**Zimbabwe**

**PEF Targeted Country Assistance (TCA) Narrative**

**for 2022-2025 Multi-Year Planning**

Use this template to create a narrative that contextualises your TCA plan for the planned duration and how the support that you are requesting from Gavi will help you reach your immunisation goals.

*(Populated by Gavi)*

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| **Total Envelope** | **Indicative allocation per 2022-2025** | **%** |
| $ 1,080,849 | **2022** | $ 375,968 | 35% |
| **2023** | $ 704,881 | 65% |

1. **Key objectives for the EPI program and known gaps/bottlenecks (0.5 page)**

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| ***1.1 Please note any country context that is significant to understanding the country's vision and request for Gavi TCA support. What specific effects do these factors have on the national immunisation programme?*** |
| Immunization services are a cost-effective public health measure for child survival and the entire population health and wellbeing as envisioned in the National Development Strategy 1 [2021-2025]. The critical role of vaccines in preventing, responding to and controlling disruptive pandemics has become more evident here in Zimbabwe and beyond our borders. The country has witnesse a stagnation of routine immunisation coverage between 2016 and and 2019, and a decline of immunization coverage in 2020 and 2021. For the latter two years, the country was not spared by the Covid-19 pandemic that carried the limelight and divert resources to controlling the pandemic and thereby affecting other health delivery services including immunization. The national immunisation coverage of 86% in 2020 implies that about 66655 children are unimmunized in Zimbabwe. Administrative coverage indicates that 12/63 of the districts have Penta 3 coverage <80% , 10/63 districts have MR1 coverage >95%, while 2/63 districts have MR2 coverage > 95%. Results of MICS, CEA, PCS for 2019 MR campaign revealed inequities in vaccination access and supply issues. Service delivery issues account for the main reasons why eligible children are not immunized in Zimbabwe. Service delivery issues include weak planning and implementation of the RED/REC strategy, failure to service all planned outreach and vaccination sessions, inconvenient timing, and location of immunization sessions, amongst other reasons, resulting in low utilization of services. Additionally, primary health care infrastructure is weak and there are many missed opportunities for vaccination due to poor planning and limited integration of routine immunization services with other maternal, newborn and child health services.The country is currently in the middle of a measles outbreak in one of the provinces and response activities are taking place. Meanwhile the country has been approved for a measles campaign scheduled to take place in September 2022. However, in view of the prevailing situation, the country planning to bring forward the to sometime in June or July 2022 to avert a potential countrywide measles outbreak. The Measles 1 vaccination coverage has declined from 92% in 2015 to 70% in 2021. Poilio outbreaks in Malawi (January 2022) and Mozambique district boardering Zimbabwe (May 2022) pose a serious threat to the country. Zimbabwe has been recommended to participate in the regional initiatives to contain the outbreak aby conducting a polio vaccination campaign targeting all children under 5 years old and also enhancing AFP surveillance activities. Meanwhile MOHCC and partners will continue monitoring the situation and ensuring implementation of immunisation services.Besides the declining vaccination coverage and the prevailing Covid-19 situation, the country is also faced with declining purchasing power. The country’s inflation rose from 74% in march 2022 to 96% in April 2022 afecting the consumer buying power. This has an effect of care givers prioritizing income generating activities over seeking health services. o avert outbreaks and re-emergence of these diseases, Immunization service delivery improvement requires the implementation of multi-faceted approaches that will improve the availability and quality of immunization. Although strategies to improve immunization service delivery will be tailored to suit different geographical contexts to ensure the attainment of the programmatic milestones, some cross-cutting strategies apply to all communities due to the need to routinize specific activities. These include optimal micro-planning and high-quality supportive supervision, integrated immunization services, innovative strategies i.e MVMH, RED/REC approach and urban immunization. Inadequate community involvement strategies such as the use of community-based organization, special populations as the disabled and key populations amongst others. Service delivery interventions will be prioritized based on interpretation of data. Continuous assessment of health facilities adequacy will guide the revitalization strategy supporting the prioritization and balance of the various strategic approaches. Active engagement of low performing districts in fine tuning and adapting proposed intensification strategies is key to their successful implementation in driving ownership and commitment. District involvement will ensure that peculiarities and contextual factors in each district are taken into consideration. The Ministry of Health in collaboration with supporting partners have prioritized the following key focus areas to fast-track improvements in service delivery: * Implement zero dose strategy
* Address missed opportunities for vaccination
* Optimization of the RED/REC approach in all districts
* Strengthen implementation of Urban Immunization
* Strengthen and sustain outreach services
* Improve vaccine supply chain

