



GAVI Alliance

Annual Progress Report **2013**

Submitted by

The Government of
Zimbabwe

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **15/05/2014**

Deadline for submission: 16/05/2014

Please submit the APR **2013** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2016

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	No	next tranche: N/A	N/A
HSS	No	next tranche of HSS Grant N/A	N/A
CSO Type A	No	Not applicable	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
HSFP	No	Next tranche of HSFP Grant Yes	N/A
VIG	Yes	Not applicable	N/A
COS	No	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2012** is available [here](#).

2. Signatures

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

By signing this page, the Government of **Zimbabwe** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Zimbabwe**

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr P. D. Parenyatwa (MP)	Name	Mr P. Chinamasa (MP)
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
MARY KAMUPOTA	National EPI Manager Ministry of health and Child Care	263 773621301	kamupotam@yahoo.co.uk
STANLEY MUNYARADZI MIDZI	Health Systems Strengthening Officer WHO	263 772104254	midzis@who.int
COLLINE KOLINE CHIGODO	EPI Officer Ministry of Health and Child Care	263 774883985	collinechigodo@gmail.com
NYENGETERAI MARY MUNYORO	NPO/EPI WHO	263 772104258	munyorom@who.int
ADELAIDE ELEANOR SHEARLEY	Child Health and Immunisation Advisor MCHIP	263 772140957	adelaide@mchipzim.org
EGNES FUNGAI MAKWABARARA	Health Specialist EPI UNICEF	263 773183068	emakwabarara@unicef.org
BESTINOS CHINODYA	EPI Logistician Ministry of Health and Child care	263 773621304	bestinoschinodya@gmail.com
TONDERAI KADZERE	Strategy and Policy Development Officer Ministry of Health and Child Care	263 774934725	kadzeret@gmail.com
SAMUEL G C SIMBI	Health Promotion Manager Ministry of Health and Child Care	263 773621308	ssimbi2013@gmail.com

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), 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.

Name/Title	Agency/Organization	Signature	Date
MR DON MACDONALD	Rotary International		
DR PORTIA MANANGAZIRA	Ministry of Health and Child Care		
DR DAVID OKELLO	WHO		
MR REZA HOSSAINI	UNICEF		
PROF ROSE KAMBARAMI	MCHIP		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date

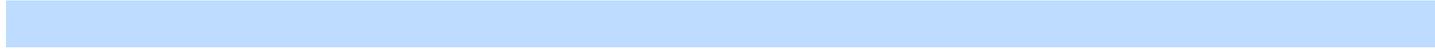
HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:



Comments from the Regional Working Group:



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

Zimbabwe is not reporting on CSO (Type A & B) fund utilisation in 2014

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	456,753	486,620	466,857	507,306	477,184	512,887	487,740	518,528
Total infants' deaths	27,405	30,657	28,011	31,452	28,631	31,286	29,264	31,111
Total surviving infants	429,348	455,963	438,846	475,854	448,553	481,601	458,476	487,417
Total pregnant women	526,354	528,197	537,997	558,037	549,898	564,175	562,062	570,381
Number of infants vaccinated (to be vaccinated) with BCG	464,623	450,337	474,901	481,941	485,407	497,500	496,144	508,157
BCG coverage	102 %	93 %	102 %	95 %	102 %	97 %	102 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	429,348	417,253	438,846	428,494	448,553	442,380	458,476	475,636
OPV3 coverage	100 %	92 %	100 %	90 %	100 %	92 %	100 %	98 %
Number of infants vaccinated (to be vaccinated) with DTP1	434,071	440,052	438,846	455,845	448,553	465,663	458,476	0
Number of infants vaccinated (to be vaccinated) with DTP3	429,348	413,241	438,846	428,845	448,553	442,380	458,476	0
DTP3 coverage	100 %	91 %	100 %	90 %	100 %	92 %	100 %	0 %
Wastage ^[1] rate in base-year and planned thereafter (%) for DTP	10	12	10	10	10	10	10	10
Wastage ^[1] factor in base-year and planned thereafter for DTP	1.11	1.14	1.11	1.11	1.11	1.11	1.11	1.11
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	436,444	440,052	438,846	455,845	448,553	465,663		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	436,444	413,241	438,846	428,494	448,553	442,380		
DTP-HepB-Hib coverage	102 %	91 %	100 %	90 %	100 %	92 %	0 %	0 %
Wastage ^[1] rate in base-year and planned thereafter (%) ^[2]	15	10	10	10	10	10		
Wastage ^[1] factor in base-year and planned thereafter (%)	1.18	1.11	1.11	1.11	1.11	1.11	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	436,444	432,116	438,846	455,845	448,553	465,663	458,476	475,636

Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	436,444	397,486	438,846	428,494	448,553	442,380	458,476	456,222
Pneumococcal (PCV13) coverage	102 %	87 %	100 %	90 %	100 %	92 %	100 %	94 %
Wastage ^[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5
Wastage ^[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	378,152	0	381,934	316,559		465,663		475,636
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	378,152	0	381,934	276,989		442,380		456,222
Rotavirus coverage	88 %	0 %	87 %	58 %		92 %		94 %
Wastage ^[1] rate in base-year and planned thereafter (%)	5	0	5	5		5		5
Wastage ^[1] factor in base-year and planned thereafter (%)	1.05	1	1.05	1.05		1.05		1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	429,348	412,762	438,846	442,544	448,553	456,059	458,476	467,920
Measles coverage	100 %	91 %	100 %	93 %	100 %	95 %	100 %	96 %
Pregnant women vaccinated with TT+	271,000	294,265	272,110	323,661	272,551	338,505	273,103	353,636
TT+ coverage	51 %	56 %	51 %	58 %	50 %	60 %	49 %	62 %
Vit A supplement to mothers within 6 weeks from delivery	0	291,328	0	407,924	0	412,411	0	416,947
Vit A supplement to infants after 6 months	1,254,163	384,953	1,341,217	1,451,014	1,354,629	1,596,115	1,368,175	1,755,727
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	6 %	0 %	6 %	0 %	5 %	0 %	0 %

** Number of infants vaccinated out of total 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

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

2 GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

The numbers for 2014-2016 Baseline and Annual Targets are not consistent with those provided previously because they were based on estimates derived from 2002 census figures which were then found to be in variance with the 2012 actual census figures.

- Justification for any changes in **surviving infants**

The numbers for 2014-2016 Baseline and Annual Targets are not consistent with those provided previously because they were based on estimates derived from 2002 census figures which were then found to be in variance with the 2012 actual census figures.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

No change in targets in excess of 10%

- Justification for any changes in **wastage by vaccine**

No significant changes in vaccine wastage.

5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

Immunisation coverage for DTP-HepB-Hib3 for 2013 was 95% compared to a set target of 100%. The difference is mainly due to the fact that the estimated target population for 2013 was 429 348 (100%). However the 2012 National Census showed under one population to be 433 325 from which the country reached 413 241 (95%). In 2012 the actual number of children reached with Penta 3 was 428 883 (102% coverage). This shows a decline in the number of children reached. The major challenges which could have contributed to this decline include knowledge gap among health workers, inadequate resources both human and financial, competing priorities, and low staff morale due to poor conditions of service.

Key Major Activities conducted in 2013

Post Introduction Evaluation of PCV13

Following the introduction of PCV13 in 2012, a Post Introduction Evaluation was conducted in January 2013.

Data Quality Self Assessment

A Data Quality Self Assessment was conducted in August 2013. The aim of the activity was to improve completeness, timeliness, accuracy and use of data at all levels.

Effective Vaccine Management Training

Following recommendations from the EVMA conducted in the country in 2012, training of health workers in vaccine stock management continued in 2013. The activity resulted in the training of all provincial Vaccine Storekeepers in the Stock Management Tool (SMT) developed by WHO .

Rotavirus Introduction Training

EPI Managers at national and sub national levels were trained further strengthening knowledge on appropriate practices.

