

Joint Appraisal (JA) Template 2024

The Joint Appraisal (JA) is an **essential element of Gavi's regular monitoring and performance management (MPM)**. The JA has evolved to align with Gavi 5.0 strategic shifts.

The JA is an **annual, country-led, multi-stakeholder** review/discussion that represents an important opportunity for countries to engage Gavi Alliance partners and other key stakeholders on annual progress of routine immunisation programmes against national goals and objectives, and to discuss how Gavi support is contributing to this progress. Key stakeholders involved in the country's immunisation programme should be represented at the Joint Appraisal, including civil society organisations (CSOs).

As an integrated part of Gavi's portfolio management process, the JA discussion should review **Gavi's contribution to immunisation programme performance** in 2021/early 2022, including delivery of COVID-19 vaccines and the impact of the COVID-19 pandemic on immunisation. A key feature of the JA is the joint discussion about the **promising practices, challenges met and future needs** for improving immunisation performance with a focus on reaching zero-dose children and missed communities.

The modality of the Joint Appraisal exercise is tailored to the country context and may be scheduled taking into consideration other planning exercises such as EPI reviews or National Immunisation Strategy Development.¹ The JA process will involve preparatory work to assemble and analyse data in advance of the discussion, exchange on the trends and their implications for the EPI program, and will conclude with the finalisation of a report and relevant deliberation outcomes and follow-up actions. At least one live discussion (in person or virtual) of the multiple stakeholders engaged in the Joint Appraisal should be organised.

The Joint Appraisal template is structured as follows

- **Section 1: Country situation:** overview of performance of Gavi support & discussion on progress and challenges faced
- **Section 2: Looking forward:** summary of discussion points and follow up actions

The information and indicators contained in section 1 on the country immunisation programme performance and Gavi support are mostly based on standard reporting. They are part of Gavi's monitoring and performance management framework, which will inform ongoing portfolio discussions, the JA, as well as discussions at Gavi's High-Level Review Panel (HLRP).

Section 1 is also where Gavi expects reporting against the Grant-linked Key Performance Indicators developed during FPP / EAF applications. For these indicators, results are to be analysed as (1) the absolute change in the indicator as a trend over time and; (2) the percent change in the indicator against the baseline value from the FPP or EAF application. Changes over time will be assessed against the end of the grant target set during the application stage. Please ensure that sufficient data is provided to conduct such analyses, including the baseline values, targets, and sufficient annual data to infer trends.

The below set of cross-cutting questions should be considered to structure qualitative information:

Cross-cutting Questions

1. What factors have facilitated or impeded progress?
2. What promising practices and/or innovations have emerged?
3. What key contributions have partners made to drive performance?
4. What are the top risks that should be mitigated?

Section 1 forms the analytical foundation to structure the JA discussion with Section 2 summarising the outcome of the JA and follow-up actions.

The outcome of this Joint Appraisal will include a joint assessment of promising practices, perceived challenges and opportunities for Gavi investments, and should elaborate future actions with clear targets and assigned responsibilities which are owned by the full set of in-country stakeholders.

Section 1: Country situation: overview of performance of support & discussion on progress, challenges faced

Country situation: a brief overview

Tanzania is the largest country in the East African Community with an average size of 947,300 km² and an estimated population of 63.6 million people (NBS 2023). Over the past decade, despite rapid population growth, Tanzania has achieved relatively strong economic growth and declining poverty rates. The country remains a lower middle-income country despite the global pandemic-induced contraction of GDP per capita in 2020. Tanzania's 2023 GDP was \$75.5 billion (5.1% growth), while its per capita income in 2022 was about \$1,115 (WB data). Tanzania's public debt to GDP is estimated at 38%, low compared to its peers in the region, Uganda and Kenya at 48% and 65% respectively. With low external debt levels, the country has scope to increase its investments in health, currently estimated at 9% of general government expenditure. The government continues to make substantial infrastructure investments including building health facilities and schools at all levels across the country.

About 25% of the population, which is equivalent to about 14,764,011 million people represents women of reproductive age (15-49 years) and 7.2%, which is equivalent to 4,245,544 million people represents children below 1 year of age. These two age groups represent the populations that are mainly eligible to receive immunizations services. About 43% of the children under one year of age live in ten regions that are around Lake Victoria, Lake Tanganyika, and the isles of Pemba. For the year 2023 the total fertility rate and the annual birth rate were 4.85 children per woman and 2,430,010 children, respectively. Approximately 75% of the population resides in rural areas, where they are mainly engaged in agriculture.

The Expanded Program on Immunization (EPI) later renamed Immunization and Vaccination Development program (IVD) was established in 1975 and has been one of the best performing immunization programs in Africa. Immunization is being given very high priority by the Government of Tanzania through its primary health care strategies. Since its inception, the program has contributed to a significant reduction in child mortality and morbidity.

The Immunisation and Vaccine Development (IVD) program is a subsection of the Directorate of Preventive Services under MOH. The IVD program is headed by the Program Manager and has six units namely service delivery and new vaccine introduction; capacity building and demand generation; supply chain, cold chain, and logistics; vaccine-preventable disease surveillance; program management, planning, and administration and monitoring and evaluation.

¹ Countries which are finalising in the course of 2022 a Full Portfolio Planning are not expected to conduct a JA.

After the health sector reforms in 1996, the management and operations of the day-to-day immunisation activities at the service delivery point were left to the councils. At the sub-national level there are Regional and Council Health Management Teams (RHMT & CHMT), which are under the Regional and District Medical Officers (RMOs & DMOs), respectively. The Regional and District Immunisation and Vaccination Officers (RIVOs & DIVOs) at the regional and district level are immunisation focal persons, responsible for coordination and implementation and of all immunisation activities

Although Tanzania Mainland and Zanzibar have separate Ministries of Health, the immunization programs between them work closely, each with an independent Inter-Agency Coordinating Committee (ICC) and a Technical Working Group (TWG). The Ministry of Health, Community Development, Gender, Elderly and Children in Tanzania Mainland, develops and disseminates health policies and guidelines while the President's Office Regional Administration and Local Government (PORALG) is responsible for their implementation.

In 2024, the country had a total of 8,363 health facilities providing immunisation services, of which 8,167 were in Tanzania Mainland and 196 were in Zanzibar.

Tanzania's National Immunization Strategy (NIS) of 2021-2025 provides standardized guidance in reaching the desired goal of delivering appropriate immunization services that address the needs of the people of Tanzania. NIS sets out an ambitious vision to ensure everyone regardless of age, gender, geographical location, and socioeconomic status is protected from VPDs. NIS builds on lessons learned during the implementation of cMYP 2016-2020. Locally, it is linked with the National Development Vision 2025, National Health Policy, and Health Sector Strategic Plan V. NIS is globally consistent with the aims of the *Immunization Agenda 2030* and *Gavi Strategy 2021-2025* of leaving no one behind with immunization services.

