GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of
United Republic of Tanzania

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **26.05.2011 09:52:55**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country_results/index.php*

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 language of the arbitration will be English.
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: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 10 doses/vial, Liquid	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
ISS	2010

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

By signing this page, the Government of United Republic of Tanzania 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 United Republic of Tanzania

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.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	Hon.Dr. Hadji Hussein MPONDA	**Name**	Hon. Mustapha MKULO
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
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Eliphase KAMUGISHA	UNICEF Child Health Specialist Zanzibar	+255 784 689862	ekamugisha@unicef.org	

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

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.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Ms Blandina NYONI	Permanent Secretary Ministry of Health and Social Welfare			
Dr Rufaro CHATORA	WHO Representative			
Dr Dorothy ROZGA	UNICEF Representative			
Christopher ARMSTRONG	CANADA Counsellor Development - Health and HIV/AIDS			
Dr Emmanuel MALANGALILA	SHS World Bank			
Dr Raz STEVENSON	MCH Focal Person USAID			
Ms Jane LWEIKIZA	Programme Coordinator RED CROSS Society			
Mr Michael MWALUKASA	Prime Minister Office Regional Administrative and Local Govt			
Dr Kandy MUZE	Peaditrict Association of Tanzania			
Dr Deo MTASIWA	Chief Medical Officer - Ministry of Health and Social Welfare			
Dr Donan MMBANDO	Director Preventive Services - Ministry of Heath and Social Welfare			
Dr. Adeline KIMAMBO	Director Christian Social Service Commission			
Hon.Dr. Seif S.RASHID	Tanzania RED CROSS Society			

Name/Title	Agency/Organisation	Signature	Date	Action
Mr Martin OVBEREDJO	World Health Organization			
Ms Jannet DONNELLY	Australian Aid			

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

If the country is reporting on HSS

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.

2.3.1. HSS report endorsement

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.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Action.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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)

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	1,822,119	1,865,290	1,919,383	1,974,937	2,031,933	2,090,575
Total infants' deaths	92,446	95,130	97,889	96,883	97,703	100,522
Total surviving infants	1,729,673	1,770,160	1,821,494	1,878,054	1,934,230	1,990,053
Total pregnant women	1,822,119	1,865,290	1,919,383	1,974,937	2,031,933	12,090,575
# of infants vaccinated (to be vaccinated) with BCG	1,798,279	1,829,033	1,882,075	1,936,548	1,992,430	2,049,927
BCG coverage (%) *	99%	98%	98%	98%	98%	98%
# of infants vaccinated (to be vaccinated) with OPV3	1,576,656	1,681,652	1,730,420	1,784,152	1,837,518	1,890,550
OPV3 coverage (%) **	91%	95%	95%	95%	95%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	1,637,458	1,733,262	1,783,527	1,838,914	1,893,928	1,948,596
# of infants vaccinated (to be vaccinated) with DTP3 ***	1,523,657	1,628,547	1,693,989	1,765,370	1,837,518	1,890,550
DTP3 coverage (%) **	88%	92%	93%	94%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)	5%	10%	10%	10%	10%	10%
Wastage[1] factor in base-year and planned thereafter	1.05	1.11	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib			1,712,207	1,784,151	1,837,519	1,890,550
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib		1,628,547	1,693,989	1,765,370	1,837,518	1,890,550
3rd dose coverage (%) **	0%	92%	93%	94%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)		10%	10%	10%	10%	10%
Wastage[1] factor in base-year and planned thereafter		1.11	1.11	1.11	1.11	1.11

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Measles	1,545,536	1,610,845	1,675,774	1,746,590	1,818,176	1,890,550
Measles coverage (%) **	89%	91%	92%	93%	94%	95%
Pregnant women vaccinated with TT+	1,335,412	1,391,095	1,471,444	1,574,404	1,622,707	1,669,552
TT+ coverage (%) ****	73%	75%	77%	80%	80%	14%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	7%	6%	5%	4%	3%	3%

* Number of infants vaccinated out of total births
** 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] x 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.

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 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in **births**

Provide justification for any changes in **surviving infants**

The surving infants figures quoted in the JRF are projections made by National Bureau of Statistics, they differ from those generated by the cMYP tool. the next census results is expected by 2012/13. Thus DPT3 coverage for 2010 in JRF is 91% while using cMYP tool reads 88% as shown in section 4 above.

