



Annual Progress Report 2009

Submitted by

The Government of

UNITED REPUBLIC OF TANZANIA

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: 15th May 2010

Deadline for submission: 15 May 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following

e-mail address: apr@gavialliance.org

any hard copy could be sent to :

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

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 TRANSPARENCY 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.*

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

By signing this page, the Government hereby attest 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 page 2 of 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 without the signatures of both the Minister of Health & Finance and their delegated authority.

Minister of Health (or delegated authority):

Minister of Finance (or delegated authority):

Title: **MINISTER FOR HEALTH AND SOCIAL WELFARE**

Title: **MINISTER FOR FINANCE AND ECONOMIC AFFAIRES**

Signature: ...**Attached**.....

Signature:..... **Attached**

Date:

Date:

This report has been compiled by:

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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the immunisation Inter-Agency Co-ordinating 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.

The GAVI Alliance Transparency and Accountability Policy 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.

Name/Title	Agency/Organisation	Signature	Date
<i>Attached</i>			

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:

.....
.....
.....

HSCC Signatures Page

If the country is reporting on HSS

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

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

Name/Title	Agency/Organisation	Signature	Date

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

All comments will be treated confidentially

Comments from partners:

.....

Comments from the Regional Working Group:

.....

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

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

Name:

Post:

Organisation:.....

Date:

Signature:

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).

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date

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

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List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

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1. General Programme Management Component

1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-excell)

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In the space 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**:*

*Provide justification for any changes **in Targets by vaccine**:*

*Provide justification for any changes **in Wastage by vaccine**:*

1.2 Immunisation achievements in 2009

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

ACHIEVEMENTS

1. Introduction of Haemophilus Influenza type B (Hib) into routine EPI vaccines in form of Pentavalent
2. RED/REC Training conducted in 61 low performing districts (51 districts in Tanzania mainland and 10 in Zanzibar)
3. 510 health facilities health workers implemented Reaching Every Child (REC) approach to reduce the number of unvaccinated children in their services areas
4. Increased number of children vaccinated who received third dose of DTP by 18,788 children from the level of 2008
5. Two rounds of maternal and neonatal tetanus supplementary immunization activities conducted in 17 districts
6. Vehicles for Regional supportive supervision and distribution of vaccines procured
7. Thirty four newly appointed immunization resource persons were trained

ACTIVITIES CONDUCTED:

1. Social mobilization activities during the introduction of Pentavalent, RED/REC cascaded trainings and during MNT campaign
2. Full participated in the national exhibition during Sabasaba and Nanenane National day as part of social mobilization
3. Analysis of 2008 data was done and 51 districts with the high number of unvaccinated children were identified in Tanzania Mainland and all 10 districts in Zanzibar. These districts were designated to RED/REC implementation emphasis districts.
4. Training of 510 health facilities health workers in 51 districts to develop microplans and implement REC approach
5. New comers training to newly appointed immunization resource persons.
6. Quarterly EPI evaluation meeting in Zanzibar

CHALLENGES:

1. Experienced DTP HepB Hib stock out (November and December, 2009)
2. Shortage of skilled staff in some facilities especially in hard to reach areas.
3. Inadequate supportive supervision at all levels
4. Inadequate transport for supportive supervision and distribution of vaccines in districts and regional level.
5. Insufficient cold storage capacity at all levels

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

Not Applicable

1.3 Data assessments

- 1.3.1 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)¹.

Not Applicable

- 1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [NO]. If YES:

Please describe the assessment(s) and when they took place.

Not Applicable

¹ Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

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

1. Training of new National EPI Team on DQS
2. Part of DQS integrated in the National supportive supervision checklist
3. EPI data management tool (DVD MT) was improved and all regions are using the tools

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

1. Training are planned to be conducted on Data Quality Self Assessments to the Regional and District Health Management Teams
2. DQS will be integrated in the regional supportive supervision

a. Overall Expenditures and Financing for Immunisation

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

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

<i>Expenditures by Category</i>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines ²	2,661,001.54	2,073,845	2,301,967.95
New Vaccines (DTP HepB Hib)	23,721,000	16,115,500	15,876,328
Injection supplies with AD syringes	569,918.52	820,712.59	910,990.98
Injection supply with syringes other than Ads	0	0	0
Cold Chain equipment	1,503,714.23	5,892,979	7,071,574.80
Operational costs	2,152,678.73	4,021,751.88	4,678,596.91
Other (specify)			
Total EPI	30,608,313.02	28,924,788	30,839,458.64
Total Government Health			
Exchange rate used	1US\$ =Tsh1, 350		