Tanzania's current NIS (2020-2025) contains the following goals and objectives

- Goal 1: Everyone is protected from targeted vaccine-preventable diseases throughout the life-course with high-quality, effective, efficient, and equitable immunization services.
- Objectives
1. Strengthen immunization services to attain and sustain national immunization coverage at 100% equitably throughout the life course
 2. Ensure all stakeholders value, seek out, and actively support immunization services
 3. Strengthen surveillance system to facilitate control, elimination, and eradication of vaccine preventable diseases

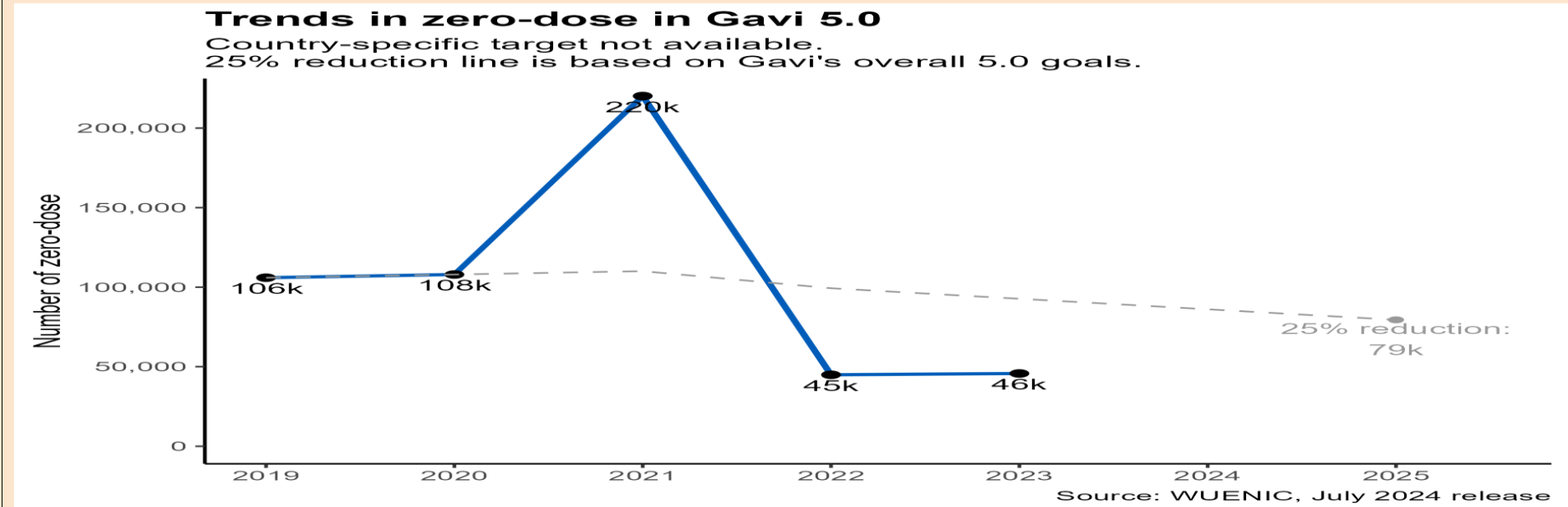
- Goal 2: Effective, efficient, and resilient immunization program as an integral part of the primary health care system
- Objectives
1. Ensure efficient, effective, and sustainable immunization supply chain system
 2. Reinforce and sustain strong leadership, management, coordination, and financing of immunization services at all levels
 3. Ensure the availability and utilization of high-quality data to facilitate evidence-based decision making at all levels

As the current National Immunization Strategy (2020–2025) approaches its conclusion, Tanzania is gearing up to formulate the new NIS (2026-2030) to build on the progress achieved over the years and address observed persistent challenges. The upcoming strategy will prioritize equitable vaccine access, improved supply chain management, and resilience against emerging health threats. Guided by global frameworks like the WHO Immunization Agenda 2030 and lessons learned from previous implementation, the new plan will emphasize stakeholder collaboration, innovative solutions, and data-driven approaches to strengthen immunization outcomes in all communities.

A recent EPI review, highlighted significant progress in increasing vaccine coverage, however, persistent challenges in achieving equitable access across districts were highlighted. The review noted improvements in cold chain infrastructure and supply chain management, but gaps remained in ensuring consistent vaccine availability, particularly in remote and underserved areas. Issues such as vaccine hesitancy, logistical inefficiencies, and insufficient healthcare worker training were flagged as barriers to optimal immunization coverage. The review emphasized the need for targeted interventions to address regional disparities, enhance community engagement, and strengthen data monitoring systems to guide evidence-based decision-making.

Tanzania's routine immunisation schedule (Blue = Gavi supported vaccines)	Timing
BCG, OPV 0	At birth or first contact
OPV1, DTP-HepB-Hib1, PCV 1, Rota 1	6 Weeks of age
OPV2, DTP-HepB-Hib2, PCV 2, Rota 2	10 Weeks of age
OPV3, DTP-HepB-Hib3, PCV3, IPV, Rota 3	14 Weeks of age
MR 1	9 months of age
MR 2	18 months of age
Td 1 (Tetanus- Diphtheria)	First contact
Td 2	1 Month after the 1st dose
Td 3	6 months after the 2nd dose
Td 4	1 Year after the 3rd dose
Td 5	1 Year after the 4th dose
HPV 1	14 years
HPV 2	6 months after 1st dose. NB: as of 2024 HPV will switch to one dose
COVID-19	18 Years and above. Current provided as RI at facility level

1. Learning Question: What progress has been made to reach zero-dose and under-immunised children with vaccinations?



Country comments (please consider the set of cross-cutting questions to structure comments):

Tanzania is among the countries with a strong immunization program. The 2020-2021 COVID-19 pandemic did result in a decline of the immunization coverage, driven by the diversion of human and financial resources towards COVID-19 responses and increased myths, misinformation and vaccine hesitancy fuelled by some religious leaders on vaccines safety. However, Tz has since recovered in coverage to pre-covid 19 levels.

National coverage WUENIC data

Vaccine	2019	2020	2021	2022	2023
DTP1	95	95	90	98	98
DTP3	91	91	86	93	93
RotaC	88	89	85	74	84
PCV3	90	89	89	92	92
HPV1	74	78	70	79	99
IPV1	91	91	86	93	93
MCV1	89	87	80	89	91
MCV2	70	64	60	73	78

Efforts to reach zero dose children and under immunised children.