Provide justification for any changes in **targets by vaccine**

In reference to conditional approval of new vaccine one of the iterms was data inconsistent between cMYP and APR, in responce to the question

APR 2009 total birth were inserted using direct figures drown from National Bureau of Statistics (NBS)calculation

addressing the comment of conditaiona aproval APR 2010 the total Birth figure have been extracted from the cMYP EPI logistics forecasting tool which the calculations and formulars are alredy inserted

Provide justification for any changes in **wastage by vaccine**

5.2. Immunisation achievements in 2010

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 2010 and how these were addressed

ACHIEVEMENT
1. Immunization coverage of DTP-HepB-Hib 3 increased from 85% to 91% compared to 2009
2. Number of districts with coverage above 80% increased from 68.8% in 2009 to 79% in 2010.
3. Increased number of children vaccinated with DTP-HepB-Hib 3 by 125,079 compared to children vaccinated in 2009
4. Local resource mobilization to ensure the availability of adequate and functional cold chain positive storage at national and regional level was successful – CIDA and UNICEF supported the implementation.
5. Timely distribution of vaccines in the councils from the national and regional level
6. Introduction of routine immunization data management tools at regional and council level
7. No vaccine stock out in the country espcially at regional and council levels
8. 9. Achieved the IVD surveillance indicators – Non Poloio AFP rate of 2.6 with stool adequacy of 96% and Measles case based surveillance, non measles febrile rash illness rate of 2.2, 97% of districts reported at least one case of suspected measles and blood specimen taken.
9. Response SNID to WPV case in Kalemie District in DRC was conducted in Rukwa and Kigoma with administrative coverage of 105.2% and independent monitors coverage of 95%

10. Improve timeliness and completeness of regional monthly routine immunization data reports

ACTIVITIES CONDUCTED
1. Data management training to all Regional Officers and 51 Councils Officers on the use of EPI management tool
2. National EPI Review
3. New comers training to newly appointed immunization resource persons
4. Quarterly EPI evaluation meeting in Zanzibar
5. Annual EPI evaluation in Tanzania Mainland
6. Sensitization of the Council Health Management Teams on Reaching Every Child approach
7. Supportive supervision to poor performing regions
8. Supportive supervision and active search of IVD cases done in all regions in the country

CHALLENGES
1. Shortage of skilled staff at all levels
2. Inadequate supportive and data quality assessment at all levels
3. Inadequate transport for supportive supervision and distribution of vaccines in councils
4. Reduced operational funds at national level

5.2.2.

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

1. Capacity and organization of EPI Central office not yet achieved because deployment of new officers is not yet done by the central government.
2. Plans of training the Councils Health Management Teams on Medium Level Management (MLM)was not done because of non availability of budget line item.

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.
If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? Yes

If Yes, please give a brief description on how you have achieved the equal access.

Despite that there is no sex segregation of data collected for immunization from the service provisional point by using the Tanzania Health Management Information System (HMIS), The country policy is to provide immunization and other services free of charge for all under 5 years Children and pregnant mothers, also the fact that there is high coverage of Penta3 (91%), it is therefore strongly indicating that there is equal access of males and females to the immunization services.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

The country policy - indicates clearly that all Tanzanians will equal benefit to social services without any discrimination of sex, religion or color. HMIS data collecting tools are now being revised to include Sex segregation of immunization data collected from service provision point.

5.3. Data assessments

5.3.1.

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)*****.

There is no discrepancies immunization coverage and recent coverage survey and Tanzania Demographic Health Survey

***** Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? No

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

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

1. Introduction of EPI Routine Immunization Data Management tool at Regional and Council level (computerized)(51 Councils). Tool helps a lot to capture all the data in the council level and ensure 100% of completeness form Health Facilities providing immunization services
2. Training of new Regional EPI Teams on DQS
3. Integrating DQS in the supportive supervision checklist

5.3.4.

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

1. Introduction of EPI Routine Immunization Data Management tool at remaining Councils.
2. Refresher training on data management to health workers at facility level during the introduction of pneumococcal trainings.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US$.