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. There was no financial gap experienced in 2009. Some of the planned activities in 2008 were not implemented.
2. Government budget have set aside funds to procure vaccines and district are encouraged to include immunization activities in their Councils Comprehensive Health Plans

² 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.

b. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009 .Two ICC and One TC SWAP meetings were held in 2009

Please attach the minutes (**Document N°2**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

- Review and endorsement of EPI annual plan
- Introduction of DTP- HepB-Hib vaccine
- Vaccine management assessment
- Implementation of RED strategy in Tanzania

Are any Civil Society Organisations members of the ICC? **YES** If yes, which ones?

List CSO member organisations:

The Muslim Association of Tanzania (BAKWATA), Christian Social Services Commission, Pediatric Association of Tanzania (PAT) and Tanzania Red Cross Society

c. Priority actions in 2010-2011

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

The Country's objectives and priority activities for 2010 and 2011 are all linked with cMYP 2010-2014 and also linked with Health System Strategic Plan III (2010-2015)

OBJECTIVE

1. To increase immunization coverage of DTP- HepB-Hib 3 to 80% in all districts and from 85% to 90% at nationally by the end of 2010
2. To ensure the availability of 100% quality bundled vaccines and injection materials at service provision points by December 2010
3. To ensure availability of adequate and functional cold chain storage at national and regional level by December 2010.
4. To ensure timely distribution of vaccines to health facilities in the 20 Councils by December 2010
5. To enhance vaccine management from 76% score of 2009 to at least 80% at all levels of operations by December 2010
6. To strengthen VPD surveillance and achieve at least 80% in all standard indicators by 2010
7. To improve quality of data management in 80% of the districts and enhance timely and completeness of data by 2010
8. To enhance capacity and organization of EPI central office to implement its core functions by 2010
9. To improve quality of immunization services at all levels by 2010
10. To ensure communities in 60 % of the districts have correct information and participate fully in immunization services by 2010
11. To enhance skills and knowledge on immunization services to 50% of health facility service providers and managers from regional/districts by 2010

PRIORITY ACTIONS.

- Conduct training on Reaching Every Child (REC) approach in 81 councils and follow

- up of persistent low performing councils to assist on REC microplans
- Procure and distribute all bundled EPI vaccines (BCG, OPV, DTP- HepB-Hib , Measles, Tetanus Toxoid)
- 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
- 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 RCCOs and RRCHCOs
- Carry out DQS supportive supervision to all regions and 1/3 other districts in mainland Tanzania and verify accuracy of reports at different levels
- Conduct quarterly supportive supervision to the regions and councils
- Purchase 2 vehicles to strengthen functions and coordination of national EPI office and 4 vehicles to strengthen supportive supervision at the central level
- Procurement of 3 laptops, Fax machine, Stationary, computer server (heavy duty) and Internal communication devices
- Renewal internet services and facilitate maintenance of intercom system and resume telephone services
- Conduct EPI program review
- Conduct EPI annual evaluation meeting
- To conduct quarterly ICC meetings
- Review and update EPI Strategic Communication Plan
- Develop, review and disseminate IEC messages and materials on immunization
- Prepare and conduct immunization week
- Conduct advocacy meeting to national level decision makers on introduction of new vaccines
- Conduct advocacy meeting at all levels to integrate immunization activities in bi-annual vitamin A and de-worming child health days
- Conduct new comer's course training to 50 newly appointed Coordinators/Supervisors
- Conduct MLM (local) training to 30 immunization resource persons.

5. Immunisation Services Support (ISS)

1.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$.0

Remaining funds (carry over) from 2008: US\$ 2,880,246.73

Balance carried over to 2010: US\$ 1,479,468

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

- Cascaded trainings on RED/REC
- Social Mobilization
- EPI Annual planning meeting
- Procurement of vehicles to strengthen regional teams
- Annual EPI meeting

1.2 Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 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.

