



## **Application Form for Gavi NVS support**

Submitted by

**The Government of Zimbabwe**

**for**

Measles-rubella follow-up campaign

## **Gavi terms and conditions**

### **1.2.1 Gavi terms and conditions**

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

#### **GAVI GRANT APPLICATION TERMS AND CONDITIONS**

##### **FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

The applicant country ("Country") confirms that all funding provided by Gavi 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 Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

##### **AMENDMENT TO THE APPLICATION**

The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

##### **RETURN OF FUNDS**

The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been 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 Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

##### **SUSPENSION/ TERMINATION**

Gavi 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 programme(s) described in the Country's application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

##### **NO LIABILITY**

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines and related supplies after title to such supplies has passed to the Country.

Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

## **INSURANCE**

Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

## **ANTI-CORRUPTION**

The Country confirms that funds provided by Gavi 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.

## **ANTI-TERRORISM AND MONEY LAUNDERING**

The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

## **AUDITS AND RECORDS**

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi 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 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 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 Gavi in connection with any audit.

## **CONFIRMATION OF LEGAL VALIDITY**

The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

## **COMPLIANCE WITH GAVI POLICIES**

The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

## **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 Gavi 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 Gavi 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 Gavi. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: Gavi 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.

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

## **Gavi Guidelines and other helpful downloads**

### **1.3.1 Guidelines and documents for download**

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: <http://www.gavi.org/support/process/apply/>

## **Review and update country information**

### **Country profile**

#### **2.1.1 Country profile**

Eligibility for Gavi support

Eligible
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Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

17 May 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

No Response

## 2.1.2 Country health and immunisation data

Please provide the following information on the country's health and immunisation budget and expenditure.

What was the total Government expenditure (US\$) in 2016?

US\$4,918,941,118

What was the total health expenditure (US\$) in 2016?

US\$298,482,119

What was the total Immunisation expenditure (US\$) in 2016?

US\$31,905,530

Please indicate your immunisation budget (US\$) for 2016.

US\$30,982,779

Please indicate your immunisation budget (US\$) for 2017 (and 2018 if available).

2017 US\$27,535,696

2018 US\$64,107,119

### 2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From

2016

To

2020

Your current Comprehensive Multi-Year Plan (cMYP) period is

2016-2020

Is the cMYP we have in our record still current?

Yes

No

If you selected "No", please specify the new cMYP period, and upload the new cMYP in country documents section.

From

To

If any of the above information is not correct, please provide additional/corrected information or other comments here:

The cMYP documents still covers period 2016-2020 but has some changes.

### 2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

The requirement is that vaccines be procured from WHO pre-qualified manufacturers. The Medicines Control Authority of Zimbabwe (MCAZ) requires that vaccines be registered with

them so that an import permit is issued to enable clearance at port of entry. If vaccines are not registered with the MCAZ, the products are cleared at port of entry by invoking Section 75 of the Medicines and Allied Substances Act. The vaccines are brought into the country duty and tax free as long as the consignee is Ministry of Health and Child Care.

## 2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

The Medicines Control Authority of Zimbabwe is the NRA for drugs and all medical products in the country and it is WHO-certified. The contact person is Priscilla Nyambayo and her contact details are +263 772 222280, pnyambayo@mcaz.co.zw

## National Immunisation Programmes

### 2.2.2 Financial Overview of Active Vaccine Programmes

#### HPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	71,096	95,901	90,406	87,772	88,492
Gavi support (US\$)	1,579,500	2,130,500	2,008,000	1,948,619	1,964,603

#### IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	802,500	1,000,824	1,006,460	1,017,531	1,019,530

#### Measles SD Routine - Strat 1

	2018	2019	2020
Country Co-financing (US\$)	77,326	234,378	245,514

Gavi support (US\$)	73,500	212,500	223,000
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PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	275,627	300,209	300,170	303,873	303,792
Gavi support (US\$)	4,324,000	4,902,000	4,305,054	4,358,157	4,356,994