Exchange rate used	1 $US = 1500	Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** DANIDA	**Donor name**	**Donor name**	
Traditional Vaccines*	2,236,970	2,236,970							
New Vaccines	14,986,633	945,470	14,041,162						
Injection supplies with AD syringes	844,169	429,054	415,115						
Injection supply with syringes other than ADs									
Cold Chain equipment	8,497			8,497					
Personnel	17,499,072	17,420,952		18,160		59,960			
Other operational costs									
Supplemental Immunisation Activities	173,507			173,507					
Maintenance and overheads	22,746,791	22,746,791							
Training	697,040	10,000		387,040	300,000				
Social Mobilization and IEC	860,894			860,894					
Disease Surveillance	1,372,770				1,372,770				
Programme Management	1,560,129	1,560,129							
Vehicles	1,980,260				1,980,260				
Other capital equipments	61,100	61,100							

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name DANIDA	Donor name	Donor name	
Transportation	2,175,330	2,167,381		7,949					
Total Expenditures for Immunisation	*67,203,162*								
Total Government Health		47,577,847	14,456,277	1,456,047	3,653,030	59,960			

* 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.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.
Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	2,824,077	4,000,205	
New Vaccines	47,594,637	97,504,735	
Injection supplies with AD syringes	1,443,075	2,031,301	
Injection supply with syringes other than ADs			
Cold Chain equipment	123,472	380,125	
Personnel	18,396,715	18,722,290	
Other operational costs			
Supplemental Immunisation Activities			
Maintenance and overheads	23,689,319	24,196,111	
Training	770,250	807,844	
Social Mobilization and IEC	965,286	1,013,407	
Disease Surveillance	1,931,617	2,027,881	
Programme Management	1,739,206	1,824,900	
Vehicles	2,838,898	3,601,167	
Other capital equipments	62,322	62,322	
Transport	3,070,400	3,825,511	
Total Expenditures for Immunisation	105,449,274	159,997,799	

* 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.

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

1. Some of the planned activities in 2010 were not implemented due to time constraints .
2. Government budget has set aside funds to procure vaccines and councils are encouraged to include immunization activities in their Councils Comprehensive Health Plans.
3. Local resource mobilization is done to bridge the gap by discussing with new partners.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 3

Please attach the minutes (Document number 4,9,10,11,12,13) from all the ICC meetings held in 2010, including those of the meeting 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 5.4 Overall Expenditures and Financing for Immunisation

Are there any Civil Society Organisations (CSO) member of the ICC ?: Yes

If Yes, which ones?

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions
Tanzania RED Cross Society	
Christian Social Services Commission	
Tanzania Peadiatric Association of Tanzania (PAT)	

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

OBJECTIVES
1. To increase to DPT-HepB-Hib 3 to 80% in all districts and from 90% to 92% at nationally by end of 2011
2. To ensure availability of adequate and functional cold chain storage at national and regional level by December 2011.
3. To ensure the availability of 100% quality bundled vaccines and injection materials at service provision points by December 2011
4. To ensure timely distribution of vaccines to health facilities in the 20 Councils by December 2011
5. To improve quality of data management in 80% of the districts and enhance timely and completeness of data by 2011
6. To enhance skills and knowledge on immunization services to 50% of health facility service providers and managers from regional/districts by 2011
7. To strengthen VPD surveillance and achieve at least 80% in all standard indicators by 2011
8. To maintain polio free status by December 2011 by conducting high risk analysis and preventive responses
9. To conduct the measles supplemental campaign to reduce child morbidity and mortality
10. To enhance capacity and organization of IVD central office to implement its core functions by 2011
11. To ensure the new vaccines application are prepared and submitted to GAVI for funding
12. To conduct the capacity building to the CHMT to enable to incorporate the EPI activities in the CCHP
13. To ensure communities in 60 % of the councils have correct information and participate fully in immunization ser4vices by 2011

PRIORITY ACTIONS
• Procure and distribute all bundled EPI vaccines (BCG, OPV, DTP- HepB-Hib , Measles, Tetanus Toxoid)
• Conduct training on Reaching Every Child (REC) approach in 81 councils and follow up of persistent low performing councils to assist on REC microplans
• Increasing the cold chain storage capacity at national and regional level
• Purchase 20 vehicles for distribution of vaccines and strengthening supervision in the new created councils
• Purchase 2 vehicles to strengthen functions and coordination of national EPI office and 4 vehicles to strengthen supportive supervision at the central levelL
• Supportive supervision to at least 60% of councils in the country
• Review and update the IVD guidelines
• Development and implementation of advocacy and communication strategies at all levels
• Strengthen collaboration within Government and IVD stakeholders
• Conduct the supplemental measles campaign
• GAVI HSS and NVS application
• Facilitate AFP and Measles surveillance and outbreak investigations and responses
• Conduct lot quality assessment for validation of MNT elimination
• Facilitate the PBM/Rotavirus sentinel surveillance sites
• Conduct training on computer data tools (SMT, CCIT, PDAs ,DMT and data loggers software to all councils
• Carry out DQS supportive supervision to all regions and 60% districts in mainland Tanzania and verify accuracy of reports at different levels
• Conduct EPI annual evaluation meeting and To conduct quarterly ICC meetings
• Prepare and conduct immunization week
• Conduct advocacy meeting to national level decision makers on introduction of new vaccines
• Conduct new comer's course training to 50 newly appointed coordinators /supervisors
• Conduct MLM (local) training to 30 immunization resource persons.

