| | | | | | Milestones | | | |
|----------|--|--|----------------|--|---|--|--|--------------------|
| • | Programmatic Area Programme Implementation/Coverage & | Activity Technical support to roll out My Village My Home Approach and Strengthen documentation and use of Home Based Records | Partner JSI | Jun-19 Technical assistance provided to MoHCC and facilitation of national and sub-national level | Nov-19 | Jun-20 | Expected Outcome | TOTAL 316907.00 |
| | Equity | nationally | | health worker trainings at sub-national, including development of training materials and training plans | | | | |
| | Programme Implementation/Coverage & | Technical support to roll out My Village My Home Approach and Strengthen documentation and use of Home Based Records | JSI | | Technical assistance during orientation of Rural Health Centre nurses, VHWs and Village Heads | | | |
| Zimbabwe | Equity Programme Implementation/Coverage & | nationally Technical support to roll out My Village My Home Approach and Strengthen documentation and use of Home Based Records | JSI | Heads Strategic support supervision conducted to sub- | Strategic support supervision conducted to sub- national level to monitor project implementation | | | |
| | Equity Vaccine-Specific Support | nationally Post-introduction monitoring and support to second dose | JSI | Supportive supervision visits conducted to provide on-the-ground guidance and address | The action to the memor project impromoniation | | lintegration of HPV vaccination into the routine system strengthened in selected priority provinces/districts. | 231432.00 |
| Zimbabwe | Vaccine-Specific Support | Post-introduction monitoring and support to second dose | 191 | bottlenecks in the routine system. HPV vaccination included in quarterly reviews | | | HPV vaccination monitoring improved and lessons learned and best | |
| Zimbabwe | vaccine-эреспіс эцрроп | Post-introduction monitoring and support to second dose | 331 | and coverage reporting to monitor progress and documentation of lessons learned, best | | | practices documented. | |
| | | | | practices and recommendations for improving the introduction strategy. | | | | |
| Zimbabwe | Vaccine-Specific Support | Post-introduction monitoring and support to second dose | JSI | Consolidation/triangulation of findings from monitoring and process evaluation | | | Lessons learned from the first dose integrated into findings for microplanning and preparations for the second dose. | |
| | | | | incorporated into microplanning for dose two, including corrective guidance and strategies for strengthening communications and social | | | | |
| | | | | mobilization. | | | | |
| Zimbabwe | Vaccine-Specific Support | Planning for transition from year one to year two | JSI | | Technical input provided with preparations for post-introduction evaluation subsequent to HPV vaccine second dose administration. | | Monitoring, evaluation and analysis of HPV vaccination implementation conducted and documented. | |
| Zimbabwe | Vaccine-Specific Support | Planning for transition from year one to year two | JSI | | Strategy updated and implemented for locating | | Girls missed with year one HPV vaccination reduced and strategy | |
| | The same of the sa | | | | and reaching girls who were missed with the first dose in introduction year 1, including data triangulation on doses used/girls vaccinated, and | | updated for identifying and reaching girls with HPV vaccination in year two. | |
| | | | | | identifying the total number of doses needed for the second dose of vaccination. | | | |
| Zimbabwe | Vaccine-Specific Support | Planning for transition from year one to year two | JSI | | Support the further updating and implementation | | Communications strengthened for HPV vaccination acceptance in | |
| Zimbabwe | vaccine-эреспіс эцрроп | Planning for transition from year one to year two | 331 | | of communication and social mobilization strategies to continue to strengthen year one | | year one and to assist in reducing myths and misconceptions to continue to strengthen HPV vaccination for year two. | |
| | | | | I | HPV vaccination and preparations and acceptance for year two. | | | |
| Zimbabwe | Supply Chain & Procurement | TA for immunisation Supply Chain Management (iSCM) | UNICEF | · · · · · · · · · · · · · · · · · · · | All vaccines cleared through Customs and | All vaccines cleared through Customs and | The Central Vaccine Stores effective vaccine management | 275832.00 |
| | | | | hours of arrival, and the 1st quarter Vaccine | delivered to Central Vaccine Store within 24 hours of arrival, and the 3rd quarter Vaccine Arrival Report submission rate (VAR received | delivered to Central Vaccine Store within 24 hours of arrival, and the 1st quarter 2020 Vaccine Arrival Report submission rate (VAR received | s indicators show improved performance compared with the previous year against the EVM improvement plan 2. 20 low performing districts submit their SMT on time and | |