Catch-up strategy 2023-24

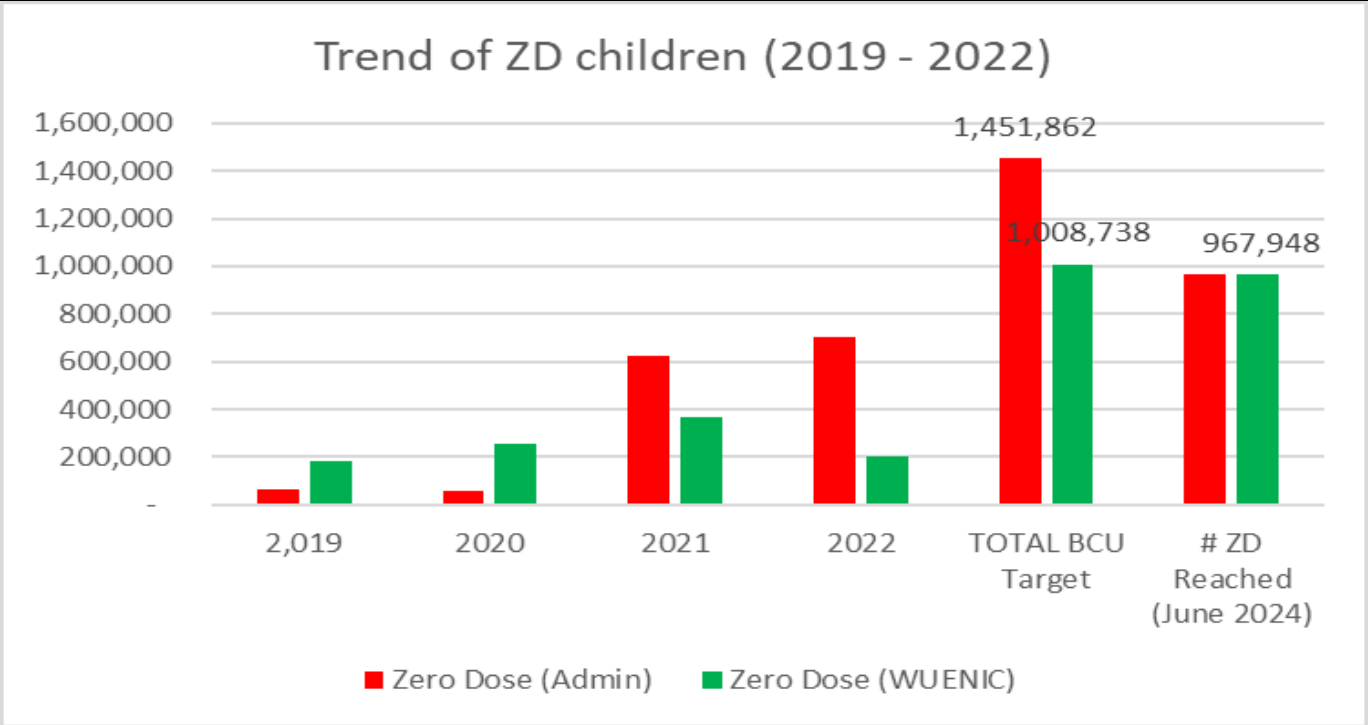
Tanzania is among the first countries in Africa to implement the "Big Catch-Up" vaccination campaign. Launched by global partners such as the WHO, UNICEF, GAVI, and the Bill & Melinda Gates Foundation, this initiative seeks to address the significant drop-in immunization rates caused by the COVID-19 pandemic. According to the 2022 WHO and UNICEF Estimates of Immunization Coverage (WUENIC), Tanzania was one of the top 20 countries with nearly half a million children either unvaccinated or under-vaccinated in 2021 alone

In response, IVD, in cooperation with partners and Gavi, developed a zero-dose catch-up plan in Q4 2022. Implementation started in January 2023, funded by Gavi PBF funds (USD 5.8m). The zero dose catch up plan targets 81 of the total 184 districts/councils in Tanzania Mainland with greater than 300 zero dose children in a year. In addition to targeted ZD efforts, the plan highlights intensification efforts in 35 district councils with confirmed measles outbreaks, plus 28 district councils with low HPV coverage. (See Annex 1 for targeted districts).

Year	2019	2020	2021	2021	Total BCU Target
Zero Dose (Admin)	64,959	58,466	623,773	704,664	1,451,862
Zero Dose (WUENIC)	185,521	253,965	370,074	199,178	1,008,738

The overall goal of BCU was to strengthen immunization services to catch up, restore and sustain national immunization coverage above 95% for all antigens by 2025.

Tanzania has made significant progress in its Big Catch-Up (BCU) vaccination efforts, despite facing some challenges. The intensification of BCU activities began in Q1 2023, using key strategies such as revitalizing outreach services, PIRI (Periodic Intensification of Routine Immunization), outbreak response campaigns, HPV catch-up campaigns, integrated health service delivery, community awareness and mobilization, as well as enhanced oversight, mentorship, and monitoring. By June 2024, 67% of zero-dose children had been vaccinated using routine and BCU vaccine stocks.



KEY LESSON LEARNT

- Availability of immunization policy (2022) to reach ZD above 5 years.
- Excellent engagement and collaboration between partners and the government that facilitated the development and immediate implementation of the BCU plan
- Political and technical commitment from government at national, regional district and community levels.
- Integrations of BCU with other activities such as Measles Rubella Campaign and nutritional interventions.
- Use of available resource e.g. The Government used the available routine vaccine stocks to fast-track the initiation of BCU.
- Use of locally acceptable Innovative approaches for catch-up such as setting camps in hard-to-reach areas and use of influential/respected local leaders as social mobilisers

KEY CHALLENGES

- Lack of monitoring tools to track BCU preparedness and implementation.
- Initially there were no digital data collection tools for Monitoring of zero-dose children. As a result, the catch-up data was entered into routine VIMS, leading to observed over-coverage of routine immunization data in 2023.
- Big catch-up data was not segregated to help identify specific age groups with low immunization rates due to missed routine schedules or other barriers, prioritize vulnerable populations, and optimize resource utilization for impactful outcomes.
- Inadequate local political and financial commitment in planning and prioritizing big catch-up, routine immunization services.

As Tanzania transitions to the recovery phase, the focus is shifting toward strengthening routine immunization services to sustain the gains achieved through the Big Catch-Up initiative.

The path forward will involve continued partnerships, investments in healthcare systems, strengthened health systems, and community-level engagement to ensure that every child receives the vaccines they need to protect against deadly diseases. Enhanced health worker training, targeted outreach programs in urban and hard-to-reach areas, strengthened supportive supervision, and the integration of new vaccines are crucial steps to strengthen immunization efforts across Tanzania.