5.7. 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 2010

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syringes	Governement	
Measles	AD Syringes	Government	
TT	AD Syringes	Government	
DTP-containing vaccine	AD Syringes	Co-finance Government and 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? (Please report in box below)

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

We have not encountered any obstacles .

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

All sharp waste used in the immunization services are collected using the injection safety boxes in all health facilities. Regional, District and major health centres have incinerators which are used to incinerate the sharp waste. Other health facilities use the burn and bury method. Few health facilities have closed pits which are used.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US$ 0
Remaining funds (carry over) from 2009	US$ 1,479,468
Balance carried over to 2011	US$ 934,039

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

1. Annual EPI Meeting
2. National EPI Review
3. Procurement of supportive supervision vehicles at national level
4. Council micro planning activites in Kigoma and Rukwa region
5. Supportive supervision in the poor performing regions

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.
If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

GAVI ISS funds are planned and budgeted in the EPI Annual Plan and included in the National Health Sector plans and budget in the Medium Term Expenditure Framework (MTEF). ICC discuss and endorse the EPI Annual Plan and receive the implementation reports. Funds are in the custodian of WHO country Office under the agreement between Tanzania Mainland and Zanzibar Governments with WHO. Permanent Secretary requests the funds from WHO using the agreed process. WHO release the funds using the WHO financial rules and regulation to both Ministries. After the implementation of the planned activities the Responsible Officer make the retirement to the Chief Accountant in the respective Ministry of Health for auditing and submission the financial expenditure report to WHO for reconciliation

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

GAVI ISS funds are planned and budgeted in the EPI Annual Plan and included in the National Health Sector plans and budget in the Medium Term Expenditure Framework (MTEF). ICC discuss and endorse the EPI Annual Plan and receive the implementation reports. Funds are in the custodian of WHO country Office under the agreement between Tanzania Mainland and Zanzibar Governments with WHO. Permanent Secretary requests the funds from WHO using the agreed process. WHO release the funds

using the WHO financial rules and regulation to both Ministries. After the implementation of the planned activities the Responsible Officer make the retirement to the Chief Accountant in the respective Ministry of Health for auditing and submission the financial expenditure report to WHO for reconciliation

Is GAVI's ISS support reported on the national health sector budget? Yes

6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year (Document Number 5) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (Document Number).

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/Immunisation_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

Table 3: Calculation of expected ISS reward

				2009	2010
				A	B
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			1,398,578	1,523,657
2	Number of **additional** infants that are reported to be vaccinated with DTP3				125,079
3	Calculating	$20	per additional child vaccinated with DTP3		2,501,580
4	**Rounded-up estimate of expected reward**				**2,502,000**

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	4,889,600	6,350,304	1,204,100	

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

If numbers [A] and [B] above are different

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

We received more doses in 2010 because the extra were the 2009 allocation. In our forecasting for 2009 we planned to start introduction in January 2009 but we started in April 2009.

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)

In 2010 we had 8 shipments because of the problem at national storage to accommodate the vaccines. We did the cold chain positive storage improvement plan and conducted the local resource mobilization to procure the Walk In Cold Room (WICR). We achieved to mobilize funds to procure 8 WICR 40m3 at national level which are enough to accommodate all vaccines based on 4 shipments.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? Yes

If Yes, how long did the stock-out last? maximum one week in different months

Please describe the reason and impact of stock-out

In January 2010 there was change of vaccines from the manufacturer after SHANTHA of India had problems. Also delay in shipment and storage capacity at national level.