Despite relatively high immunization coverage in Zimbabwe, low- performing areas report high concentrations of unvaccinated children . The challenge of under vaccinated and zero -dose population groups by social determinants of vaccination are mostly in rural areas, urban slums . Vaccine hesitancy due to religious beliefs of immunization still persists in some provinces as evidenced by the most recent measles outbreak in Manicaland. The main challenges that have been identified in surveys and assessments are vaccine hesitancy, inadequate engagement of CSOs/CBO, private sector, vaccine hesitant communities for immunisation, inadequate capacitation of frontline workers for IPC, limited interpersonal communication engagement of parents and craegivers, and suboptimal use of community feedback platforms and social listening platforms to track and address rumors. The Ministry of Health and partners will focus on increasing engagement of communities and generating demand is critical to ensure that zero-dose, underimmunised children and missed communities are reached.* Engaging communities and shaping social norms
* Use of Human-Centred Design approaches to inform community engagement activities
* Develop and update vaccine communication plans
* Improve frontline worker interpersonal communication skills
* Using social data for learning and decision making
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1. **Current TA needs of your immunisation system (1-2 pages)**

***Please provide the planned allocation of PEF TCA towards investments areas and high-level objectives. Gavi-supported investment areas and a menu of objectives are available for reference in Gavi’s*** [***Programme Funding Guidelines***](https://www.gavi.org/news/document-library/gavi-programme-funding-guidelines)***. The country can plan for the remaining duration of their current HSS grant.***

*(Please feel free to add lines as needed)*

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| **High-level Plan** | **Budget (USD)** | **%** |
| **2022** | 375,968 |  |
| Service Delivery | Service delivery-related barriers of missed communities to access immunisation services identified and prioritisedMicroplanning conductedSupportive supervision conducted | 190,000 | 51% |
| Human resources for health | Increased knowledge of vaccination and its benefits | 65,000 | 17% |
| Supply Chain | % of target sites (provinces/districts) that have updated CCE management documents – for example, CCE inventory, Operational Deployment Plan (ODP) or Cold Chain Expansion and Rehabilitation Plan, CCE maintenance strategy, etc.% of target sites (provinces/districts) that have updated CCE management documents – for example, CCE inventory, Operational Deployment Plan (ODP) or Cold Chain Expansion and Rehabilitation Plan, CCE maintenance strategy, etc.% of sites with supply chain data platform (e.g. RTM, eLMIS) users demonstrating regular and independent use of platform in preceding [X] months | 40,852 | 11% |
| Health Information Systems and Monitoring & Learning |  |  |  |
| VaccinePreventable Disease (VPD) Surveillance | X % of samples for X collected within X days | 45,116 | 12% |
| Demand Generation and Community Engagement | Social Listening & Engagement approach to track, assess and address misinformation and rumours on immunisation as well as COVID-19, generating analytical reportsSocial mobilisation approach planned and implementedHigh-level advocacy mission conducted | 35,000 | 9% |
| **2023** | **704,881** |  |
| Service Delivery | Service delivery-related barriers of missed communities to access immunisation services identified and prioritisedRoadmap for improved integration of EPI with other PHC servicesMicroplanning conductedSupportive supervision conductedSecond year of life (2YL) platform established and 2YL activities implemented | 200,000 | 28% |
| Human resources for health | System for regular supportive supervision of vaccinators/FHWs in priority areas is in place, allowing for assessing trend in performanceIncreased knowledge of vaccination and its benefits | 35,392 | 5% |
| Supply Chain | Evaluation (e.g. EVMA, CCI, system redesign) completed and submitted to MOH, including supporting analysis of VfM and zero-dose considerations (as applicable)% of target sites (provinces/districts) that have updated CCE management documents – for example, CCE inventory, Operational Deployment Plan (ODP) or Cold Chain Expansion and Rehabilitation Plan, CCE maintenance strategy, etc.% of target sites (provinces/districts) that have updated CCE management documents – for example, CCE inventory, Operational Deployment Plan (ODP) or Cold Chain Expansion and Rehabilitation Plan, CCE maintenance strategy, etc.% of sites with supply chain data platform (e.g. RTM, eLMIS) users demonstrating regular and independent use of platform in preceding [X] months | 189,489 | 27% |
| Health Information Systems and Monitoring & Learning |  |  |  |
| VaccinePreventable Disease (VPD) Surveillance | X % of samples for X collected within X days | 80,000 | 11% |
| Demand Generation and Community Engagement | KAP survey implementedHuman-Centred Design approach used for planning of service quality/design or community engagement interventionsSocial Listening & Engagement approach to track, assess and address misinformation and rumours on immunisation as well as COVID-19, generating analytical reportsSocial mobilisation approach planned and implementedHigh-level advocacy mission conducted | 200,000 | 28% |