Barriers to routine immunization

Barriers to routine immunization in Tanzania include health system constraints, logistical challenges, socio-cultural factors, and policy gaps, leading to disparities in vaccine access. Infrastructure limitations, cold chain issues, workforce shortages, and misinformation hinder effective service delivery. Addressing these barriers requires a multi-sectoral approach, combining policy reforms, community engagement, and strengthening health system investments to ensure equitable immunization coverage across all regions. The comprehensive EPI Review conducted in November 2024 documented the following challenges facing immunization service delivery:-

Barriers to immunisation	Supply-side barriers	• Frequent cancellation of outreach services, limiting access to communities living in hard-to-reach areas • Most of privately owned facilities do not conduct outreach sessions due to lack of funds • Vaccination data at the subnational levels and health facilities are not mostly used to inform the decision-making process • Lack of data ownership, interpretation, and poor documentation among regions, districts & HFs • Community health workers are available but not effectively used in some areas to support immunization services • Some health facilities do not have alternative source of power for their CCE, posing a risk to temperature-sensitive vaccines • Inadequate budgetary allocation for surveillance activities across all levels • Healthcare workers and managers in seven regions are not trained on the VigiMobile/VigiFlow application used for AEFI case reporting • Healthcare workers perceive immunization catch-up as a special activity or as a temporary intervention rather than being an integral part of a routine program
	Demand-side barriers	Coverage disparities between urban and rural communities • There have been prevailing immunization disparities between urban and rural areas for many years, with higher coverage in urban areas compared to rural ones. However, the gap has been decreasing for the past 10 years, despite observed decrease of coverage in 2022 due to COVID-19 pandemic
		Myths and misconceptions

		- Uneducated caretakers and mothers are more likely to be negatively influenced by existing myths about vaccines and beliefs in antivaccine theories and thus distrust the use of vaccines Socioeconomic status - Children belonging to households of higher socioeconomic status are more likely to be immunized compared to those coming from lower socio-classes. Gender-related barriers - Gender-related barriers such as birth order, parents' level of education, distance from the facility, place of birth, and age of mothers/caretakers.
	Economic (financing)	- Insufficient government budget allocation to the immunization program for operational activities, outreach services, and supervision activities, among others, due to heavily reliance on donor funding - Delays in disbursements of funds at all levels (region, council, and health facility levels) to support immunization activities - Non-disbursement of approved Council-owned sources funds for health activities. - Poverty among communities - Parents or caregivers' preoccupation with economic activities to gain income - Long distance from the facility to the households increases costs to parents/caretakers to travel.
Differentiated planning and delivery strategies for the zero catch-up plan to address identified barriers	Supply-side strategies	- Support outreach and mobile services - Formalize tools and means of monitoring outreach sessions across the Country - Proper quantification and timely distribution of vaccines and related supplies. - Support council/regional led intensification of routine immunization quarterly - Engagement of community health workers for defaulter tracking and social mobilization activities - Support and track health facilities and councils to conduct micro planning to map communities with high number of un/under vaccinated children by involving community - Strengthen supportive supervision at all levels of health system - Strengthen data review meetings at facilities and Council/Region Health Management Teams (R/CHMTs)
	Demand-side strategies	- Advocacy meetings involving religious leaders, community leaders - Community dialogues - Provision of vaccination services in farming, fishing, and big market days. - The program is being implemented house-to-house through community health worker intervention, especially during defaulters tracing - To provide outreach services to the hard-to-reach areas, fishing communities, urban slums and remote areas. - Special vaccination teams deployed during PIRI.

