sup> 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:

- a) Fiscal year runs from **January** (month) to **December** (month).
- b) This HSS report covers the period from **Jan 2008** (month/year) to **Dec 2008**(month year)
- c) Duration of current National Health Plan is from **2006** (month/year) to .....**2010**.(month/year).
- d) Duration of the immunisation cMYP: **2006 -2010**
- 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? **Dr. Penelope Kalesha-Masumbu**

**This report was jointly prepared by the Directorate of Public Health and Research of the Ministry of Health in consultation with Directorate of Planning and Development, Finance and procurement units (MOH) together with focal points from WHO and UNICEF. Through this process the verification of coverage data, forecasting figures for vaccines, and cost of commodities was verified. Information used to compile this report was drawn from HMIS and JRF, Supervisory reports compiled by the EPI team which comprised MOH, WHO, UNICEF, USAID (HSSP) and JICA as well as Accounts and procurement reports. The activity based report with costs of activity report was presented to ICC on the 9 April, 2009 and also at the extra-ordinary meeting held on the 19<sup>th</sup> May, 2009. Minutes of meetings where GAVI issues were discussed are attached.**

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 10<sup>th</sup> 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
<b>Government focal point to contact for any clarifications</b>			
Dr Penelope Kalesha Masumbu	MOH	Oversight and Drafting report	pennykalesha@yahoo.co.uk
<b>Other partners and contacts who took part in putting this report together</b>			
Mr. Flint Zulu	UNICEF	Drafting report	fzulu@unicef.org
Mr. Belem Matapo	WHO	Coverage and target figures	matapob@zm.afro.who.int
Mr. Dungani Cheembo	MoH	Vaccine forecast	dcheembo@yahoo.com
Mrs. Martha Mulenga	MoH	Vaccine forecasting	kabwe240@yahoo.co.uk
Mrs. Josephine Simwinga	MoH	Compiling HSS activities	jsimwinga@yahoo.com
Mr V. Luhana	MoH	Accounts	
Mr A Mwila	MoH	Procurement	

- 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.*

HMIS- Immunization data was used for reporting the national immunization coverage as well as the JRF.

**The JRF coverage data was reviewed as advised by WHO to ensure that it is the most complete and up-to-date data.**

Field Visits Reports

Audit report

- 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?

Painstaking as tables are too many when the excel sheet contains the required information. As a suggestion reorganize the Excel data file in such a way that it there would be no need to repeat the same information in the APR tables.

#### 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	2,344,500	573,000	2,396,500	1,291,500					
Date the funds arrived	10.07	30.04.08							
Amount spent	Nil	2,719,687.34							
Balance	2,344,500	197,812.66							
Amount requested			2,396,500						

Amount spent in 2008: US\$ 2,719,687.34  
(Includes 2008 & 2009)

Remaining balance from total: US\$ 197,812.66 (there are still outstanding bills remaining to be paid)

**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 progress <sup>3</sup> (% 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
<b>Objective 1: Contribute to addressing the human resource for health crisis through strengthening of retention mechanisms for health workers and provision of incentives to community health workers by 2010</b>						
Activity 1.1: <i>Support for Health facilities &amp; staff</i>	Sink Boreholes, procure Motor bikes & Radio Communication	<b>Boreholes:</b> Funds for sinking of boreholes 11 out of 12 districts remitted to DHMTs.  <b>Motor bikes:</b> All 200 motor cycles procured and distributed to benefiting districts 2008.	671,000	609,714.29 disbursed to districts	61,285.70	Last 1 district had funds remitted in 2009.  Market value of items (change in price from time of planning to actual

<sup>3</sup> For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed  
Annual Progress Report 2008