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| ***2.1 Please reflect and describe your immunisation system's current TA needs as they are aligned with investments made by Government, Gavi and bilateral/multilateral donors. Your answers shall provide the context of and rationale for the requested TCA support from Gavi.* *Please explicitly note the duration of the requested support.*** |
| Ministry of Health and Child Care continues to forward to working with immunisation partners both core and expanded in delivering high quality immunisation services. The working with partners is more enhanced now in view of the outbreaks being experienced in the country and in the region. There are a number of response activities lined up to conatin the Covid-19 pandemic, the measles outbreak and the polio outbreaks in nearby countries and district. All this is coming against an already constrained routine immunization system both in terms of technical and financial support.The country is proposing to have TA in the following areas to mitigate the many arising challenges.* Improving service delivery,
* Vaccine supply, Logistics and quality,
* Demand generation,
* Surveillance
* Programme management.
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| * 1. ***How will the requested TCA support advance Gavi's 5.0 mission per the country's context with focus on:***
* ***identifying and reaching zero-dose and consistently missed children and communities;***
* ***improving stock reporting and vaccine management at sub-national level;***
* ***enhancing strong leadership, management and coordination, including use of data for decision-making;***
* ***introduction and scale up of vacciness;***
* ***programmatic sustainability.***
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| 1. **Identifying and reaching zero-dose and consistently missed children and communities;**

Implementation of the TA will support the Zero dose strategy focusing on districts and areas with high numbers of unvaccinated and under vaccinated children. This will include poor urban settlements, new settlements, informal settlements, peri-urban and remote rural areas without health infructructure near them. Efforts will be made to map and identify communities with the zero dose children. The RED/REC strategy will also be strengthened at district and service delivery levels to ensure equitable access to immunization services. The country aims to improve on planning and management of available resources, service delivery and monitoring to sustainably and equitably increase access to and utilization of vaccination services.This will require further technical support from both core and extended partners.1. **Improving stock reporting and vaccine management at sub-national level;**

