1. ***Question***

Signature of ICC members: a) Endorsements were from 5 people who attending the meeting, while other signatures were from people who did not attend the meeting; b) less signatures were submitted than number of people who attended. From our discussion, we understand that endorsement is done by one representative of the organisation (based on their position in the organisation, even though they didn’t attend) and not necessarily all individuals who attended the meeting. We also noted that the minimum quorum has not been defined yet by the ICC as indicated in your minutes – kindly confirm/clarify

***Response***

The above statement is true. Individuals who come to meetings don’t represent themselves in the ICC rather they represent their organisation. In that case, the heads of agencies represented in the ICC signs on behalf of their organisations endorsing commitment to the application. True the quorum is not yet decided since the terms of reference are still under review.

1. ***Question***

EVM Report – From June 2016, however it is a draft. Please provide the final version.

***Response***

A final report of the EVMA now issued and attached.

1. ***Question***

HPV Region/ Province profile – Could you please provide the data on the population of girls by province if this is available

***Response***

Table is as follow;

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Province** | **Grade 5** | **11 years** | **12 years** | **13 years** | **14 years** |
| Bulawayo | 7921 | 5302 | 6494 | 5143 | 5012 |
| Harare | 19463 | 13327 | 16322 | 12927 | 12598 |
| Manicaland | 35548 | 24217 | 29661 | 23492 | 22893 |
| Mashonaland Central | 19278 | 13183 | 16147 | 12788 | 12463 |
| Mashonaland East | 21938 | 14903 | 18253 | 14456 | 14088 |
| Mashonaland West | 23543 | 16049 | 19657 | 15568 | 15172 |
| Masvingo | 29655 | 20205 | 24746 | 19600 | 19100 |
| Matabeleland North | 13140 | 9028 | 11057 | 8757 | 8534 |
| Matabeleland South | 11592 | 7881 | 9653 | 7645 | 7450 |
| Midlands | 28134 | 19202 | 23518 | 18627 | 18152 |
| **Grand Total** | **210212** | **143297** | **175507** | **139004** | **135462** |

1. ***Question***

 Schedule of doses - The country states that they will be using an annual dose schedule. Will this schedule also apply to the multi-cohorts? If yes, then the 14 year olds may turn 15 by the time of the second dose in the same year.

***Response***

The country’s proposal was guided by the WHO 2014 Position Paper on HPV vaccination that states that “for females <15 years including females 15 years or older at the time of the second dose, the 2 dose schedule is recommended”.

1. ***Question***

Delivery strategy for girls who miss the doses - Does the country wish to deliver doses to the girls who miss the doses via campaign mode or through routine delivery? Our understanding was it would be through routine delivery - Country to kindly clarify.

***Response***

Routine outreach points will also be used to reach the missed girls.

1. ***Question***

 Out of school girls – kindly clarify if they will be reached through regular outreach at the communities – From the proposal we understand that they will be mainly encouraged to attend the school vaccination sessions or referred to the nearest health centre.

***Response***

Your comment is noted. The country takes your advice. Routine immunisation outreach points will be used to reach out the out of school girls who are unable to utilise other sites.

1. ***Question***

Grant Performance Framework - Reporting date for survey is missing for HPV vaccine coverage (national).

**Response**

Period of the HPV Coverage Survey was conducted 14 – 20 December 2015.

1. ***Question***

Data Quality - The country is partially meeting its data quality requirements. Last DQA in 2006 and a DQR is expected in 2017. Please provide the Data Quality Improvement Plan if available and any recent DQAs if available

***Response***

The last DQA of 2013, uploaded in the portal has no improvement plan. However, the country has managed to attend to some of the recommendations. A data meeting will convene in early March to improve EPI data.

For status of implementation of 2013 DQS see attached table.

1. ***Question***

 Surveillance activities - No specific HPV related surveillance activities in the surveillance plan.

***Response***

The country will carry out post marketing surveillance integrated into the existing adverse events following immunisation. Screening and registration of cervical cancer patients will continue. Systematic monitoring of HPV strains on a continuous basis after introduction of the HPV vaccine requires more funding and technical capacity.

1. ***Question***

Kindly provide more insight on how the waste management for HPV vaccination at schools will be handled.

***Response***

The waste from the school immunisations will be segregated at the point of vaccination. Syringes with needles will be discarded off into the safety box immediately after use. The waste will be transported from the school to the nearest Health facility for treatment and disposal (incineration for all waste, and disposal by burying, as is similar with all EPI waste).

1. ***Question***

 There was a recommendation and action points on the Injection waste management form the HPV demo project. Can the country update on progress for the recommendations from the demo project (districts should ensure early collection of sharps boxes from health facilities without incinerators to prevent bio-hazards. -In the long term, districts and health facilities should mobilize resources to establish comprehensive waste management zones including incinerators at all health facilities)

***Response***

The position on the collection of waste from Health facilities by Districts remains the same. Districts and Health facilities are working towards the mobilization of resources to establish comprehensive waste management zones. Because of resource constraints and no budget set aside for waste management facilities, support is required for the achievement of this recommendation. Meanwhile districts have improved in the collection of waste.

**Status of Implementation of Recommendations from the 2013 Data Quality Assessment**

|  |  |
| --- | --- |
| Recommendations  | Status |
| The PHIO DNOs DHIOs and Community Health Sisters to conduct regular, routine supportive supervision to health facilities and support data quality improvement activities on all the essential components of data management,  | Taking place and ongoing |
| Feedback between the province/districts and HFs should be timely, complete, and implementation of recommendations closely monitored by the PHIO, PNO, DHIO and DNO | Being done and ongoing |
| District staff should conduct internal data quality verification exercises often, with technical support and supervision from the province if needed, in order to identify quality gaps and develop/implement interventions for data quality improvement. | Data verification now being done monthly and documented in the management book |
| Health facility staff could also conduct data verification exercises in order to identify quality gaps and develop interventions for data quality improvement | Being done on monthly basis but should now be documented in their records |
| The Sister/Nurse in Charge should endorse all T5s submitted each month, reviewing for accuracy and completeness before signing off to the next level. | Being done |
| Health facilities should (with assistance from the districts and province), develop a storage policy and filling practices that allow easy retrieval of documents (data collection and reporting tools) for auditing purposes.  | Partially done |
| Districts and Health facilities to report on proportion of infants vaccinated by strategy | Being done |
| All stock records of AD syringes and other sundries to indicate quantities issued out. | Partially done |
| Facilities should ensure that the EPI register is utilized such that all children under one year old in the catchment area registered in the facility EPI register to track defaulters. Village Health Workers can be used to help update the register for children vaccinated at outreach points. | Partially done. Registers outdated and now out of stock |
| Schedule for supportive supervision and outreach to be monitored to assess adherence | Being done |
| Districts to select indicators for monitoring immunisation safety  | Not done |
| Districts to monitor completeness and timeliness of reports submitted | Being done |
| Districts and health facilities to use data to identify areas of low access and come up with strategies to reach more children | Being done |
| Provincial and district supervisors to develop a standard feedback mechanism to lower levels following support and supervision visits. | Being done utilizing the management book at service delivery level |
| DHIOs to put mechanisms in place to update late reports | Being done |
| Chikomba district to identify a system to better manage their health information system | Better system identified and timeliness of reporting improved  |
| Hurungwe district to share best health information management practices with other districts | Not done |
| Health Information to update data regularly whenever changes are made | Being done |