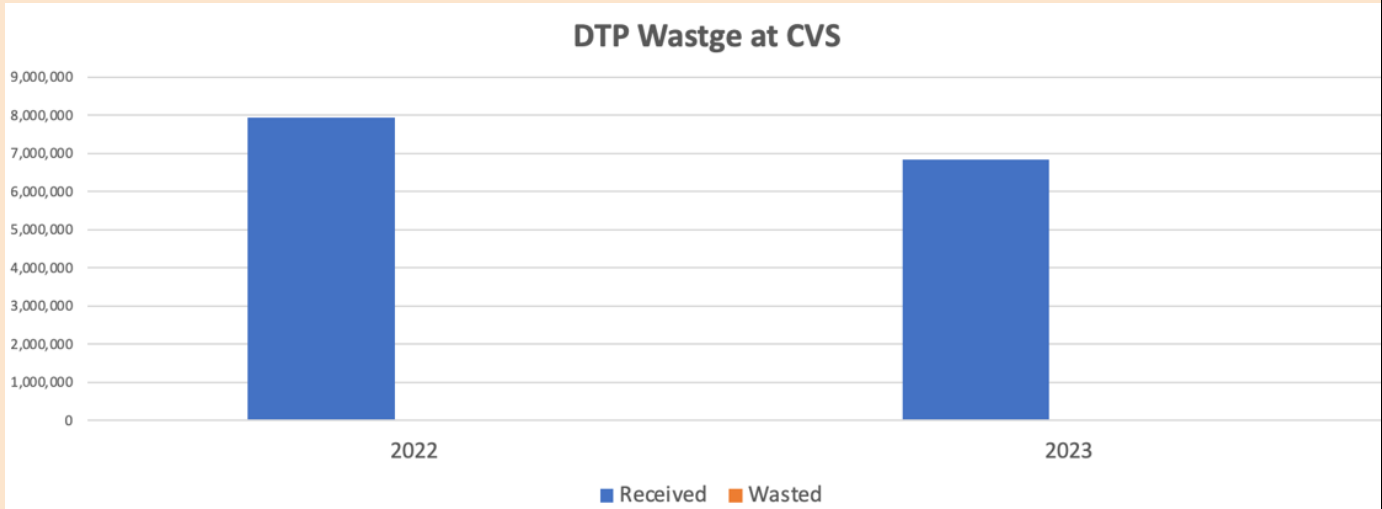
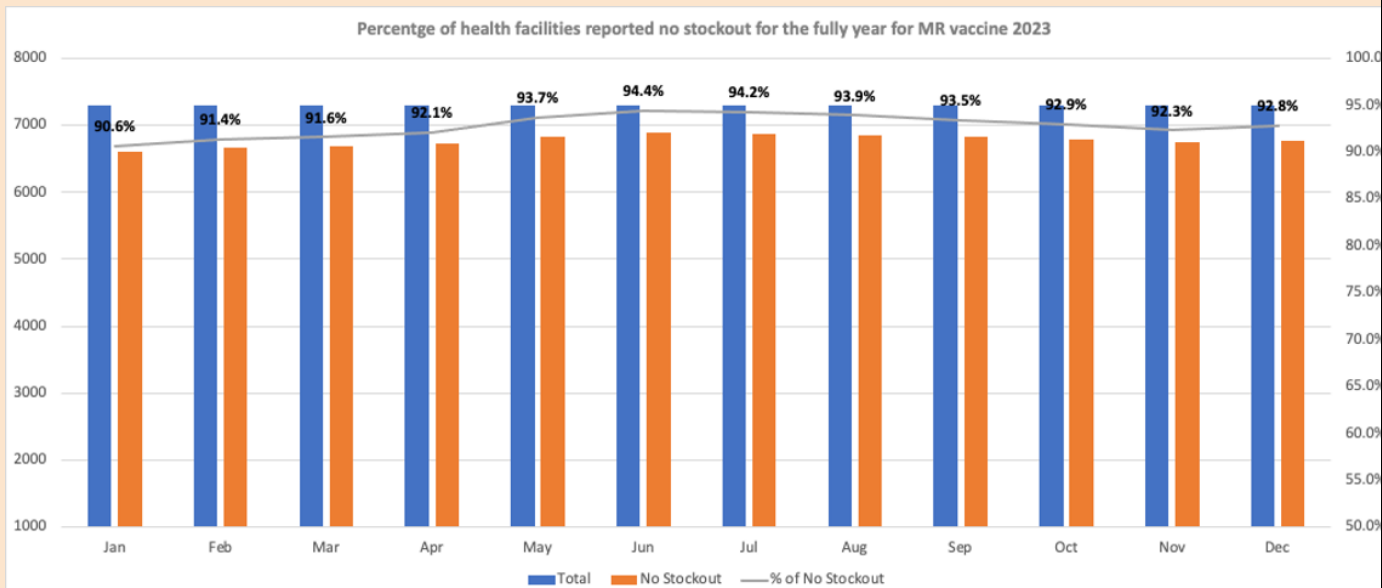
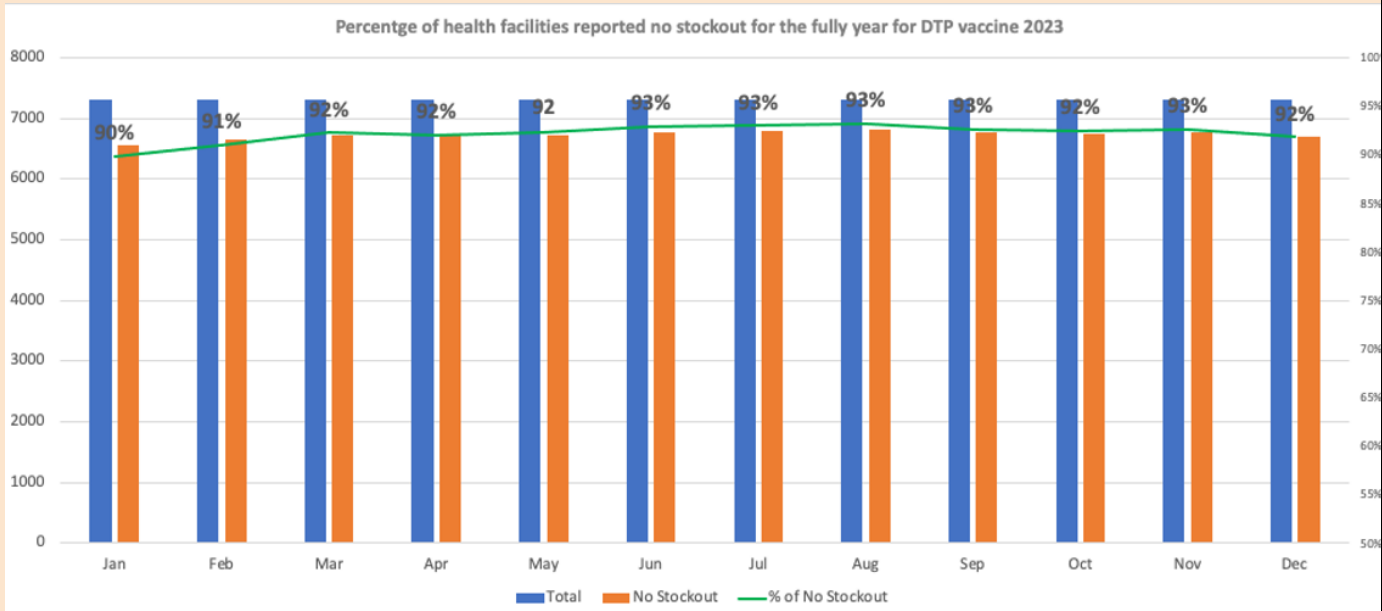
Opportunities and lessons learned to strengthen routine immunisation

- Expanding and modernizing** cold chain systems to ensure that vaccines remain potent and reduce wastage, particularly in remote and underserved communities.
- Strengthening community mobilization** efforts and combating vaccine misinformation through tailored education campaigns to improve vaccine acceptance and coverage as observed during COVID-19 pandemic
- Extending immunization services** closer to communities through outreach clinics to improve accessibility, particularly for populations in geographically challenging areas
- Promote **collaborating with the private sector** entities for logistics, funding, and technology support to enhance efficiency, sustainability, and reach of immunization services
- Increased Number of Partners (+ non-traditional partners)** that work with the program brought in innovative approaches to reach adults for COVID 19 which **can benefit RI**
- Targeted Outreach:** Identify areas with low vaccination coverage and tailor outreach efforts to these specific communities. This **can benefit comprehensively child deprivations**
- Community Health Workers/Mobilizers:** Build on the lesson from Polio Campaign conducting house-to-house mobilization. Building on this momentum **to reach more children for RI and integrated approach to reach zero dose communities**
- High level advocacy and management commitment:** advocacy through Minister for Health, MoH & PORALG management, Regional and council Commissioners commitment to address outbreaks, reach zero dose children and integrated delivery. This level of commitment **will further improve immunization and other health services.**
- Integrations of routine immunisation services with other health interventions including Supplementary Immunization Activities such as Measles Rubella Campaign and nutritional interventions.
- Leveraging Technology and Data to track vaccination coverage, identify gaps, and guide decision making
- Build on systems and lessons from recent outbreaks (e.g., COVID-19) to improve cold chain logistics, community mobilization, and rapid response capabilities

2. Learning Question: How well are vaccine stocks being managed?

Indicator(s):

- 1. Number of health facilities that reported no stock-outs of DTP containing vaccine
- 2. Number of health facilities that reported no stock-outs of Measles containing vaccine
- 3. Closed vial wastage of DTP-containing vaccine



Country comments (please consider the set of cross-cutting questions to structure comments):

Tanzania is among the countries with robust vaccine supply chain systems, with four tiers, namely the central, regional, district and health facilities. The central vaccines stores are equipped with 15 walk-in cold rooms (WICRs) and 3 walk-in freezer rooms (WIFs). Depending on the population sizes, the regional vaccine stores house 30 to 40 cubic meters of WICRs and ice-lined refrigerators and freezers. The district vaccine stores have 2-4 ice-lined refrigerators and 1-2 freezers. TCW50EG and other absorption refrigerators equip over 50% of the health facilities, while ice-lined or solar direct drivers' refrigerators store vaccines in the remaining facilities.

With the support of Gavi and other partners, they facilitated the development of a vaccine information management system (VIMS) in 2018, with the goal of enhancing vaccines and related supplies inventory management, including stock visibility at all distribution points and assisting in the management of routine immunization data, cold chain equipment management, and vaccine temperature data.