The country conducted an effective vaccine management assessment in 2020 and went on to develop a comprehensive improvement plan to attend to the issues raised. Most of the activities in the improvement pla could be implemented because of the Covid-19 pandemic and the country feeils its high time that those recommendations be implemented. These recommendations cannot be implemented without technical support from WHO and UNICEF. Furthermore, the ongoing Covid-19 vaccinationd and the upcoming measles and polio campaigns require lots of logistics support logistically. So our core partners will be ropped in to support these activities.Stock management tool will require continued core partners support in terms periodic analysis, attending to technical issues and the general support of vaccine management.The country is due for cold chain inventory to acertain the status and capacity of cold chain equipment in the field with a view to coming up mitigatory measures to addres the identified gaps. The last cold chain assessment was carried out in 2015. All these technical support actities will result in improved vaccine management and general availability of vaccines and supplies at all levels. There will be no chances of missing zero doses because of stock unavailability.1. **Enhancing strong leadership, management and coordination, including use of data for decision-making;**
2. **Introduction and scale up of vaccines**;

The ongoing Covid-19 vaccination has brought with it some challenges that would require good partner coordination and collaboration to harness resources from other partners. The Ministry has noted they can not do it alone hence the need for technical support in attending to assist in attending to some of the challenges. The measles and polio vaccination campaigns would also need technical support in the form of conducting of readiness assessment, performance monitoring, post campaign coverage evaluations and other anciliary services.1. **Programmatic sustainability**

The Government of Zimbabwe has already taken over funding of traditional vaccnes and supplies since 2020. The country is not in default for payment of its co-financing obligations for Gavi funded new and underutilized vaccines. The country has even gone further to procure own Covid-19 vaccine, supplies and largely funding Covid-19 vaccination operational costs. All this is in an effort to ensure programme sustainability in case Gavi and other partners support is phased out. The Government pledges its commitment to create the enabling environment for immunization service delivery. This include increasing domestic funding, providing adequate human resources for health and other supporting resources. However, partner support will be required in all operational areas of the immunization programme for country to realize sustainability. TA will be required in enhancing personnel skills in immunisation supply chain, demand creation and service delivery.  |
| ***2.3 How will you use new vaccine introductions and campaigns planned during this period to further strengthen the areas indicated under question 2.2?***  |
| The country will take advantage of additional resources brought for campaigns to enhance routine vaccination services. Immunisation services will be implemented in an integrated approach to efficient use of available resources. Routine vaccination topics will be included during campaign microplanning and training meetings. Micro plans will be developed in such a way that they also capture the zero doses and missed communities. Supportive visits for campaigns will be integrated with routine vaccination. |
| ***2.4 Describe how the TCA support will help re-establish routine immunisation services and any other COVID-19 related recovery activities.*** *Please indicate any COVID-19 related reallocation that may have occurred for previous TCA funds (if applicable); does this reallocation remain relevant for this proposal.* |
| It is quite evident that the Covid-19 vaccination had a toll on routive vaccination as it did with other routive health service delivery items. This TCA will aupport revitalisation of the immunisation programme in that it will strengthen micro planning at district and service delivery level by facilitating identification of the underserved individuals and communities. It will also facilitate an improvement in vaccine availability by identifying cold chain equipment gaps, plugging up the gaps, improving cold chain equipment meintence and enhancing vaccine management practices at all levels. The TA will also support in addressing religious, cultural and beiefs that are negatively affecting utilisation of immunisation services.. |
| ***2.5 Describe how the TCA support will identify and/or overcome already known gender-related or other barriers to immunisation activities. Please respond to how each partner can help address this.*** |
| Understanding how gender roles, norms and relations and gender inequality influence access to, and demand for, vaccines in different contexts is critical for expanding reach. Gender-related barriers must be addressed in the planning and rollout of vaccine distribution to reach everyone, especially those most marginalised. Women and gender-diverse groups are often at risk of experiencing sexual harassment and other forms of gender-based violence when seeking health services, including vaccination.The TCA will assist in regular communication about gender-related barriers to immunization and progress in overcoming them. It will also aim at increase female representation in co-creating interventions, applying a gender lens to design activities to reduce zero-dose and under-immunized children.Partners allocated demand generation TA (UNICEF, Crown Agents) will support engagement of stakeholder to identify gender related barriers to vaccination at the same time striving to address them. |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| The Ministry looked at the current settings in terms of available resources versus planned activities as outlined in the draft National Immunisation Strategy and current programme requirements, and drew up activities that required technical support. These were discussed with partners for possible inclusion in the TCA hence the submission of this application. |