Commemoration of the African Vaccination Week was special in that it was conducted in one of Zimbabwe's hard to reach communities. The Khoisan people fully participated in the event and the major highlights were advocacy by the Chief and further invitation of the EPI Head Office team to the community for advocacy and communication.

Challenges Faced in 2013

Human Resources shortages at the central and sub national levels.

Huge funding gap with very little funding from government.

Country defaulted in its co-financing obligations

Motivation of staff

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

Targets were set using population projections from the 2002 census yet coverage for 2013 was calculated using the new figures according to the 2012 population census. However, there are no significant deviations given that the country had set a target of 100% for DTP-HepB-Hib3 and the actual was 95% missing by a mere five percentage points.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
NHIS	2013	94	98

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

There is no significant difference between DTP-HepB-Hib3 coverage for boys and girls.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Not selected**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

Women and children from religious objectors have barriers in accessing immunisation services. However this has been addressed by offering immunisation services to these groups at convenient times and places. In addition, most village health workers in the country are women and this contributes to increased access to and acceptance of immunisation as they are always with the community providing health education on the

importance of immunisation.

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

The official country estimates are partly based on the results of EPI Coverage Survey of 2010. The slight discrepancies between the official estimates and the administrative coverage are a result of the difference between the population figures from the 2012 Population Census and the population on the ground in 2013.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

If Yes, please describe the assessment(s) and when they took place.

Data Quality Self Assessment conducted in the country in August 2013.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

RED training which included an aspect of Data Quality Self Assessment was conducted followed by a national Data Quality Self Assessment. Peer reviews were conducted during which five provinces were assessed on program performance with special emphasis on surveillance and corrective action taken. Quarterly review meetings and supportive supervision activities were done on regular basis. The country also introduced a new web based District Health Information System Tool whereby all the Provincial and District Health Executive members were trained on the tool.

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

Training of staff in RED which has a component of DQS will continue, supportive supervision at all levels is carried out on quarterly basis. The provision of Global Fund procured cell phones coupled with increasing net work coverage has enabled the National Health Information System to improve its efficiency in data collection and transmission to National Level and feedback . Continued provision of airtime to facilities. The country also plans to conduct an EPI Coverage Survey in order to validate administrative data.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used	1 US\$ = 1	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	HTF	MCHIP	N/A
Traditional Vaccines*	1,013,202	0	0	431,692	0	581,510	0	0
New and underused Vaccines**	11,184,447	0	11,184,447	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	265,827	0	160,193	0	0	105,634	0	0
Cold Chain equipment	1,316,101	0	0	23,639	0	1,292,462	0	0

Personnel	1,316,305	898,318	132,000	30,507	47,425	208,055	0	0
Other routine recurrent costs	1,541,466	0	0	765,058	0	776,408	0	0
Other Capital Costs	1,306,637	283,707	853,304	0	15,096	154,530	0	0
Campaigns costs	21,927	0	0	0	21,927	0	0	0
Transportation Maintenance & OH Short term training Social Mobilisation Disease Surveillance Program management		3,869,022	249,447	0	414,103	16,737	152,688	0
Total Expenditures for Immunisation	17,965,912							
Total Government Health		5,051,047	12,579,391	1,250,896	498,551	3,135,336	152,688	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

The government of Zimbabwe is not yet able to fund the procurement of vaccines and supplies because of a constrained revenue base. Traditional are being funded and procured by UNICEF and will continue doing so until the Government has the capacity to take over.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

If **Yes**, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **2**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

To attach ICC minutes and any concerns and recommendations

Are any Civil Society Organisations members of the ICC? **Yes**

If **Yes**, which ones?