Not Applicable

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.

The Programme prepares annual plan of action in line with cMYP and health sector plan (priorities). The plan is shared and approved by ICC members. The annual plan is submitted to WHO for fund disbursement. (WHO is a custodian of GAVI ISS funds)

WHO support the approved activities after receiving request of specific activities from Ministry of Health and Social Welfare with signed local cost subsidy form. Procurement of request items is done according to WHO procurement procedures however; Ministry of Health provides specifications of items.

1.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document N° 1**). (*Terms of reference for this financial statement are*

attached in Annex 2). 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. [GAVI ISS Funds are under the custodian of WHO. Financial Statements and Audit reports are available at WHO HQ.](#)

1.4 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 previous high), 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.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.³

³ The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

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

a. Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *	Total doses of postponed deliveries in 2010
DTP-HepB-Hib	6,360,700	10 th Feb, 2009	3,984,765	2,375,935

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

If numbers [A] and [B] 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?...)	- Inadequate cold chain storage capacity at Central Vaccine Store which necessitate the country to request vaccines in bimonthly shipments - Vaccines stock out in November and December due to delayed shipments from vaccines manufacturers - During transition period of phasing out stock brought forward of DTP-HepB vaccines to avoid uneconomical vaccine wastage; this led the country to start using DTP-HepB-Hib by 1st 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 SD)	Several actions have been taken to improve vaccine management, adjusting shipment plan from quarterly to bimonthly, conducting vaccine management assessment and conducting training on vaccine management

b. Introduction of a New Vaccine in 2009

- If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	Haemophilus Influenzae type b (Hib) vaccine
Phased introduction [NO]	Date of introduction:
Nationwide introduction [YES]	Date of introduction: 1 st April 2009
The time and scale of introduction was as planned in the proposal? If not, why?	The plan was to introduce the vaccine 1 st January 2009. However, the introduction was done three months latter, due to delay in the release of funds for introduction activities.

ii. Use of new vaccines introduction lump sum

Funds of Vaccines Introduction Grant received:	US\$ 547,000	Receipt date: 8th August, 2008
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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.

1. Advocacy and Social Mobilization at all levels
2. Design, Printing and Distribution of Information Education and Communication materials of Hib vaccine
3. Training of Health Workers at all levels
4. Inauguration of Hib Vaccine

Please describe any problems encountered in the implementation of the planned activities:

Inadequate dissemination of knowledge on new vaccines to service providers and community members due to limited resources.

Is there a balance of the introduction grant that will be carried forward? [NO]

If YES, how much? US\$.....

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

Not Applicable

iii. Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

c. Report on country co-financing in 2009 (if applicable)

Table 5: Four questions on country co-financing in 2009

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1 st Awarded Vaccine (specify)	October 2008	October 2009	October 2010
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1 st Awarded Vaccine (specify)	1,076,477.89	341,200
2 nd Awarded Vaccine (specify)		
3 rd Awarded Vaccine (specify)		
Q. 3: Sources of funding for co-financing?		
1. Government of Tanzania		
2. Donor (specify)		
3. Other (specify)		
Q. 4: What factors have accelerated slowed or hindered mobilisation of resources for vaccine co-financing?		
1. Delay of disbursement of funds		
2.		
3.		
4.		

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

Not Applicable

d. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [12/2009]

If conducted in 2008/2009, please attach the report. (Document N°.5)

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

Was an action plan prepared following the EVSM/VMA? [YES]

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

1. Advocacy and dissemination of the VMA findings and recommendations was done at National (decision makers at MOHSW, ICC, Development partners, etc) and regional level.
2. Increasing cold storage capacity at national and intermediate levels. Country situation analysis and cost estimates are done.
3. Integration of Vaccine management training into other immunization refresher and new comers training package
4. Review and translation of VMA guideline into Kiswahili language is completed.
5. Supportive supervision has been planned and is on its implementation

When is the next EVSM/VMA* planned? [11/2011]

*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

e. Change of vaccine presentation

If you would prefer during 2011 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 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:

Tanzania prefers a ten-dose vial of DTP-HepB-Hib liquid vaccines; this decision was based on the vaccine management assessment findings on the cold store capacity needs at all levels. Currently the country is using the one dose DTP-HepB-Hib liquid vaccine.