1. **Partner diversification (0.5 page)**

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| ***3.1 Describe which partners you have already mapped, including Alliance and Expanded partners (including Global Partners, Local Partners and CSOs) to support the activities implementation? (Refer to the*** [***PEF Targeted Country Assistance (TCA) Guidance for 2022-2025 Multi-Year Planning***](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gavi.org%2Fnews%2Fdocument-library%2Ftca-guidelines&data=05%7C01%7Cegormley%40gavi.org%7C990571ac9fe3410660a008da24644b30%7C1de6d9f30daf4df6b9d65959f16f6118%7C0%7C0%7C637862310415669979%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=B6%2B91FguaNH9utCfM9aMPU3flVqbPk%2Bgx%2BlgiutijH0%3D&reserved=0) ***for the type of institutions considered global versus local partners and CSOs.)*** |
| * WHO
* UNICEF
* JSI
* Crown Agents
* CHAI
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| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners.*** |
| Local partners have been selected based on their comparative advantage and as such, the Ministry will take a leadership role in ensuring that each partner performs to requirements. This will be done through conducting of regular meetings to evaluate performance, physical monitoring of implementation of approved activities, periodic reports of performance by individual local partners and joint promme evaluations. |
| ***3.3 Please note the allocation of TCA to Local Partners (only) and describe the approach you will use to comply with the recommendation of allocating 30% of TCA to Local Partners over the course of 2022-25.*** *Please refer to section 2.3 (3. Partner Mapping) of the PEF TCA Planning Guidelines for more information.* |
| The country will comply with the 30% allocation to local partners as required by Gavi. The engagement of partners will be done in accordance to Gavi guidelines and in consultation with Gavi. |
| ***3.4 Please note the allocation of TCA to CSOs only (either Global or Local Expanded Partners) and describe the approach you will use to comply with the requirement of allocating 10% of combined TCA, EAF and HSS ceilings for CSO implementation (e.g. if less than 10% of TCA funding is allocated to CSOs, please indicate how this will be compensated through the allocation of HSS and EAF funding to CSOs).*** *Please refer to section 2.3 (3. Partner Mapping) of the PEF TCA Planning Guidelines for more information.* |
| The Ministry is still consulting on engagement of CSOs in immunisation, but will make sure the 10% allocation them is reserved. |

1. **Lessons learnt from past TA experience (0.5 page)**

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| ***4.1 Please explain how the TCA plan will build on previous performance, lessons learned, and best practices of TCA activities from your previous TCA plan, including contributions to the national programme and knowledge/skill building, and how this has been taken into account in this TCA planning and prioritisation.***  |
| The Ministry of Health and Child Care, Head office changed management during the course the TCA with new Chief Directors and Chief Nursing Oficer joining the Ministry. Coupled the Covid-19 response activities there were some delays in implementing some of the planned activities planned under the TCA. However, with passage of time and relaxation of some of the Covid-19 restrictions most the planned activities were implemented. Two activities (Leadreship, Management and Coordination training and the Post TCV campaign coverage survey) were not implemented due to some administrative challenges. Othe activities were implemented successifully to the satisfaction of the Ministry.The country managed to successifully develop a comprehensive improvement plan quarter 4 2021 followith the 2020 Effective Vaccine Management assessment. These wre all done with technical support from WHO and UNICEF. An urban situation analysis was successifully carried out in selected urban areas with TCA support that came through JSI. In addition, human centred design approach was successifully used for planning and implementing community engagement interventions on addressing vaccine hesitancy in low perfoming districts. All these activities had elements of immunization sustainability through skills transfer to Ministry of Health and Child Care personnel at all levels of the health delivery. Building on the above experiences of working with TCA partners, the Ministry looks forward to strengthening implementation planned TCA activities to sustain the noted gains. |