List CSO member organisations:
The Zimbabwe Red Cross Society

Community Working Group on Health
Zimbabwe Association of Church Related Hospitals
Southern Africa AIDS Trust
Women AIDS Support network

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

Introduction of Rotavirus vaccine in 2014

Introduction of HPV Demonstration Project in 2014

Strengthening of outreach services

Completion of Central Vaccine Stores in preparation for Rota introduction in 2014

Installation of cold rooms at Central and Provincial Vaccine Stores in 2014

Application for GAVI support MSV ,IPV and Measles Rubella Campaign in 2015

Routine EPI Coverage Survey in 2014

Injection Safety Assessment 2014

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD 0.05 ml and 2ml for reconstitution	UNICEF
Measles	AD 0.5 ml and 5ml for reconstitution	UNICEF
TT	AD 0.5 ml	UNICEF
DTP-containing vaccine	AD 0.5 ml	GAVI
PCV13	AD 0.5 ml	GAVI

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

The country has not encountered any obstacles during implementation

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

Both incineration, burn and bury methods were used with no problems.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Zimbabwe is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

Zimbabwe is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.3. Request for ISS reward

Request for ISS reward achievement in Zimbabwe is not applicable for 2013

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	1,549,000	1,549,000	0	No
Pneumococcal (PCV13)	1,571,400	1,571,400	0	No
Rotavirus	84,000	0	0	Not selected

**Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

N/A

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

N/A

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

N/A

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	No vaccine introduced in 2013

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	PCV13 was introduced in 2012

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	No vaccine introduced in 2013

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **December 2014**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

Post Introduction Evaluation for PCV13 conducted in January 2013. After the evaluation, major recommendations have been addressed as follows:

1. During the PCV13 introduction, there was a delay in the production of data collection tools but this has since been rectified and all levels have adequate data collection tools.
2. IEC materials have been produced and distributed to all levels.
3. Training of health workers has been intensified in order to bridge knowledge gaps and this is especially so given the fact that the health workers need to transfer the knowledge to care givers.
4. The country has managed to increase cold chain capacity at all levels with assistance from partners, contingency plans are in place and incidence of stock outs have been significantly reduced.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises?
Yes

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

Data from the sentinel sites shared with stakeholders and the findings are being used for training.

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	323,000	323,000
Remaining funds (carry over) from 2012 (B)	20,361	20,361
Total funds available in 2013 (C=A+B)	343,361	343,361
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	343,361	343,361

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

The introduction of Rotavirus Vaccine was postponed to 2014 and the funds were not used in 2013. The country plans to use the Rotavirus Vaccine Introduction Grant for the following purposes;

Training of health workers on Rotavirus Vaccine introduction,

Launch of the vaccine.

Production of IEC material for Rotavirus vaccine.

Supportive supervision

Social Mobilisation

Post introduction Evaluation of Rotavirus vaccine

Please describe any problem encountered and solutions in the implementation of the planned activities

There was a delay in completion of the Central Vaccine Stores. This has however been completed and the new cold rooms have been installed at both the central and provincial levels. The vaccine has since been introduced country wide effective 1 May 2014.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

The country plans to use all the funds in 2014 as per original plan.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?		
Government	Nil	
Donor	Nil	
Other	Nil	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	December	Government
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	December	Government
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	December	Government

	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing
	<p>The country does require technical assistance in developing a financial sustainability strategy that will help raise resources to sustain the program at the end of GAVI support. Therefore we need financial and human resources (consultancy) support.</p> <p>The country would also require technical assistance in developing effective resource mobilisation strategies specifically to compliment meagre allocations from the national fiscus which are even inadequate to meet co-financing obligations.</p>

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

The Ministry of Health and Child Care has written a letter of assurance of meeting co-financing requirements.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2012**

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

N/A

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Zimbabwe does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Zimbabwe does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Zimbabwe is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000\$		250,000\$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000\$		2,000,000\$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID	Source		2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	429,348	438,846	481,601	1,349,795
	Number of children to be vaccinated with the first dose	Table 4	#	436,444	438,846	465,663	1,340,953
	Number of children to be vaccinated with the third dose	Table 4	#	436,444	438,846	442,380	1,317,670
	Immunisation coverage with	Table 4	%	101.65 %	100.00 %	91.86 %	

	the third dose					
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.18	1.11	1.11
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	589,000		
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	589,000		
	Number of doses per vial	Parameter	#		10	10
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