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	230,782	314,692	313,229	317,015	316,928
Gavi support (US\$)	678,000	816,500	793,807	803,402	803,180

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	166,800	186,300	186,615	188,917	188,867
Gavi support (US\$)	1,566,000	1,749,000	1,751,825	1,773,430	1,772,963

Measles-rubella follow-up campaign

	2019	2020
Country Co-financing (US\$)	23,000	
Gavi support (US\$)	1,555,000	

<b>Summary of active Vaccine Programmes</b>

	2018	2019	2020	2021	2022
Total country co-	821,631	1,154,480	1,135,934	897,577	898,079



financing (US\$)					
Total Gavi support (US\$)	9,023,500	12,366,324	10,088,146	9,901,139	9,917,270
Total value (US\$) (Gavi + Country co-financing)	9,845,131	13,520,804	11,224,080	10,798,716	10,815,349

## Coverage and Equity

### 2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to

improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Refer to 2017 PSR Section 5.1.1 for coverage and section 5.1.2 for equity

## Country documents

### 2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section “Upload new application documents”) you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

### Country and planning documents

	<b>Country strategic multi-year plan</b> Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	<a href="#">Zimbabwe EPI cMYP 2016 - 2020 Revised Nov 2017_11-01-18_09.10.59.pdf</a>
	<b>Country strategic multi-year plan / cMYP costing tool</b>	<a href="#">Zim_cMYP_Costing_Tool_V3.9.4_28_Nov_17_12-01-18_08.19.32.xlsx</a>
	<b>Effective Vaccine Management (EVM) assessment</b>	<a href="#">Zimbabwe_2016_EVM_Report_Final (1)_12-01-18_18.10.55.pdf</a>

✓	<b>Effective Vaccine Management (EVM): most recent improvement plan progress report</b>	<a href="#">ZIM EVMA 2016 ImprovementPlanImplementationStatusFeb 2018_24-04-18_14.43.06.xlsm</a>
	<b>Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators</b>	<b>No file uploaded</b>
	<b>Data quality and survey documents: Immunisation data quality improvement plan</b>	<b>No file uploaded</b>
	<b>Data quality and survey documents: Report from most recent desk review of immunisation data quality</b>	<b>No file uploaded</b>
	<b>Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation</b>	<b>No file uploaded</b>
✓	<b>Human Resources pay scale</b> If support to the payment of salaries, salary top ups, incentives and other allowances is requested	<a href="#">Circular 01 2015 to UN Entities DSA Rates for Govt &amp; IP Officials_24-04-18_14.53.04.pdf</a> <a href="#">Approved MoFED DSA Rates_24-04-18_14.51.48.pdf</a>

**Coordination and advisory groups documents**



**National Coordination Forum Terms of Reference**

ICC, HSCC or equivalent

ZICC Terms of Reference\_12-01-18\_18.19.26.pdf



**National Coordination Forum meeting minutes of the past 12 months**

ICC\_Minutes\_13-01-18\_10.03.36.zip

**Other documents**

**Other documents (optional)**

No file uploaded

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

**Measles-rubella follow-up campaign**

**Vaccine and programmatic data**

**3.1.1 Choice of presentation and dates**

For each type of support please specify start and end date, and preferred presentations. Measles-rubella follow-up campaign

Preferred presentation	MR, 10 doses/vial, Iyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	MR, 5 doses/vial, Iyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Required date for vaccine and supplies to arrive

28 February 2019

Planned launch date

4 June 2019

Support requested until

2019

### 3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

At this juncture, the country may not be able to tell whether the vaccine product to come for campaign is registered or not since the supplier that will be contracted by UNICEF is not yet known. However, all vaccines procured by UNICEF Supply Division are WHO pre-qualified. The Medicines Control Authority of Zimbabwe (MCAZ) which is the NRA, permits the importation of all products which are WHO pre-qualified whether they are registered or not. All products registered with the MCAZ require an import permit for them to be cleared by the consignee at port of entry. Where the product is not registered, the MCAZ has a provision for the consignee to invoke Section 75 of the Medicines and Allied Substances Act to enable clearance. Importation of such products is tax free whenever the consignee is the Ministry of Health & Child Care.