Please attach the minutes of the ICC meeting (Document N°.6) that has endorsed the requested change.

f. Renewal of multi-year vaccines support for those countries whose current support is ending in 2010

If 2010 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 2011 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 type(s)] vaccine for the years **2011-.2015** [end year]. At the same time it commits itself to co-finance the procurement of **DTP-HepB-Hib** [vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of **DTP-HepB-Hib** [vaccine type(s)] vaccine support is in line with the new cMYP for the years **2010-2014**. [1st and last year] which is attached to this APR **(Document N°.....)**.

The country ICC has endorsed this request for extended support of **DTP-HepB-Hib** [vaccine type(s)] vaccine at the ICC meeting whose minutes are attached to this APR. **(Document N°.....)**

g. Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination does the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm]

If you don't confirm, please explain:

Not Applicable

7. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

a. Receipt of injection safety support in 2009 (for relevant countries)

Are you receiving Injection Safety support in cash [**NO**] or supplies [**NO**] ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

Not Applicable

b. Progress of transition plan for safe injections and management of sharps waste.

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD Syringes – 0.05mls	Government of Tanzania
Measles	AD Syringes – 0.5mls	Government of Tanzania
TT	AD Syringes – 0.5mls	Government of Tanzania
DTP-containing vaccine	AD Syringes – 0.5mls	GAVI and Government of Tanzania

Please report how sharps waste is being disposed of:

Sharps are disposed in the incinerators in the area where incinerators are available and for facilities without incinerators burn and bury method are used. Burn and bury is done daily under supervision of the health workers.

Does the country have an injection safety policy/plan? [**YES**]

If YES: Have you encountered any problem during the implementation of the transitional

IF NO: Are there plans to have one? (Please report in box below)

- 1

c. Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Amount spent in 2009 (US\$):.....

Balance carried over to 2010 (US\$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
Total	

8. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study⁴ that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

a. Information relating to this report

⁴ All available at <http://www.gavialliance.org/performance/evaluation/index.php>
Annual Progress Report 2009

- i. Government fiscal year (cycle) runs from to of the following year.
- ii. This GAVI HSS report covers 2009 calendar year from January to December
- iii. Duration of current National Health Plan is from to
- iv. Duration of the current immunisation cMYP is from to
- v. Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

[It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*]

Name	Organisation	Role played in report submission	Contact email and telephone number
<i>Government focal point to contact for any programmatic clarifications:</i>			
<i>Focal point for any accounting of financial management clarifications:</i>			
<i>Other partners and contacts who took part in putting this report together:</i>			

9. Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information (especially financial information and indicators values) and, if so, how were these dealt with or resolved?

[This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*]

Not Applicable

- i. In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

Not Applicable

ii. Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009?

Please attach the minutes (**Document N°.....**) from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report

Latest Health Sector Review report is also attached (**Document N°.....**).

b. Receipt and expenditure of HSS funds in the 2009 calendar year

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)									
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year									
Total expenditure during the calendar year									
Balance carried forward to next calendar year									
Amount of funding requested for future calendar									

year(s)									
---------	--	--	--	--	--	--	--	--	--

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS (*For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement*):

Not Applicable

c. Report on HSS activities in 2009 reporting year

Note on Table 12 below: This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.

Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:		
Activity 1.1:		
Activity 1.2:		
Objective 2:		
Activity 2.1:		
Activity 2.2:		
Objective 3:		
Activity 3.1:		
Activity 3.2:		

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

d. Support functions

*This section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?*

i. Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

Not Applicable

ii. Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

Not Applicable

iii. Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Not Applicable

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
TOTAL COSTS					

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:				
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3:				
Activity 3.1:				
Activity 3.2:				
TOTAL COSTS				

e. Programme implementation for 2009 reporting year

- i. Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.*

Not Applicable

- ii. Are any Civil Society Organisations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

Not Applicable

f. Management of HSS funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? [**IF YES**] : please complete **Part A** below.

[**IF NO**] : please complete **Part B** below.

Part A: further 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 HSS funds.

Not Applicable

Part B: briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector

plans and budgets. Report also on any problems that have been encountered involving the use of HSS 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.

g. Detailed expenditure of HSS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached (**Document N°.....**).