Further to this, the MoH utilizes the potential of the warehouse information management system (WMIS) embedded in the VIMS for vaccines and related supplies inventory management at the central warehouse, including stock movement from the Central Vaccine Store (CVS) to Regional Vaccine Stores (RVS).

Tanzania uses the UNICEF forecasting tool at the national level to forecast vaccines and related supplies using the combined demographic and logistics data method, while VIMS at the regional and district levels provides forecast estimates and utilizes past consumption methods at health facilities. Additionally, the IVD has managed to develop its domestic vaccines and related supplies forecasting tool which serves as a source document

during national forecasting in collaboration with UNICEF. This tool is expected to be rolled out at all levels for the purpose of improving data quality, ownership and as a way of promoting the bottom-up quantification process.

The country primarily requests and distributes vaccines through VIMS, which stores all real time requests and distribution data at all times. Regions and districts use a pull system to request vaccines quarterly, while the health facilities use an informed-push system to receive vaccines from district stores monthly. Revitalization of TImR v2.0 will bring the end-to-end visibility of health facility stocks and their movement, as well as allowing the facility to order and receive vaccines and related supplies electronically. This will mark the beginning of bottom-up quantification in vaccines and related supplies. We expect the scaling up to begin in 2025, during which the logistics sub-technical working group will closely collaborate with the M&E unit to ensure a smooth rollout and system functionality that meets all immunization supply chain needs at the facility level.

National IVD Supply chain experts and immunization technical officers from partners (WHO, UNICEF, Afya Intelligence, InSupply Health, CHAI, JHPIEGO, Nexleaf Analytics, and JSI) constitute the Immunization Supply chain management technical working group at the IVD national level, which meets monthly.

ICC has recommended a switch from 10 to 5 doses vials for the MR vaccine, with the aim of reducing wastage and reduction in a number of missed opportunities. This switch will kick off upon receiving the MR-5 doses of vial vaccine shipments in the first quarter of 2025. To make sure that no vaccines are wasted, the logistics sub-technical working group, the entire immunization program, and PORALG will inform subnational levels and health facilities to use the available MR-10 doses vial first before switching to the MR-5 prior to delivery of MR-5 doses vial vaccines to health facilities.

Challenges and mitigation plans

1. Poor end-to-end stock visibility at service delivery points.

Despite the rollout of VIMS to the district level, the existing gap remains to be the failure of utilizing it at health facilities due to a number of factors, including unreliable and erratic internet connectivity in rural areas and hence affecting last-mile vaccine stock data.

The ongoing plan of revitalizing the integrated TImR V2 system and scaling it nationwide is going to address a challenge of stock visibility at service delivery points to support bottom-up quantification.

2. Sub-optimal utilization of VIMS.

Despite the digitalization of vaccine inventory management systems, some RIVOs and DIVOs continue to operate manually when receiving or distributing vaccines, leading to data quality issues, particularly on stock reconciliation. The development of the VIMS mobile application to support the issuing and receiving of the vaccine and related supplies will provide quick and on-time distributions and requisitions.

This has led to poor utilization of VIMS functionality to monitor and manage vaccine inventory and remote temperature control of cold chain equipment despite the availability of the functions.

The MoH, in collaboration with PORALG and partners will continue with the capacity building for the existing and new immunization officers at all levels, which will lead to optimal system utilization and improve stock data quality.

3. Existence of functional health facilities not providing immunization services due to lack of vaccine refrigerators.

In its efforts in realizing the primary health services development program, the MoH has managed to construct and open around 2001 health facilities which are up and running without providing immunization services due to lack of vaccines refrigerators. This number of functional health facilities is expected to increase on an annual basis due to the estimated annual increase of around 500 new health facilities.

In addition to this, more than 50% of the immunizing health facilities are using old and outdated refrigerators (e.g. RCW50EG) with frequent downtime. These CCE are no longer WHO Prequalified and therefore not supporting the realization of the effective vaccine management requirements.

The IVD will continue to advocate for funding to mitigate this challenge as well as incorporating this gap in the upcoming GAVI HSS3 for support.

4. Frequent turnover of RIVOs, DIVOs, and facility immunization healthcare workers.

Knowledge gaps in vaccine management can lead to man-made stockouts of vaccines at all levels. This has been exacerbated by frequent task shifting among regional and district immunization officers and vaccinators.

The MoH will advocate for the integrated training to cover vaccine management topics, in order to reduce wastage and missed opportunities resulting from stockouts.

5. Inadequate storage space for dry supplies at the IVD warehouse:

With the ongoing new vaccine introduction including vaccines for emerging and re-emerging diseases, the current IVD central dry store does not suffice the need. This is coupled with the need for expansion of the dry materials fleet in order to bridge the existing gap and meet the requirements.

The MoH will continue with the efforts for resource mobilization for the extension of the existing dry store warehouse and dry materials fleet expansion.

Partner contribution:

The immunization supply chain partners have always been a stepping stone in improving immunization services through a number of key supports, including but not limited to:

- Training and mentorship on the use of VIMS at the sub-national level in inventory management

- Revamping of the Warehouse Management System which is currently at the testing stage of development, with the aim of enhancing day-to-day warehouse operations. We expect that once the system is tested, deployed and functional, it will support all national-level warehouse inventory management operations and proper electronic documentation of stock movements and management of orders.
- Supporting the smooth operations and standardization of the IVD warehouse, including updating operational manuals and SOPs
- Supporting Cold Chain Maintenance and Monitoring through the development of the CCE and Cold Trace devices maintenance and troubleshooting manuals
- Supporting the warehouse's renovations at IVD Mabibo
- The implementing partners have simplified the process of monitoring vaccine temperature during shipment. This has enhanced the visibility of temperature data at the regional and district levels, enabling prompt action when temperatures fluctuate. Users can access this data through VIMS, which integrates it into the Cold Trace dashboard.
- Support the logistics sub-technical working group to ensure it meets standards as well as monitoring all activity implementations on a monthly basis.
- Support the enhancement of the MoH Medical Equipment Management Information System (MEMIS) to include a cold chain equipment module. This module will enable national, regional and district immunization officers, facility healthcare workers to keep record of CCE spares inventory, report CCE failures and submit requests for maintenance. The requests will reach the designated technical personnel (RIVO, DIVO, Biomedical Engineers/Technicians and CCE Technicians) for response. This system is further capable of sending CCE default SMS alerts in addition to direct phone calling of the assigned expert. More so, the system is capable of escalating the matter to a higher level if a delay in attending the request is experienced. We anticipate piloting this module in Q1 2025 and rolling it out thereafter.
- Regional implementing partners have been conducting close supportive supervision and follow-up to provide needed supply chain technical guidance[1] [2]

Risks:

- The stock-out may lead to an increase in the number of zero-dose and under vaccinated children.
- Poor inventory management increases the likelihood of stock outs, expiry and VVM changes.