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	NA	
Phased introduction		**Date of introduction**
Nationwide introduction		**Date of introduction**
The time and scale of introduction was as planned in the proposal?		**If No, why?**

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	
Receipt date	

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

na

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

na

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US$

Please describe the activities that will be undertaken with the balance of funds

na

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	1,489,445	468,000
2nd Awarded Vaccine		
3rd Awarded Vaccine		

Q. 2: Which are the sources of funding for co-financing?	
Government	
Donor	GAVI
Other	

Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?
1. The funds for vaccines are ring fenced (protected) by national treasury.
2.
3.
4.

Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	10
2nd Awarded Vaccine	
3rd Awarded Vaccine	

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/resources/9___Co_Financing_Default_Policy.pdf.

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted?

When was the last Vaccine Management Assessment (VMA) conducted? 07.12.2009

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 6)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/Immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

1. New comers training was conducted to all new officers
2. During the Data management vaccine management component was incorporated as a topic
3. During supportive supervision in the poor performing region vaccine management was emphasized
4. Local resource mobilization was done to improve the cold chain storage capacity

When is the next Effective Vaccine Management (EVM) Assessment planned? 12.11.2012

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for DTP-HepB-Hib vaccine for the years 2012 to 2015. At the same time it commits itself to co-finance the procurement of DTP-HepB-Hib vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of DTP-HepB-Hib vaccine support is in line with the new cMYP for the years 2012 to 2015 which is attached to this APR (Document No 7,8).

The country ICC has endorsed this request for extended support of DTP-HepB-Hib vaccine at the ICC meeting whose minutes are attached to this APR (Document No 3).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements: Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 10 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	1,770,160	1,821,494	1,878,054	1,934,230	1,990,053		9,393,991
Number of children to be vaccinated with the third dose	Table 1	#	1,628,547	1,693,989	1,765,370	1,837,518	1,890,550		8,815,974
Immunisation coverage with the third dose	Table 1	#	92%	93%	94%	95%	95%		
Number of children to be vaccinated with the first dose	Table 1	#		1,712,207	1,784,151	1,837,519	1,890,550		7,224,427
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.11	1.11	1.11	1.11	1.11		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		642,810					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.20	0.20	0.20	0.20	0.20		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%		3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 10 doses/vial, Liquid

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		5,990,000	5,514,700	5,594,600	5,699,700	22,799,000
Number of AD syringes	#		6,069,500	5,520,800	5,599,100	5,704,000	22,893,400
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		67,375	61,300	62,150	63,325	254,150

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		15,714,500	13,607,000	12,125,000	11,290,500	52,737,000

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		494,400	486,500	568,800	640,100	2,189,800
Number of AD syringes	#		500,900	487,000	569,300	640,600	2,197,800
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		5,575	5,425	6,325	7,125	24,450
Total value to be co-financed by the country	*$*		1,297,000	1,200,500	1,233,000	1,268,000	4,998,500

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 10 doses/vial, Liquid

		Formula	**2011**	**2012**			**2013**			**2014**			**2015**		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			7.62%			8.11%			9.23%			10.10%		
B	**Number of children to be vaccinated with the first dose**	Table 1		1,712,207	130,532	1,581,675	1,784,151	144,619	1,639,532	1,837,519	169,575	1,667,944	1,890,550	190,877	1,699,673
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C		5,136,621	391,595	4,745,026	5,352,453	433,857	4,918,596	5,512,557	508,723	5,003,834	5,671,650	572,630	5,099,020
E	**Estimated vaccine wastage factor**	Wastage factor table	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
F	**Number of doses needed including wastage**	D x E		5,701,650	434,670	5,266,980	5,941,223	481,581	5,459,642	6,118,939	564,682	5,554,257	6,295,532	635,619	5,659,913
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		1,425,413	108,668	1,316,745	59,894	4,855	55,039	44,429	4,101	40,328	44,149	4,458	39,691
H	**Stock on 1 January 2011**			642,810	49,006	593,804									
I	**Total vaccine doses needed**	F + G - H		6,484,253	494,332	5,989,921	6,001,117	486,436	5,514,681	6,163,368	568,782	5,594,586	6,339,681	640,077	5,699,604
J	**Number of doses per vial**	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		6,570,339	500,895	6,069,444	6,007,706	486,970	5,520,736	6,168,255	569,233	5,599,022	6,344,537	640,567	5,703,970
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		72,931	5,560	67,371	66,686	5,406	61,280	68,468	6,319	62,149	70,425	7,111	63,314
N	**Cost of vaccines**	I x g		16,016,	1,221,0	14,7	13,922,	1,128,5	12,7	12,511,	1,154,6	11,3	11,728,	1,184,14	10,544