### 3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes

No

If you have answered yes, please attach the following in the document upload section: \* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism. \* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

## Target Information

### 3.2.1 Targets for campaign vaccination

Gavi will always provide 100% of the doses needed to vaccinate the population in the target age cohort.

Please describe the target age cohort for the Measles-rubella follow-up campaign:

From 9 weeks  months  years

To 59 weeks  months  years

	2019
Population in target age cohort (#)	1,780,643
Target population to be vaccinated (first dose) (#)	1,780,643
Estimated wastage rates for preferred presentation (%)	10

### 3.2.2 Targets for measles-rubella routine first dose (MR1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so.

Please provide information on the targets and total number of doses procured for measles first dose.

	2019
Population in the target age cohort (#)	459,744
Target population to be vaccinated (first dose) (#)	447,941
Number of doses procured	895,882

## Co-financing information

### 3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles-rubella follow-up campaign

	2019
10 doses/vial,lyo	0.64

Commodities Price (US\$) - Measles-rubella follow-up campaign (applies only to preferred presentation)

	2019
AD syringes	0.04
Reconstitution syringes	0.04
Safety boxes	0.47
Freight cost as a % of device value	0.01

### 3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support

	2019
Country co-financing share per dose (%)	2
Minimum Country co-financing per dose (US\$)	0.01
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.01

### 3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

Measles-rubella follow-up campaign

	2019
Vaccine doses financed by Gavi (#)	1,946,700

Vaccine doses co-financed by Country (#)	29,900
AD syringes financed by Gavi (#)	1,958,800
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	217,500
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	23,950
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	54,062
Freight charges co-financed by Country (\$)	829
	2019
Total value to be co-financed (US\$) Country	20,000
Total value to be financed (US\$) Gavi	1,391,000
Total value to be financed (US\$)	1,411,000

### 3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella



programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

2019	
Minimum number of doses financed from domestic resources	
Country domestic funding (minimum)	573,364.48

### 3.3.5 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

The country expects Gavi to fund vaccines and supplies requirements for the 2019 campaign. The Ministry of Health and Child Care expects the government to contribute to the operational budget as well as the 2% co-financing of each dose of vaccine for the MR campaign. To ensure that there is budgetary support, the Ministry of Finance has been involved in the application including development of the budget. The country will continue to meet its co-financing obligations for routine immunisation.

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

October

The payment for the first year of co-financed support will be made in the month of:

Month

October

Year

2018

## Financial support from Gavi

### 3.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign  
Population in the target age cohort (#)

1,780,643

Gavi contribution per person in the target age cohort (US\$)

0.65

Total in (US\$)

1,157,417.95

Funding needed in  
country by

14 October 2018

### 3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

Total amount - Gov. Funding / Country Co-financing (US\$)

722396

Total amount - Other donors (US\$)

455105

Total amount - Gavi support (US\$)

1157417

Amount per target person - Gov. Funding / Country Co-financing (US\$)

0.41

Amount per target person - Other donors (US\$)

0.26

Amount per target person - Gavi support (US\$)

0.65

### 3.4.3 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

The funds will be disbursed from Gavi to UNICEF Country Office and the Ministry will request for the funds for use during the campaign. The funds disbursed will be deposited in the Ministry's Health Services Fund (HSF) account for donor funds at head office and Temporary Deposit (TD) accounts at provincial and district levels. The Finance and Administration Director in the Ministry of Health and Child Care (MoHCC) will be responsible for overall management of these funds. Daily Subsistence Allowances (DSA) will be paid using ruling UN rates for government. Conference packages for training and other meetings for the purpose of this campaign will be paid per person and this is over and above the DSA. All procurement will follow relevant government of Zimbabwe Statutory Instruments. The Internal Audit of the MoHCC and the Auditor General in the Ministry of Finance and Economic Development (MoFED) are mandated to audit all the funds within MoHCC. It is now government regulation that all audit reports be published and it is planned that the reports of the campaign will be published.