| | | | | within 72 hours) is above 90% 2. At least 10 low performing districts have | within 72 hours) is above 90% 2. At least 10 low performing districts have | within 72 hours) is above 90% 2. All 20 low performing districts have received | demonstrate at least 70% vaccine stock availability 3. LP Gas distribution system is maintained with 90% of districts | |
| | | | | the timely submission of the SMT | received supervision and technical support in the timely submission of the SMT 3. An analysis is conducted to examine use of | supervision and technical support in the timely submission of the SMT 3. All district EPI focal points have LP Gas | reporting no stock-out of LP gas 4. 100% of 2019 cold chain equipment, vaccines and other EPI commodities have been distributed/installed in line with the CCEOP | |
| | | | | work is completed 5. New LP Gas contract is in place with | solar, gas and grid electricity in health facilities to ensure optimization of energy sources and | distribution plans in place, covering all concerned health facilities | | |
| | | | | additional monitoring and quality assurance measures initiated | avoidance of resource duplication 4. CCEOP Operational Deployment Plan finalized and submitted | 4. CCEOP Operational Deployment Plan implemented and at least 50% of all GAVI supported procurements for 2020 are initiated | | |
| | | | | | 5. At least 75% of all GAVI 2019 supported procurements through UNICEF Supply Division are completed | through UNICEF Supply Division | | |
| Zimbabwe | Programme | TA to support implementation of the RED/REC approach with the aim | LINICEE | RED/REC new guidelines and tools are | Progress report on RED/REC | The implementation of RED/REC routine EPI | All selected low performing districts have improved DPT | |
| | Implementation/Coverage & Equity | of increasing coverage of hard to reach populations | ONIGE | finalized and disseminated to the district level | operationalization in 10 low performing districts 2. At least 3 demand promotion activities in 2019 | activities (outreach, supportive supervision, EPI reviews) including campaigns are technically | coverage (>80%) 2. At least 20 districts have documented examples of RED/REC | |
| | | | | | are well prepared, implemented in line with the new demand promotion strategy and where possible integrated with other MNCH | supported to ensure optimal use of resources and coverage of hard to reach populations (# of districts utilizing micro plans – target all 20 low | implementation demonstrating integration with other MNCH services 3. Dropout rates for DPT1-3 has improved amongst the 20 low performing districts | |
| | | | | | interventions | performing districts; # of recommendations implemented following EPI reviews and supportive | | |
| | | | | | | supervision) 2. At least 3 demand promotion activities in 2020 are well prepared, implemented in line with the new | N I | |
| | | | | | | demand promotion strategy and where possible integrated with other MNCH interventions | | |
| Zimbabwe | Demand Promotion & ACSM | C4D/SBCC Technical assistance- Health Promotion Officer to be based at the MoHCC central level | UNICEF | The new demand promotion strategy is finalized and endorsed by all stakeholders | Demand promotion strategy's implementation plan is adapted to the provincial and district | At least 3 field missions are undertaken to monitor implementation of the demand promotion | All districts reached with comprehensive demand promotion strategies to improve immunisation outcomes in marginalised | |
| | | | | The Demand Promotion Strategy is integrated and aligned with the Programme | levels 2. Demand promotion strategy M&E framework | strategy implementation 2. A dashboard of demand promotion indicators is | populations 2. Dropout rates for DPT1-3 has improved amongst the 20 low | |
| | | | | Support Rationale application, and activities are identified and prepared. | is implemented 3. Routine immunization demand promotion materials are developed | established and shared on a quarterly basis 3. Demand promotion activities for Q1 & Q2 2020 are well planned and in-line with the national | performing districts | |
| Zimbabwe | Health Information Systems | TA for near Real Time Monitoring and social accountability for EPI | UNICEF | | mHealth Dash Board and real time community | demand promotion strategy. All surviving infants entered in mHealth platform | Reduced defaulter rate in low performing districts | |