External audit reports for HSS, ISS and CSO-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 HSS programme during your government's most recent fiscal year, this should also be attached (**Document N°.....**).

h. General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
Objective 1:						
1.1						
1.2						
Objective 2:						
2.1						
2.2						

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators**:

Provide justification for any changes in **the denominator**:

Provide justification for any changes in **data source**:

Table 16: Trend of values achieved

Name of Indicator <i>(insert indicators as listed in above table, with one row dedicated to each indicator)</i>	2007	2008	2009	Explanation of any reasons for non achievement of targets
1.1				
1.2				
2.1				
2.2				

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

Not Applicable

i. Other sources of funding in pooled mechanism for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US\$	Duration of support	Contributing to which objective of GAVI HSS proposal

--	--	--	--

10. Strengthened Involvement of Civil Society Organisations (CSOs)

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

This section is to be completed by countries that have received GAVI TYPE A CSO support⁵

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

Not Applicable

i. Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N°.....**).

Not Applicable

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

Not Applicable

ii. Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Not Applicable

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Not Applicable

⁵ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

Not Applicable

iii. Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US\$.....
Remaining funds (carried over) from 2008: US\$.....
Balance to be carried over to 2010: US\$.....

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁶

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

Not Applicable

i. Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Not Applicable

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

Not Applicable

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Not Applicable

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Not Applicable

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Not Applicable

⁶ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Table 19: Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

ii. Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US\$.....

Remaining funds (carried over) from 2008: US\$.....

Balance to be carried over to 2010: US\$.....

iii. Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? [IF YES] : please complete **Part A** below.

[IF NO] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

Not Applicable

Part B: briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B 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 HSCC in this process.

iv. Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 4*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS 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 CSO Type B programme during your government's most recent fiscal year, this should also be attached (**Document N°.....**).

v. Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

Not Applicable

11. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)		ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete excel sheet for each vaccine request				
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)				

1					
1	Provision of cMYP for re-applying				

OTHER REQUIREMENTS		ISS	NVS	HSS	CSO
1					
2	Anticipated balance in stock as at 1 January 2010 in Annex 1				
3	Consistency between targets, coverage data and survey data				
4	Latest external audit reports (Fiscal year 2009)				
5	Provide information on procedure for management of cash				
6	Health Sector Review Report				
7	Provision of new Banking details				
8	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
9	Attach the CSO Mapping report (Type A)				

12. 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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
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 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, 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 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

Summary of income and expenditure - GAVI ISS

	Local currency (TZS)	Value in USD
Balance brought forward from 2008 (balance as of 31 December 2008)	3,809,846,362.11	2,880,246.73
Summary of income received during 2009		
Income received from GAVI	-	-
Income from interest	-	-
Other income (fees)	-	-
Total income	-	-
Total expenditure during 2009	1,852,880,065.11	1,400,778.73
Balance as at 31 December 2009 (balance carried forward to 2010)	1,956,966,297.00	1,479,468.00

Detailed analysis of expenditure by economic classification - GAVI ISS

	Budget in TZS	Budget in USD	Actual in TZS	Actual in USD	Variance in TZS	Variance in USD
Salary expenditure			-	-	-	-
Wages and salaries	-	-	-	-	-	-
Per-diem payments	-	-	-	-	-	-
Non-salary expenditure	1,725,453,499.41	1,304,444.15	954,471,995.26	721,581.55	770,981,504.15	582,862.60
Training	922,222,503.70	697,200.91	810,397,721.35	612,661.29	111,824,782.36	84,539.62
Fuel	-	-	14,043,557.39	10,616.94	-14,043,557.39	-10,616.94
Maintenance and overheads	803,230,995.71	607,243.24	130,030,716.53	98,303.32	673,200,279.18	508,939.92
Other expenditure	898,408,069.85	679,197.18	898,408,069.85	679,197.18	0.00	0.00
Vehicles	898,408,069.85	679,197.18	898,408,069.85	679,197.18	0.00	0.00
TOTALS FOR 2009	2,623,861,569.26	1,983,641.33	1,852,880,065.11	1,400,778.73	770,981,504.15	582,862.60

Average exchange rate used for 2009: TZS 1322.75 = 1 USD \$