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	needed			105	00	95,105	592	30	94,062	638	28	57,010	410	2	,268
O	Cost of AD syringes needed	K x ca		348,228	26,548	321,680	318,409	25,810	292,599	326,918	30,170	296,748	336,261	33,951	302,310
P	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		46,676	3,559	43,117	42,680	3,460	39,220	43,820	4,044	39,776	45,072	4,551	40,521
R	Freight cost for vaccines needed	N x fv		560,564	42,736	517,828	487,291	39,499	447,792	437,908	40,413	397,495	410,495	41,446	369,049
S	Freight cost for devices needed	(O+P+Q) x fd		39,491	3,011	36,480	36,109	2,927	33,182	37,074	3,422	33,652	38,134	3,851	34,283
T	Total fund needed	(N+O+P+Q+R+S)		17,011,064	1,296,851	15,714,213	14,807,081	1,200,224	13,606,857	13,357,358	1,232,674	12,124,684	12,558,372	1,267,937	11,290,435
U	Total country co-financing	I 3 cc		1,296,851			1,200,224			1,232,674			1,267,937		
V	Country co-financing % of GAVI supported proportion	U / T		7.62%			8.11%			9.23%			10.10%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

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

12. Annexes

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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						
Wedges & 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 2009	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.

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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						
Wedges & 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 2009	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.

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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						
Wedges & 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 2009	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

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		9, 10, 11, 12, 13	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		4	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010		5	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report		6	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		7, 8	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report		14	

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:**	**File name:** Annual Progress Report - Minister of Health Signature.pdf **Date/Time:** 13.05.2011 07:40:11 **Size:** 284 KB		
2	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:**	**File name:** Annual Progress Report - Minister of Finance Signature.pdf **Date/Time:** 13.05.2011 07:41:08 **Size:**		

ID	File type Description	File name Date and Time Size	New file	Actions
		284 KB		
3	**File Type:** Signatures of members of ICC * **File Desc:**	**File name:** ICC Members Sigantories on APR 2010.pdf **Date/Time:** 13.05.2011 07:42:22 **Size:** 555 KB		
4	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:**	**File name:** 57th ICC endorsed Annual Progress Report.pdf **Date/Time:** 13.05.2011 07:44:16 **Size:** 2 MB		
5	**File Type:** Financial Statement for ISS grant in 2010 * **File Desc:**	**File name:** GAVI EXPENDITURE REPORT 31122010.xls **Date/Time:** 10.05.2011 10:29:51 **Size:** 36 KB		
6	**File Type:** EVSM/VMA/EVM report **File Desc:**	**File name:** TAN VMA 2009 Report.pdf **Date/Time:** 10.05.2011 10:32:43 **Size:** 571 KB		
7	**File Type:** new cMYP starting 2012 **File Desc:**	**File name:** Tanzania Mainland cMYP 2010-2015.doc **Date/Time:** 10.05.2011 10:35:27 **Size:** 1 MB		
8	**File Type:** new cMYP starting 2012 **File Desc:**	**File name:** Zanzibar cMYP 2010-2015.doc **Date/Time:** 10.05.2011 10:37:12 **Size:** 1 MB		
9	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:**	**File name:** 55th ICC Meeting Minutes.pdf **Date/Time:** 13.05.2011 07:49:42 **Size:** 1 MB		
10	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 51th ICC meeting minutes	**File name:** 2010, 51 ICC Meeting.doc **Date/Time:** 26.05.2011 08:29:01 **Size:** 64 KB		
11	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Signature for 51th ICC meetings minutes	**File name:** 51st ICC Meeting, signatures.doc.pdf **Date/Time:** 26.05.2011 08:30:23 **Size:** 198 KB		
12	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** 54th ICC meeting Minutes	**File name:** 2010, 54th ICC Meeting.doc **Date/Time:** 26.05.2011 08:31:46 **Size:** 64 KB		

ID	File type Description	File name Date and Time Size	New file	Actions
13	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Signatures for 54th ICC meeting minutes	**File name:** 54th ICC Meeting signatures.pdf **Date/Time:** 26.05.2011 08:32:46 **Size:** 131 KB		
14	**File Type:** Latest Health Sector Review Report **File Desc:** EPI review document	**File name:** EPI review 2010 ..doc **Date/Time:** 26.05.2011 09:21:38 **Size:** 4 MB		