### 3.4.4 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

- o UNICEF Tripartite Agreement: 5%
- o UNICEF Bilateral Agreement: 8%
- o WHO Bilateral Agreement: 7%.

Based on the current challenges in implementing the FMA recommendations, the country is suggesting the Vaccine Introduction Grant (VIG) to be channelled through UNICEF. However, if the FMA recommendations are resolved before the VIG disbursement, then the country would prefer the funds to be sent through the government financial system.

### 3.4.5 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Campaign Planning & Readiness Assessment	WHO, UNICEF, JSI
Monitoring & Supervision	WHO, UNICEF, JSI
Procurement & Logistics	UNICEF
Communications	UNICEF
Routine Immunisation Strengthening & Records	JSI

## Strategic considerations

### 3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.

The Plan of Action on the Justification section, page 2

### 3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The 2019 MR campaign is included in the country's comprehensive Multi-Year Plan

### 3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request. If any of Gavi’s requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines. In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

The ICC mobilized resources to enable development of the application and provide oversight on the activities towards successful submission of the application. Other members of the ICC

participated in the development of this proposal. Members of the Zimbabwe Immunization Technical Advisory Group (ZIMNITAG) attended the ICC meeting that endorsed the submission of this application.

### 3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

The country expects that most of the operational costs will be funded by Gavi with other development partners and the country contributing varying amounts according to the budget template submitted. The vaccine to be used during the campaign will be funded by Gavi without country co-financing. Zimbabwe has not defaulted in its co-financing obligations over the past three years and hopes to continue meeting all co-financing obligations. The country hopes that the economic environment will improve in the near future so that government will be able to fund all immunisation and other health service delivery activities. Meanwhile Zimbabwe will continue to mobilise resources locally and internationally in order to sustain services and also hopes that Gavi will continue to provide funding for the Expanded Program on Immunisation.

### 3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

Challenges Underlying the Performance of the Immunisation System in Zimbabwe

- Health work force: availability and distribution; during the campaign, there will be redistribution of health workers so that all vaccination centres are adequately manned by skilled workers. Meanwhile, the country is in the process of addressing the staff shortages so that routine immunisation and other interventions are properly implemented.
- Inadequate distribution of supplies and/or inadequate provision of transportation for supplies and vaccination teams; vaccines and supplies will be directly distributed to districts from central level and the districts will deliver to health facilities at least two weeks before vaccination. The Ministry will obtain vehicles from other government departments so that all outreach teams have adequate transport. It is MoHCC practice that when there is such a massive campaign, priority for vehicles at all levels is given. In addition, the Ministry has carried out such campaign in the past and has not experienced challenges in transport and distribution. Transport challenges are experienced during routine immunisation and there are plans to increase the fleet as well as utilisation of opportunities created by integration of activities in order to maximise on transport.
- Demand generation; although the country does not have adequate funds for routine communication, campaigns of this nature are supported adequately. The operational budget

will cater for all demand creation activities and will include radio and television spots which, from previous experience, convince hesitancy groups to participate. The country plans to create demand for both routine and campaign activities using opportunities provided by the 2019 campaign budget.

- Long waiting times in urban health facilities discourage caregivers

Although many children will need to be vaccinated during the week, a number of outreach teams will be organised to cater for the high numbers. Like any other campaign, there will be long queues but care givers behave differently and wait even if it means they get service sometimes in the evening. It is also hoped that by 2019 there will be a number of health posts and these will reduce the burden thrust on the existing static facilities.

- Low immunisation coverage for both MR1 & MR2

The country acknowledges that the routine immunisation coverage for MR1 and MR2 are still below the target of 95% but the problems contributing to the low coverage have since been unearthed by the 2017 Data Quality Review and the improvement plan seeks to address them. The 2015 MR campaign achieved 93.5% and the country hopes to improve on this coverage so that all eligible children are vaccinated. Activities to attain high coverage include mass mobilisation, adequate vaccine supply and provision of transport.