			860,000	All 200 motor cycles procured and distributed- 776,600 (balance yet to be paid)	83,400	procurement)
		<b>Radio communication:</b> 118 radios procured with 89 accompanying solar panels. 69 radios with 48 solar panels have been installed in 2009	540,000	317,138	222,862	Exchange rate fluctuations (depreciation of local currency). Payments not yet completed  In some districts radios and solar not installed due flooding
Activity 1.3: Implementation of performance improvement scheme	District Trophies	<b>District trophies</b>	6,225	Not yet done	6225	To be done in 2009 to give districts time to implement and assess performance
<b>Objective 2: To improve the implementation of health services at the health centre and community level through effective communication and community empowerment by 2008.</b>						
Activity 2.1: <i>Communication – Radio, Cellular phones and Letter</i>	Mobile phones	<b>Mobile Phones:</b> phones and stationery for communication by CBAs sent in	6,225	6,225 disbursed to districts		Funds were disbursed to districts for local procurement

<i>writing.</i>		2008 and items procured by districts,				
Activity 2.2: <i>Support for community based agents</i>	<b>NHC performance incentive grants, trophies</b>	Funds sent for NHC performance incentive grants sent to districts	24,000	31,429 disbursed to districts	-7,429-	Exchange rate fluctuations
	<b>Bicycles</b> for community health workers,	1,200 bicycles procured and distributed to all benefiting districts	120,000	117,478	2,522	Exchange rate fluctuations
	<b>Stationery</b> for Communication at NHC level	Funds for Stationery disbursed	129,255	136,954	-7,699	
<b>Objective 3: To increase the transport system of the health sector for effective distribution of drugs and supplies, enhanced provision of health services including EPI through effective referral and supportive supervision.</b>						
Activity 3.1: <i>Provision of motor bikes, 4x4 motor vehicles and water transport for the health system and personal to holder bicycles</i>						Market value of items/ currency fluctuations
	4x4 Vehicles	12 vehicles procured in 2008	420,000	443,016	-23,016	

		and distributed in 2009				
Activity 3.2:	Water transport	4 boats procured in 2008 and distributed in 2009	120,000	195,718	-75,718	Market value of items/currency fluctuations
<b>Support Functions</b>						
Management	Tender procedures	Tender procedure costs		20,919.05		Unexpected but necessary costs in the procurement process as per national tender board regulation
M&E	Orientation of 12 districts on issues of GAVI HSS and  integrated supportive supervision visits conducted with focus on GAVI HSS and RED	Provision of supportive visits	20,795	26,392  38,104	-30,510.90	Issues arising from supportive supervision visits include delay in remittance of funds from the centre, staff attrition at the district level contributed to delay in implementation of GAVI HSS activities as handovers were not done in some cases, long tender procedures of procurement of services coupled with the onset of rains hampered implementation of borehole sinking, change in prices of estimated costs at the time of proposal development and current prices has also affected implementation.
Total			2,917,500	2,719,687.34	197,812.66	



**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.

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.

<b>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</b>					
<b>Major Activities</b>	<b>Planned Activity for current year (ie.2009)</b>	<b>Planned expenditure in coming year</b>	<b>Balance available (To be automatically filled in from previous table)</b>	<b>Request for 2009</b>	<b>Explanation of differences in activities and expenditures from original application or previously approved adjustments**</b>
<b>Objective 1: Contribute to addressing the human resource for health crisis through strengthening of retention mechanisms for health workers and provision of incentives to community health workers by 2010</b>					
Activity 1.1:					
<i>Activity 1.3: Implementation of a performance improvement scheme.</i>	District Trophies health centre Shields	26,225	6,225	20,000	
<b>Objective 2: To improve the implementation of health services at the health centre and community level through effective communication and community empowerment by 2008.</b>					
Activity 2.1:					
Activity 2.2:					
<b>Objective 3: To increase the transport system of the health sector for effective distribution of drugs and supplies, enhanced provision of health services including EPI through effective referral and supportive supervision.</b>					
Activity 3.1:					
Activity 3.2:	118 Staff houses renovation	563,862	Funding not yet	563,862	

<i>Infrastructure development</i>	79 Health centre renovation	1,806,138	requested for	1,806,138	
<b>Support costs</b>					
Management costs					
M&E support costs	District performance review meeting Site visits for M&E				
Technical support	TS to be provided				
<b>TOTAL COSTS</b>		2,396,500	6,225	2,390,275	

**Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments**

<b>Major Activities</b>	<b>Planned Activity for current year (ie.2009)</b>	<b>Planned expenditure in coming year</b>	<b>Balance available (To be automatically filled in from previous table)</b>	<b>Request for 2010</b>	<b>Explanation of differences in activities and expenditures from original application or previously approved adjustments**</b>
<b>Objective 1:</b>	<b>Contribute to addressing the human resource for health crisis through strengthening of retention mechanisms for health workers and provision of incentives to community health workers by 2010</b>				
Activity 1.1:					
Activity 1.2:					
<b>Objective 2:</b>	<b>To improve the implementation of health services at the health centre and community level through effective communication and community empowerment by 2008</b>				
Activity 2.1:					
Activity 2.2:					
<b>Objective 3:</b>	<b>To increase the transport system of the health sector for effective distribution of drugs and supplies, enhanced provision of health services including EPI through effective referral and supportive supervision.</b>				
Activity 3.1:					
Activity 3.2:	<i>Infrastructure development</i> Solar –Health Centre Solar –Staff houses	414,000 877,500			
<b>Support costs</b>					
Management costs					

M&E support costs					
Technical support					
<b>TOTAL COSTS</b>		1,291,500		1,291,500	

#### 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.

Major accomplishments include orientation of districts in GAVI HSS issues to ensure clear understanding of what GAVI support entailed.

Procurement of various transport components (i.e. 200 motor cycles, 1,200 bicycles, 12 4X4 motor vehicles and 4 motor boats) was a major accomplishment.

Disbursement of funds to districts for activities/commodities to be procured locally at district level for the sinking of boreholes, stationery for communication, NHC grants for CHWs' motivation and retention as well as procurement of mobile phones.

Challenges include the protracted and prolonged tender procedures that resulted in delay in delivery of the 12 motor vehicles and boats which were delivered in Q1 of 2009 affecting implementation of immunisation activities.

Delay in bank transfers of funds for the district to procure (services) for sinking of boreholes, coupled with the prolonged district level and provincial level tender procedures resulted in most districts not being able to sink the boreholes in 2008 and this activity has spilt over into 2009.

One district has to date not yet received funds for activities of boreholes, stationery and mobile phones as there was a mistake on the bank account number and funds were sent back to the centre. Delayed communication/ feedback from the districts as well as accounting procedures also contributed to the further delay.

*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.*

No

#### 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.*

**Yes**

*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.*

An audit report will be provided once finalized.

#### 4.8 General overview of targets achieved

Indicator	Numerator	Denominator	Data Source	Baseline Value <small>Error ! Bookmark not defined.</small>	Source	Date of Baseline	Target	Date for Target
Boreholes Radio Communication Motor bikes NHC performance incentive grants Motor vehicles for DHOs Staff houses	HCs with new boreholes	Total number of HCs	MoH Annual Reports/PA Reports		Health Facility Census	2005	122 boreholes	2008
	HCs with new radio equipment	Total number of HCs	MoH Annual Reports/PA Reports		Health Facility Census	2005	120 radios	2008
	# of motor bikes procured	# of HCs being supported	MoH Annual Reports/PA Reports		Health Facility Census	2005	200 bikes	2009
	# of approved NHC proposals	# of selected Districts	MoH Annual Reports/PA Reports		No baseline	N/A	12 districts	2008
	# of motor vehicles procured	# of district being supported	MoH Annual Reports/PA Reports		Health Facility Census	2005	12	2009
	# renovated	Total # of staff houses from selected HCs	MoH Annual Reports/PA Reports		Health Facility Census	2005	234	2010