1. **Alignment of the One TCA plan with future Gavi planned investments (0.5 page)**

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| ***5.1 Please list all planned upcoming Gavi investments (e.g. new vaccine support, CCEOP) that would require TA support within the planned period, including Full Portfolio Planning process and describe how the TCA plan will be aligned with the ongoing and/or planned investments made by Gavi.*** |
| * Measles campaign – the country successfully applied for support to conduct measles SIAs this 2022. Planning for the SIA are in progress with a full scale planning awaiting disbursement of operartional funds from Gavi. The country is planning to bring the period of the campaign forward from the original plan of September, 2022 to June or July 2022. This is in view of the measles outbreak currently ongoing in the country.
* Polio campaign – this campaign is coming in as a follow up to the Malawi and Mozambique polio outbreaks in which the WHO Regional office recommented block country response involving 5 countries (Malawi, Mozambique, Tanzania, Zambia and Zimbabwe). Zimbabwe is joining the 3rd and 4th rounds to conducted July and August 2022.
* Post measles and polio campaign coverage surveys – the country lans to conduct post campaign coverage surveys in line with WHO recommendations.
* Cold chain assessment – this will be conducted in line with WHO recommendations that require a cold chain assessment to be conducted once every 5 years. This will be followed up with development of CCE replacement plan, a document that facilitates mobilisation of resources to rehabilitate the country’cold chain equipment. The last assessment was conducted in 2015.
* Temperature mapping – this is again another WHO standard requirement for effective vaccine management. A temperature mapping is to be conducted once every 3 years. The last assement was conducted in 2019
* Vaccine management training – this will be a follow to one of the recommendations of the 2020 cold chain assessment that found some health workers’ knowledge inadequate for effective vaccine management.
* Leadership, management and coordination – an allocation was made by Gavi for this activity, but it was not implemented due to some administrative issues. This is an impartant activity to enhance management capacity at some identified subnational levels.
* Covid-19 vaccination – this activity is ongoing with the country having vaccinated over 50% of the target population. The country has adequate vaccines and supplies to cover the target population with at 2 doses per person.

All the above TA activites are well aligned with other ongoing Gavi supported investiments, and are mainly targeted at enhancind routine routine immunisation.  |

1. **TCA Monitoring (1 page)**

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| ***6.1 Please provide an outline of the TCA in-country mechanism to jointly monitor and track implementation progress and generation of results of the TCA plan as a whole. How will that information be used to adjust and improve programme implementation? How frequently are data reviewed and used and who will be responsible to ensure that review and learning occurs?*** |
| The Ministry has an established integrated Ministry of Health informationa management system, the DHIS2. Data is generated from service delivery daily and summary reports including vaccinationa data forwarded to district level monthly. The data is captured into the DHIS2 and available at levels as soos as captured at district level. Accredited stakeholders and users access data the as needed. The immunisation programme will review vaccination data on monthly basis and take corrective action as needed. The programme will populate the grant performance framework based on data extracted from the DHIS2. The same data will be used to identify districts with high numbers of unvaccinated and zero dose children. For demanad generation, monthly monitoring output indicator data on reach will collected from partners through routine data reporting systems. Annual KAPB assessments to measure outcomes will be conducted. Indicators for monitoring other irregular TCA activities will be developed and these wil be reported and reviewed on quarterly basis together with other activities or as needed.In addition to the above, a performance framework will be developed for each TCA partner at the beginning of the TCA. This will be based on the Gavi performance framework and will be reviewed on quarterly basis as well. The country periodic review will be over and above the Gavi stipulated twice a year reporting. |