Data quality and availability challenges are summarized in the Zimbabwe 2017 DQR Report.

### 3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing the proposed activities and budget will contribute to overcoming key barriers.

#### Demand Creation

The budget for demand creation will provide for reaching all communities with relevant messages aimed at providing knowledge on immunisation. Stakeholders meetings at every level will create platforms for advocacy thus mobilising resources and fostering community ownership of the program. At health facility level, health workers, village health workers, Community Based Organisations and volunteers will be oriented on the campaign and other health interventions thus strengthening health system in general including immunisation. The activities will be guided by the Demand Promotion Strategy which will be in place by quarter two 2018. The strategy is a tool for resource mobilisation for demand creation as well as giving long term trajectory for both routine immunisation and campaigns

#### Monitoring and Evaluation

Intensive supportive supervision at all levels will be done in 2019 and this will create platforms for identifying challenges as well as best practices. Feedback, on job training and interpersonal communication done during monitoring and evaluation activities will generate platforms for sharing ideas and improving performance.

#### Training

The country plans to train health workers in key areas of immunisation will enrich all levels with information. The training will be done at all levels beginning with a trainer of trainers and cascaded downwards. Activities aimed at imparting knowledge and skills will add on to the existing capacities thus boosting expertise on strengthening the country immunisation.

#### Human resources for health

Organisation to meet the needs for the campaign will contribute to the structuring and redeployment of health workers mostly at health centre level. Meanwhile, the Ministry continues to lobby for increasing the number of health workers manning service points.

Currently the number of nurses is being increased and it is hoped that the trend will improve

in future. The planned health posts will also result in an increase in the number of health workers at service point thus reducing the average number of clients per health facility.

### 3.5.7 Synergies

Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.

Vitamin A Supplementation will ride on the 2019 MR follow up campaign.

### 3.5.8 Indicative major Measles-rubella and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major Measles-rubella and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. Measles-rubella second dose introduction, Measles-rubella or Measles-rubella-rubella follow up campaign, etc.).

The country is planning to intensify community mobilization for MCV 2 so that caregivers can demand for it alongside other booster doses at 18 months. Health workers to be reoriented to screen for MCV2 at contact and at pre-school entry level to ensure every child gets their MCV2. The Mdata collection tools have been revised to include MCV2 so that it is captured. MCV2 coverage will be monitored as well as the dropout rate to keep track of its performance. The Measles case based surveillance will be intensified and all suspected cases detected will be investigated. Measles Rubella follow up campaign will be will be conducted targeted to reach all children with the second dose to pre -empty and reduce the number of susceptibles.

## Report on Grant Performance Framework

### 3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

#### Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.

2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

### Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to [countryportal@gavi.org](mailto:countryportal@gavi.org).



## Upload new application documents

### 3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

### Application documents

	<p><b>New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist &amp; activity list and timeline</b></p> <p>If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.</p>	<p><a href="#">Zimbabwe Measles Rubella Campaign Plan of Action 30May 2018_31-05-18_12.58.13.docx</a></p>
	<p><b>Gavi budgeting and planning template</b></p>	<p><a href="#">ZimbabweMR Budget Revised31May2018_31-05-18_13.06.20.xlsm</a></p>



<p><b>Most recent assessment of burden of relevant disease</b></p> <p>If not already included in detail in the Introduction Plan or Plan of Action.</p>	<p>No file uploaded</p>
<p><b>Campaign target population (if applicable)</b></p>	<p>No file uploaded</p>

### Endorsement by coordination and advisory groups

<p>✓ <b>National coordination forum meeting minutes, with endorsement of application, and including signatures</b></p> <p>The minutes of the national coordination forum meeting should mention the domestic funding of MCV1</p>	<p><a href="#">A3. ICC Members220118_24-04-18_16.55.57.pdf</a></p> <p><a href="#">ICC Meeting Minutes ADMver. 19 Jan 18 3_24-04-18_16.54.31.pdf</a></p>
<p>✓ <b>NITAG meeting minutes</b></p> <p>with specific recommendations on the NVS introduction or campaign</p>	<p><a href="#">NITAG Consultation on MR Campaign_31-05-18_13.11.20.docx</a></p>