4.5

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low
--------------------	-----

	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per APR 2012			0.20
Your co-financing	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2014	2015
Number of vaccine doses	#	1,321,500	1,115,000
Number of AD syringes	#	1,451,200	1,192,300

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	15,975	13,125
Total value to be co-financed by GAVI	\$	2,772,500	2,366,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015
Number of vaccine doses	#	143,100	119,100
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country	\$	293,000	247,000

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	9.76 %		
B	Number of children to be vaccinated with the first dose	Table 4	436,444	438,846	42,852	395,994
B1	Number of children to be vaccinated with the third dose	Table 4	436,444	438,846	42,852	395,994
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,309,332	1,316,538	128,556	1,187,982
E	Estimated vaccine wastage factor	Table 4	1.18	1.11		
F	Number of doses needed including wastage	$D \times E$		1,461,358	142,697	1,318,661
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		2,703	264	2,439
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Reported stock on January 1st	Table 7.11.1	0	589,000		
H3	Shipment plan	UNICEF shipment report		1,739,500		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1,464,500	143,004	1,321,496
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		1,451,166	0	1,451,166
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		15,963	0	15,963
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		2,819,163	275,282	2,543,881
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		65,303	0	65,303
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		80	0	80
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		180,427	17,619	162,808
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		3,064,973	292,900	2,772,073
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		292,900		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.76 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	9.64 %		
B	Number of children to be vaccinated with the first dose	Table 4	465,663	44,911	420,752
B1	Number of children to be vaccinated with the third dose	Table 4	442,380	42,666	399,714
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,364,160	131,566	1,232,594
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	$D \times E$	1,514,218	146,038	1,368,180
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	19,823	1,912	17,911
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	300,159	28,949	271,210
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	853,342	82,300	771,042
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,234,000	119,013	1,114,987
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,192,207	0	1,192,207
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	13,115	0	13,115
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,405,066	231,955	2,173,111
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	53,650	0	53,650
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	66	0	66
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	153,925	14,846	139,079
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	2,612,707	246,801	2,365,906
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	246,800		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.64 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID	Source		2013	2014	2015	2016	TOTAL	
	Number of surviving infants	Table 4	#	429,348	438,846	481,601	487,417	1,837,212
	Number of children to be vaccinated with the first dose	Table 4	#	436,444	438,846	465,663	475,636	1,816,589
	Number of children to be vaccinated with the third dose	Table 4	#	436,444	438,846	442,380	456,222	1,773,892
	Immunisation coverage with the third dose	Table 4	%	101.65 %	100.00 %	91.86 %	93.60 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	224,000				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	224,000				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

Co-financing tables for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Co-financing group	Low
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	2013	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2012			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2014	2015	2016
Number of vaccine doses	#	1,096,400	1,405,300	1,422,100
Number of AD syringes	#	1,203,900	1,560,000	1,578,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	13,250	17,175	17,375
Total value to be co-financed by GAVI	\$	3,995,500	5,090,500	5,137,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2014	2015	2016
Number of vaccine doses	#	64,600	83,400	84,600
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country	\$	232,500	298,000	301,500

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)

	Formula	2013	2014		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %	5.56 %	
B	Number of children to be vaccinated with the first dose	Table 4	436,444	438,846	24,418
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	1,309,332	1,316,538	73,254
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses needed including wastage	$D \times E$		1,382,365	76,917
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		1,892	106
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1	0		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1,161,000	64,600
J	Number of doses per vial	Vaccine Parameter		1	
K	Number of AD syringes (+ 10% wastage) needed	$(I + G - H) \times 1.10$		1,203,873	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		13,243	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		3,936,951	219,057
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		54,175	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		67	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		236,218	13,144
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		4,227,411	232,200
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		232,200	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		5.56 %	