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
Impact & Outcome Indicators		1. National DTP3 coverage (%)	Children eligible for DTP3 vaccinated with DTP 3 <sup>rd</sup> dose	Target children eligible for DTP3	HMIS	91	HMIS	2005	95%	2010	<b>95</b>	
		2. Number / % of districts achieving ≥80% DTP3 coverage	No of districts with DTP3 coverage ≥ 80%	Total number of district in the country	HMIS	58	HMIS	2005	90%	2010	59	
		3. Under five mortality rate (per 1000)			ZDHS	168	ZDHS	2002	134/100 OLB	2010	119	
		4. National measles coverage	Children eligible for measles vaccinated	Target children eligible for measles	HMIS	79	HMIS	2005	90%	2010	<b>90</b>	
		5. Vitamin A supplementation rate	No. eligible of children receiving Vit A	Target population eligible for Vit A supplementation	Child Health week reports	72	Child Health week reports	2006	80%	2010	<b>96</b>	
		6. Antenatal care 2 <sup>nd</sup>		Total expected		92%						



		attendance (Available indicator-coverage) ANC	1 <sup>st</sup> ANC attendance	pregnancies	HMIS		HMIS	2006			97%	
<b>Objective 1: Contribute to addressing the human resource for health crisis through strengthening of retention mechanisms for health workers and provision of incentives to community health workers by 2010.</b>	Boreholes		No. of boreholes sunk	Planned no of boreholes	Supportive visit reports		Supportive visit reports	2005	13			
	Radio Communication		No. Radio com. Equipment installed	Planned no of Radio com. Equipment	<b>Still in process of procurement</b>							
	Motor bikes		No. of motor cycles procured and distributed	Planned no. of motor cycles	Delivery notes and Distribution list		Delivery notes and Distribution list, supportive visit reports	2005	200		100%	
<b>Objective 2: To improve the implementation of health services at the health centre and community level through effective communication and community empowerment by 2008</b>	NHC performance incentive grants		No. of NHC with active IGAs	Planned NHC grants	Supportive visit reports/ audit report		supportive visit reports	2005	11 grants sent		92%	One district recieved funds in 2009. Delay related to bank transfers/account number.
	Bicycles		No. of bicycles procured and distributed	No of bicycles planned for procurement	Supplier Delivery and good recieved notes notes and Distribution list		Delivery notes and Distribution list, supportive visit reports	2005	1000		100%	
	Stationery		No. of districts with stationery for CHW activities	Total planned districts for stationery for CHW activities	Supportive visits reports		supportive visit reports	2005	11 grants sent		92%	One district recieved funds in 2009. Delay related to bank transfers/account number
	Mobile phones		No. of districts which procured 100% mobile	Total districts which procured 100%			supportive visit reports	2005	11 grants sent for 11		92%	One district recieved funds in 2009. Delay related to bank

			phones	mobile phones	Supportive visits reports				districts			transfers/account number
<b>Objective 3: To increase the transport system of the health sector for effective distribution of drugs and supplies, enhanced provision of health services including EPI through effective referral and supportive supervision.</b>	Motor vehicles for DHOs	No. of motor vehicles procured and distributed	Total planned motor vehicles for procurement	Supplier Delivery and good received notes		Delivery notes	2005	12		100%	Not yet received by the districts. Delivered in Q1 of 2009.	
	Boats	No. of boats procured and distributed	Total planned boats for procurement	Supplier Delivery and good received notes		Delivery notes	2005	4		100%		

#### **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 support<sup>4</sup>**

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:*

#### **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).*

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<sup>4</sup> Type A GAVI Alliance CSO support is available to all GAVI eligible countries.  
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*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 approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
<b>TOTAL COSTS</b>					

#### **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 support<sup>5</sup>**

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:*

### **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).*

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<sup>5</sup> 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.

*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.*

*Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).*

*Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.*

*For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.*

<b>Name of CSO (and type of organisation)</b>	<b>Previous involvement in immunisation / HSS</b>	<b>GAVI supported activities undertaken in 2008</b>	<b>Outcomes achieved</b>


*Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.*

*Please also indicate the new activities to be undertaken by those CSOs already supported.*

<b>Name of CSO (and type of organisation)</b>	<b>Current involvement in immunisation / HSS</b>	<b>GAVI supported activities due in 2009 / 2010</b>	<b>Expected outcomes</b>

### 5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US\$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
<b>TOTAL COSTS</b>						

### 5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

## 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:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
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.

~ End ~