1. ***The IRC wishes to thank Zimbabwe for the completed performance framework received. Cross checking figures with the budget however, the IRC noted that on activity 3.1.1, 32 trainers are going to be trained but 35 are budgeted. Similarly, in activity 3.1.1.1 6 trainers are stated to be trained but 8 are budgeted. Please reflect these figures correctly in the budget.***

The discrepancy is noted, the budget is now adjusted to reflect 32 trainers from CBOs and 8 trainers from central level.

IRC Response (April 2013)

The IRC is grateful for addressing the budget differences relating to training of trainers. Upon review of the budget the IRC does not understand how training 32 trainers at US$56.71 per day for 6 days, the total training cost amount to US$367,481. The total cost should be US$10,888.32 (unit cost x 6 days x number of trainers). This is obviously an error that needs to be corrected and reflected in the budget accordingly. The IRC delegates the Secretariat to scrutinize the budget and ensure that training costs are according to the unit costs and assumptions provided.

Country Response (July 2013)

The discrepancy referred to about training 32 trainers could not be established in the budget sheet. Instead the $56,71/person/day is mentioned under item 5.1.2.1 which covers training of health workers and VHWs in the 18 targeted districts and the total cost for this sub item amounts to $367,481 and this seems to be in order.

***The performance framework contains a number of process and output indicators, with no impact indicators being measured. These indicators need to be included in the performance framework***

Impact indicators were available in the first submission but somehow the excel sheet cells were frozen. However, these have been updated in the framework to reflect latest data from the Zimbabwe Demographic Health Survey (ZDHS) of 2010/11.

IRC Response April 2013

Kindly note that the performance framework received still has no impact indicator measurement for measles cases for 100,000 population and whilst the number of tetanus cases per 1000 live births has a value targets of <1 have been set. It is understood that currently Zimbabwe is working with WHO to develop the performance framework and that a complete version will be available in a couple of months. The IRC delegates to the Secretariat to follow up and ensure that Zimbabwe submits the completed performance framework in due course.

Country Response (July 2013)

The impact indicator for measles is now inserted in the framework and is less than one (1) confirmed case per 1,000,000 population as guided by WHO.

IRC response April 2013

The IRC delegates to the Secretariat to ensure procurement of 4x4 vehicles are undertaken in a cost effective manner and within budget.

Country Response (July 2013)

The Ministry of Health and Child Welfare will use the existing Government procurement system to procure all the vehicles and equipment under the proposal. There are no service charges incurred when this system is used hence the procurement will be within budget and done competitively.

Confirmation from MoF and MoHCW that there are no impediments to the smooth transfer of funds to the final beneficiaries.

Country Response (July 2013

Letter from MOHCW and MOF confirming no impediments to release of funds to beneficiaries is attached.

CCM HSS minutes approving the final budget, work plan and procurement plan, as well as confirmation that the budget includes an amount allocated to the OC&AG for audit .

Minutes approving final budget submission are attached. Office of the Comptroller and Auditor General receives a vote from Central Government and as such do not charge Government departments for services rendered. However, should they charge for services rendered, the Ministry of Health and Child Welfare will meet the bill.