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	5.60 %			5.61 %		
B	Number of children to be vaccinated with the first dose	Table 4	465,663	26,072	439,591	475,636	26,702	448,934
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	1,396,989	78,215	1,318,774	1,426,908	80,104	1,346,804
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	1,466,839	82,126	1,384,713	1,498,254	84,109	1,414,145
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	21,119	1,183	19,936	7,854	441	7,413
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0	0	0	0
H2	Reported stock on January 1st	Table 7.11.1						
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,488,600	83,344	1,405,256	1,506,600	84,578	1,422,022
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,559,919	0	1,559,919	1,578,239	0	1,578,239
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	17,160	0	17,160	17,361	0	17,361
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	5,016,582	280,868	4,735,714	5,063,683	284,265	4,779,418
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	70,197	0	70,197	71,021	0	71,021
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	86	0	86	87	0	87
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	300,995	16,853	284,142	303,821	17,056	286,765
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	5,387,860	297,720	5,090,140	5,438,612	301,320	5,137,292
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	297,720			301,320		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.60 %			5.61 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID	Source		2013	2014	2015	2016	TOTAL	
	Number of surviving infants	Table 4	#	429,348	438,846	481,601	487,417	1,837,212
	Number of children to be vaccinated with the first dose	Table 4	#	378,152	381,934	465,663	475,636	1,701,385
	Number of children to be vaccinated with the second dose	Table 4	#	378,152	381,934	442,380	456,222	1,658,688
	Immunisation coverage with the second dose	Table 4	%	88.08 %	87.03 %	91.86 %	93.60 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	0.0050	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Low
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	2013	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2014	2015	2016
Number of vaccine doses	#	745,600	946,700	931,100
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by GAVI	\$	2,005,000	2,538,000	2,530,000

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2014	2015	2016
Number of vaccine doses	#	60,000	76,400	74,000
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country	\$	161,500	205,000	201,000

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	7.44 %		
B	Number of children to be vaccinated with the first dose	Table 4	378,152	381,934	28,407	353,527
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	$B \times C$	756,304	763,868	56,814	707,054
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$		802,062	59,654	742,408
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		1,986	148	1,838
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Reported stock on January 1st	Table 7.11.1	0			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		805,500	59,910	745,590
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$		0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		2,062,886	153,429	1,909,457
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		103,145	7,672	95,473
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		2,166,031	161,100	2,004,931
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		161,100		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		7.44 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	7.46 %			7.36 %		
B	Number of children to be vaccinated with the first dose	Table 4	465,663	34,743	430,920	475,636	35,007	440,629
C	Number of doses per child	Vaccine parameter (schedule)	2			2		
D	Number of doses needed	$B \times C$	931,326	69,486	861,840	951,272	70,014	881,258
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	977,893	72,960	904,933	998,836	73,515	925,321
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	43,958	3,280	40,678	5,236	386	4,850
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0	0	0	0
H2	Reported stock on January 1st	Table 7.11.1						
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,023,000	76,325	946,675	1,005,000	73,968	931,032
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,611,719	194,858	2,416,861	2,600,940	191,429	2,409,511
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	130,586	9,743	120,843	130,047	9,572	120,475
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	2,742,305	204,600	2,537,705	2,730,987	201,000	2,529,987
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	204,600			201,000		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	7.46 %			7.36 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Zimbabwe **has NOT received GAVI TYPE A CSO support**

Zimbabwe is not reporting on GAVI TYPE A CSO support for 2013

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

Zimbabwe **has NOT received GAVI TYPE B CSO support**

Zimbabwe is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

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. These could be in addition to the approved minutes, which should be included in the attachments

The Zimbabwe MOHCC EPI team worked tirelessly during 2013 to achieve the commendable results recorded in this report. Operating conditions have been extremely challenging throughout. The team is permanently short staffed because of the government's austerity measures in freezing unfilled civil servants posts, which includes healthcare. These measures have also held civil servants pay at low levels, impacting morale in many sectors, again including medical staff carrying out routine vaccinations and outreach work. Transport facilities for movement of personnel and vaccines, and for carrying out outreach work often fall well short of requirement. In addition there is a permanent funding shortfall which requires careful planning of the best use of available funds. Although Government is committed to paying their agreed share of costs, there are significant delays in payment.