| Zimbabwe | (Data) Programme Management - LMC | Support operational costs of ZIMNITAG | WHO | immunisation policy recommendation by 30 | score card developed ZIMNITAG to have produced at least 2 immunisation policy recommendations by 30 | 6 - 12 months | At least 2 immunisation recommendations produced | 494459.84 |
| Zimbabwe | Supply Chain & Procurement | Technical assistance in vaccine and supplies management | WHO | Roll out of the WHO udated Stock | November 2019 Visted 4 provinces and 16 districts to support | 2 years / long-term | Existence of effective vaccine and supplies management systems that meet WHO standard | |
| | | | | Visted 4 provinces and 16 districts to support | them on supplies management by 30 November | | | |
| | | | | them on supplies management by May 2019 Supported MOHCC in IPV vaccine introduction | | | | |
| | | | | and MR campaign preparedness by June 2019 Techniical support offered in attending to | | | | |
| | | | | quiries of and analysis of computerized stock management tool by December 2019 | | | | |
| | | | | Offered technical support in attending to Gavi clifications on CCEOP application by May 2019 | | | | |
| | | | | Offered technical sopport in development of final CCEOP deployment by June 2011 | | | | |
| | | | | ilital GCEOF deployment by June 2011 | | | | |
| Zimbabwe | Supply Chain & Procurement | Support Implementation development of final CCEOP of deployment plan and deployment of CCE | WHO | Developed final CCEOP deployment plan by June 2019 | Supported deployment of cold chain equipment procured under CCEOP by 30 November 2019 | 6 - 12 months | Availability of finalised deployment plan | |
| Zimbabwe | Vaccine-Specific Support | TA for technical support during MR camapign micro-planning and training | WHO | | Supported MR campaign implementation by 30 November 2019 | 6 - 12 months | All CCE received deployed MR campaign preparedness conducted | |
| | Programme Implementation/Coverage & | Technical support to low performing districts | WHO | Two supervisory rounds conducted by 30 June 2019 | Four supervisory rounds conducted by 30 November 2019 | 6 - 12 months | Implementation of recommendations from supervisory reports findings to improve EPI performance in order to reach the under- | |
| | Equity Supply Chain & Procurement | TA for SMT Implementation | WHO | Follow ups on submission of SMT conducted and SMT submitted monthly | Follow ups on submission of SMT conducted and SMT submitted monthly | | served populations. Improved vaccine and supplies management to meet EVM standards | |
| | Vaccine-Specific Support Supply Chain & Procurement | TA for post MR campaign survey TA for conducting Effective Vaccine Management Assessment | WHO WHO | | Post NIDs survey conducted by 30 November 2019 EVMA conducted by 30 November 2019 | 6 - 12 months 6 - 12 months | Surveys conducted and reports produced EVMA conducted, report produced andimproment plan developed | |
| | Vaccine-Specific Support | Provide technical assistance to Zimbabwe in evaluating nationwide | CDC Foundation | Completion of PIE data collection and in- | Final PIE report complete and recommendations | Follow-up on recommendations made in 2019 for | Country will complete Year 1 of HPV vaccine introduction to multiple- | 56000.00 |
| | | HPV vaccine implementation. Support WHO with planning and leading the post-introduction (PIE) in Zimbabwe, in conjunction with dose 2 administration. Evaluate program delivery of multiple-age cohort | | country stakeholder meetings | to Zimbabwe EPI | second year of vaccination | age cohorts; PIE will give solid recommendations for program improvement for Year 2. | |
| Zimbabwe | | vaccination and 12-month dosing schedule. Discussion of HPV2 vaccine uptake and any mitigation strategies for | | Debrief EPI program on HPV2 uptake and | | | Review meeting of dose 2 completed | |
| 7imhahwa | Vaccine-Specific Support | mop-up vaccinations Implementation of administrative coverage validation survey in 3 | PATH | recommendations for improvements, as needed | Coverae survey completed and report | | HPV coverage survey completed | |
| Zimbabwe | Vaccine-Specific Support Vaccine-Specific Support | districts (criteria-based selection procedures), post-HPV2 Discussion of HPV2 vaccine continuation rates and results of coverage validation survey; make recommendations for mitigation | PATH PATH | | disseminated Debrief EPI program on HPV2 coverage and | | Review meeting of coverage survey results completed | |
| 7imhahwa | Vaccine-Specific Support Vaccine-Specific Support | strategies to improve vaccine uptake and coverage Participate in Gavi's annual Joint Appraisal and grant renewal | PATH | | recommendations for improvements conducted | | JA completed | 00770.00 |
| | The opening support | processes to ensure continuity of HPV TA support | 1 | <u>I</u> | Participation in JA completed | 1 | | 69772.80 |