### Vaccine specific

<p>✓ <b>cMYP addendum</b></p> <p>Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP</p>	<p><a href="#">Zimbabwe MR Situation Analysis and 5 Year Plan for cMYP 2222018Latest_24-04-18_16.51.31.docx</a></p>
<p>✓ <b>Annual EPI plan</b></p> <p>Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget</p>	<p><a href="#">2018EPIPlans_24-04-18_16.52.56.xlsm</a></p>

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**MCV1 self-financing commitment letter****No file uploaded**

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

**Measles (and rubella) strategic plan for elimination**[ZimMeaslesEliminationStrategicPlan\\_24-04-18\\_16.49.21.docx](#)

If available

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**Other documents (optional)****No file uploaded**

## Review and submit application

### Submission Details

#### Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

**Active Vaccine Programmes**

## HPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	71,096	95,901	90,406	87,772	88,492
Gavi support (US\$)	1,579,500	2,130,500	2,008,000	1,948,619	1,964,603

## IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	802,500	1,000,824	1,006,460	1,017,531	1,019,530

Measles SD Routine - Strat 1

	2018	2019	2020
Country Co-financing (US\$)	77,326	234,378	245,514
Gavi support (US\$)	73,500	212,500	223,000

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	275,627	300,209	300,170	303,873	303,792
Gavi support (US\$)	4,324,000	4,902,000	4,305,054	4,358,157	4,356,994

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	230,782	314,692	313,229	317,015	316,928
Gavi support (US\$)	678,000	816,500	793,807	803,402	803,180

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	166,800	186,300	186,615	188,917	188,867
Gavi support (US\$)	1,566,000	1,749,000	1,751,825	1,773,430	1,772,963

Measles-rubella follow-up campaign

	2019	2020
Country Co-financing (US\$)	23,000	
Gavi support (US\$)	1,555,000	

**Total Active Vaccine Programmes**

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	821,631	1,154,480	1,135,934	897,577	898,079
Total Gavi support (US\$)	9,023,500	12,366,324	10,088,146	9,901,139	9,917,270
Total value (US\$) (Gavi + Country co-financing)	9,845,131	13,520,804	11,224,080	10,798,716	10,815,349

#### **New Vaccine Programme Support Requested**

Measles-rubella follow-up campaign

	2019
Country Co-financing (US\$)	20,000
Gavi support (US\$)	1,391,000

	2019
Total country co-financing (US\$)	20,000
Total Gavi support (US\$)	1,391,000
Total value (US\$) (Gavi + Country co-financing)	1,411,000

#### **Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US\$)**

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	821,631	1,174,480	1,135,934	897,577	898,079

Total Gavi support (US\$)	9,023,500	13,757,324	10,088,146	9,901,139	9,917,270
Total value (US\$) (Gavi + Country co-financing)	9,845,131	14,931,804	11,224,080	10,798,716	10,815,349

## Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Mrs Joan Marembo	EPI Manager	+263772935466	jmarembo@gmail.com	
Mr Bestinos Chinodya	EPI Logistics	+263773621303	bestinoschinodya@gmail.com	
Ms Regina Gerede	Deputy Director Community Nursing	+263773621310	reginagerede@yahoo.com	

Please let us know if you have any comments about this application

The application has been compiled with support from local partners, WHO, JSI and UNICEF. Population figures still remain a challenge.

## Government signature form

The Government of Zimbabwe would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

Measles-rubella follow-up campaign

The Government of Zimbabwe commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

*We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.*

*We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).*

*We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.<sup>1</sup>*

**Minister of Health (or delegated authority)**

**Minister of Finance (or delegated authority)**

Name

Name

Date

Date

Signature

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

**Minister of Education (or delegated authority)**

Name

Date

Signature

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<sup>1</sup> In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.