On the issue of data recording some work is required to further analyse and better utilize the population data from the 2012 in comparing actual vaccination coverage with targets and estimated populations. This work is still outstanding and will be dealt with soon, although the differences which are likely to be highlighted are not expected to be of major significance. This issue is commented upon in the body of the report.

Despite all these challenges there has been excellent progress in the distribution of the new vaccines. This has been greatly assisted by the expansion of cold chain facilities, both at central stores and at strategic sites around the country. The roll out of Rotavirus vaccine was delayed initially, owing to the late completion of cold store facilities and the subsequent inability to carry sufficient volumes of vaccines, but this was resolved.

Intensive training has been carried out to ensure the effective delivery of new vaccines and the recording of associated data. Although ICC only met twice in 2013, regular quarterly meetings have been held by EPI and its key partners to help in coordinating service delivery and to assist in problem solving.

The ICC members commend the EPI team on its effort and achievements for the year.

A Donald MacDonald FCA

Chairman-ICC

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Ministers' Signatures.pdf File desc: Minister's Signature Date/time : 15/05/2014 10:33:09 Size: 335 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Ministers' Signatures.pdf File desc: Minister's Signature Date/time : 15/05/2014 10:36:07 Size: 335 KB
3	Signatures of members of ICC	2.2	✓	scan.pdf File desc: Signatures of ICC Members Date/time : 15/05/2014 07:20:28 Size: 278 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	MINUTES OF THE ICC MEETING HELD ON THE 13th OF MAY 2013 MoHCC (signed).docx File desc: ICC Minutes Date/time : 15/05/2014 10:42:06 Size: 70 KB
5	Signatures of members of HSCC	2.3	✓	scan.pdf File desc: Signature of ICC Members Date/time : 15/05/2014 07:28:50 Size: 278 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	MINUTES OF THE ICC MEETING HELD ON THE 13th OF MAY 2013 MoHCC (signed).docx File desc: ICC Minutes Date/time : 15/05/2014 10:44:55 Size: 70 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.2	✓	Zim PCV13 PIE Report February 2013.pdf File desc: PIE Report Date/time : 15/05/2014 07:13:33

				Size: 926 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	NVS Letter.pdf File desc: NVS letter Date/time : 15/05/2014 10:49:35 Size: 210 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000	7.3.1	✓	NVS Letter.pdf File desc: NVS letter Date/time : 15/05/2014 10:59:50 Size: 210 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	ZIM EVMA 2012-09 Report.pdf File desc: Zimbabwe EVMA Report Sept_2012 Date/time : 07/05/2014 11:07:48 Size: 792 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	ZIM EVMA 2012-09 Improvement plan template v2.xlsm File desc: Zimbabwe EVMA Improvement Plan Date/time : 07/05/2014 12:15:07 Size: 93 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	ZIM EVMA 2012-09 Improvement plan implementation status.xlsm File desc: Zimbabwe EVMA Improvement Plan Implementation Status_8_May_14 Date/time : 08/05/2014 01:55:46 Size: 94 KB
16	Valid cMYP if requesting extension of support	7.8	✗	No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent	9.1.3	✓	HSS Grant Letter.pdf File desc: HSS Grant letter Date/time : 15/05/2014 11:03:43

	Secretary in the Ministry of Health			Size: 147 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	HSS Grant Letter.pdf File desc: HSS Grant letter Date/time : 15/05/2014 11:06:53 Size: 147 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	HSS Grant Letter.pdf File desc: HSS Grant letter Date/time : 15/05/2014 11:09:46 Size: 147 KB
22	HSS Health Sector review report	9.9.3	✓	HSS Grant Letter.pdf File desc: HSS Grant letter Date/time : 15/05/2014 11:11:16 Size: 147 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	HSS Grant Letter.pdf File desc: HSS Grant letter Date/time : 15/05/2014 11:17:11 Size: 147 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	✗	No file loaded

	Other		X	No file loaded
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