Current Innovations:

1. MEIMIS-CCE module Integration:

The MEIMIS is the MoH technical services unit system that registers and monitors all medical equipment, including maintenance and spares management. Previously, the system did not include cold chain equipment. IVD and IPs collaborated closely to integrate immunization cold chain equipment into the system. They also ensured that the technical services unit supported the maintenance of the cold chain equipment and that all biomedical engineers and technicians, regardless of their level, responded to maintenance requests. Users of the cold chain equipment in health facilities will also have a dedicated room where they can report equipment failures, spares inventory status and request maintenance, specifying the urgency of the issue. This will allow the technical team to respond and attend to these requests promptly.

2. Vaccine Temperature Monitoring during distribution

These devices, namely the Cold Trace Transport devices, are used in monitoring vaccine temperatures during distribution from regional to district and district to health facilities in addition to piloting its performance during outreach and mobile services.

3. Vaccines Temperature Data-Driven CCE Maintenance

The goal is to integrate the MEIMIS-CCE maintenance platform with the CCE performance temperature data using standard key performance indicators that trigger maintenance requests directly from the system. Health facility workers, CCE Technicians and biomedical engineers and technicians will then verify these requests by looking at the data and taking appropriate actions. The system will also send notifications to both users and technicians, providing reminders and alerts for scheduled preventive maintenance.

4. Cold Chain Maintenance Mobile Workshop

Based on the reported maintenance system, which is yet to be resolved and the CCE performance temperature data from the systems, the team of fully equipped technicians will be deployed to regions and districts where the cases are high or data shows a number of equipment in need of repair.

Additionally, as part of the scheduled PPM, the team will implement a rotating schedule to reach the equipment band, provide a deep PPM, and ensure the equipment performs at its capacity as specified by the manufacturer.

5. Vaccine temperature Monitoring during outreach and mobile services

Region and district levels have implemented transport temperature monitoring, but there is still a gap in temperature monitoring during outreach. The aim is to extend the approach of temperature monitoring during outreach and mobile services to ensure end-to-end vaccine temperature monitoring.[3]

The Vaccine Information Management system (VIMS) is a web-based system currently in use to capture routine immunization data, vaccine stock management, warehouse processes, and CCE inventories. The system is also integrated with the RTM interface which monitors CCE performances.

The Electronic immunization system (TImR) was designed in 2014 then tested and selected for scaling across the country to address immunization data-related challenges including poor data visibility, parallel systems, the complexity of data collection forms, Inaccurate or uncertain denominators, difficulty tracing defaulters and Low data use capacity. By the end of 2020,the Tanzania Electronic Immunization Registry system was implemented in 15 regions of Tanzania in about 3,748 health facilities (50% of health facilities) providing routine immunization services, with over 3 million children registered, provided with lifesaving vaccines.

The TImR system being integrated to VIMS through an interoperability layer was successful in sharing data on vaccine distribution and consumption on routine bases connecting data from point of delivery to a district level. Unfortunately, the COVID-19 pandemic impact led to inadequate support to health care workers to continue using the TImR due to shifts of attention and resources toward addressing the pandemic. Introduction of COVID-19 vaccine in early 2021 further compounded the shift of attention when a Chanjo-COVID system was introduced to ensure immediate data visibility of COVID vaccination across the country. Also, the platform technology that built the TImR system and local skills gap on technology support

impacted the use of TImR. The Ministry of Health through IVD in collaboration with Partners managed to provide different support and efforts to ensure TImR system continues to address data challenges at facility level. One of the solutions was to revitalise the integrated T-ImR system to address immunization data challenges (for children and adult vaccines) into reaching high risk and marginalized groups including zero doses. Under GAVI support, The MOH in collaboration with partners are developing an integrated TImR V2 using the DHIS 2 platform, adhering to World Health Organization (WHO) Smart guideline and the government priorities to manage all immunization data, including additional adult immunization workflows such as COVID-19 vaccines while ensuring sustainability with locally supported technology ,capacity building, and maintaining existing TImR V1 workflow and front-end customization. The development has started and TIMR V2 is expected to be piloted in May 2025 and fully functional by the end of 2025.

Waste management. The country implements multi dose vial policy and uses the small/large dose per vial presentations whenever possible to optimise the vaccine storage space available. While the immunization policy requires health facilities to provide immunization services freely for 5 days of the week, some health care workers depending on the client's behaviour and local context, they have scheduled days for BCG and MR vaccinations twice or once per week, to minimise open vials wastages, taking into consideration missed opportunities. Moreover, the open vial vaccine wastage rates for most antigens have remained lower than the recommended standard wastage rates for most antigens, with no closed vial wastage rates reported at CVS, regional and district vaccines store for routine vaccines except for COVID-19 vaccines.

As the MR vaccine's wastage rates at national level stands between 12-18%, the IVD expects to switch from 10 to 5 dose vial MR presentations in 2025, as recommended by NITAG and ICC approval.

Challenges and mitigation plan for effective vaccine management

- Poor stock visibility at service delivery points because of not using TImR. Once revitalization of the new TImR is completed and the system scaled up countrywide, this challenge is expected to be resolved by the end 2025.
- Minimal utilization of VIMS. While all vaccine stock transactions have been digitised, some RIVOs and DIVOs still operate manually whenever they receive or distribute the vaccines, causing data quality issues especially on the live-stock status. The IVD needs enforcement for the RIVOs and DIVOs to use VIMS as the official tool in vaccine stock management through weekly review of the stocks status followed by warnings those have not updated the system, and supportive supervision with mentorship. But also, conduct capacity building of new RIVOs and DIVOs as well refresher training on VIMS functionality and reports. Some of them did not take advantage of the VIMS functionality to monitor and manage vaccine inventory, remote temperature control of cold chain equipment despite availability of the functions.
- Annual increase of new immunizing health facilities that need cold chain equipment. While 50-70% of the immunizing health facilities are using old and outdated refrigerators (RCW50EG) which are no longer available in the WHO PQS, new health facilities are emerging requiring refrigerators for vaccine storage. The country will finalise the gap analysis of cold chain equipment to mobilise funds for the cold chain equipment investment in future. Gavi CCEOP and HSS have contributed to installation and commissioning of 30-50% of new models of CCE.
- Frequent turn-over of RIVOs, DIVOs and health care workers. This causes poor vaccine management practices and man-made stock outs of some vaccines. While IVD is dependent on the Gavi HSS funds for refresher and newcomers' training of RIVOs, DIVOs and HCWs, the funds available limit the duration and content of the training package, with priority on service delivery. Need to advocate for integrated trainings whenever opportunities available, and leveraging the resources,

Partner contribution:

- Training and mentorship on inventory management at SDPs especially during COVID-19 pandemic
- Training and mentorship on use of VIMS at subnational level for inventory management
- Regional implementing partners have been conducting close supportive supervision and follow-up to provide needed supply chain technical guidance

Risks:

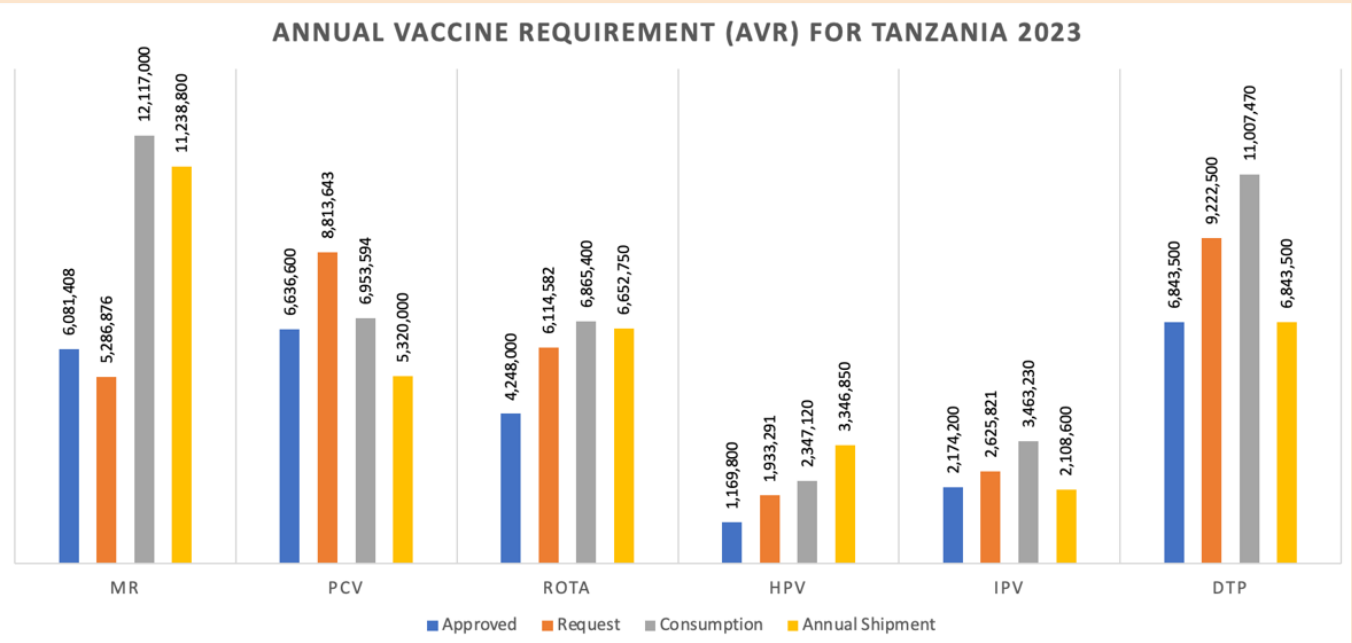
- Increase in the number of zero-dose and under-vaccinated children due to stock-out.
- Likelihood of expiry and VVM change due to poor inventory management.

3. Learning Question: Are vaccines being consumed at rates that are in-line with approved forecasts? What are the key drivers of consumption compared to expectation (e.g., stockouts, increased coverage, wastage)?

Indicator(s):

4. Percentage of forecasted Annual Vaccine Requirement (AVR) consumed in prior period (by antigen)

Graphs:



Country comments (please consider the set of cross-cutting questions to structure comments):

The country has used the population method (using NBS data) to forecast the vaccines needed each year. The CVS has a maximum storage capacity of 6 months, while the RVS and DVS have a maximum stock level of 3 months and a 1-month safety stock level. Over the years, Gavi has

relied on the average annual shipment to approve new vaccine requests, which has resulted in a shortage of safety stock for some vaccines (like Penta) at the subnational level, leading to reported stock outs at some health facilities.

With an annual growth rate of 3.2%, the country has maintained its forecasts based on NBS data, despite an increased consumption rate compared to the approved quantities from Gavi. Further to this, the government has been timely meeting its obligation in co-financing vaccines and related supplies in addition to covering traditional vaccines which are fully funded by the government. [1] [2]

Key drivers:

- Under population estimates

Most councils have reported an increased consumption rate of the vaccines with >100% administrative coverage partly due to denominator problems. Presumably, after a consultative meeting between NBS and IVD, the target population issue will be resolved.

- There were shortages of BCG and bOPV vaccines as a result of delayed disbursement of funds to UNICEF by the government.

Mitigation:

- To keep on advocating for timely disbursement of funds from the ministry of finance and planning in order to prevent future delays and hence stock outs.
- Consider adopting the bottom-up quantification system which uses the logistics data as opposed to the demographic data which has shown some challenges.

Risks: The stock-out has led to an increase in the number of zero-dose and under vaccinated children

4. Learning Question: Is the country complying with co-financing requirements in a timely manner?

Indicator(s):
5. Country co-financing obligation met in a timely manner

Yes. Country has never defaulted

Country Co-financing Performance

Year	Budget (USD)	Disbursement (USD)
2021	4,550,000	4,540,000
2022	4,150,000	4,140,000

Country comments:

Tz’s High political commitment to immunization services is the key driver for the success. Tanzania has ring-fenced the immunization budget and has never failed in meeting its co-financing obligations. In 2023/2024, the government timely disbursed all the co- financing funds which were set aside for the provision of vaccines and related supplies.

5. Learning Question: If applicable, have new vaccines been introduced as planned and if not, why? Is coverage of recently introduced vaccines being scaled-up as expected?

Country comments No new vaccines were introduced in Tanzania in 2023/2024. However, Tanzania successfully submitted an application for the second dose of the Inactivated Polio Vaccine (IPV) support in 2024. The introduction of this vaccine is planned for May 2025. The country is also in the process of finalizing its Gavi application for the introduction of the Rabies vaccine. This application will be reviewed by the Independent Review Committee (IRC) in the first quarter of 2025. If approved, Tanzania aims to introduce the rabies vaccine in the second quarter of 2026. Regarding the Hepatitis B birth dose and Malaria vaccines, the National Immunization Technical Advisory Group (NITAG) has provided recommendations. Currently, discussions are ongoing within the Ministry of Health (MOH) to determine whether Tanzania will apply for Gavi support for these vaccines. A decision is expected by the second quarter of 2025. Additionally, NITAG recommended a shift from the current two-dose Human Papillomavirus (HPV) vaccination schedule to a single-dose schedule starting in 2024, targeting girls aged 9-14 years. This new schedule will also include 9-year-old girls from 2025 onward. The switch to the single-dose schedule was implemented during the Multi-Age Cohort (9-14 years) HPV vaccination campaign in April 2024.

6. Learning Question: If relevant, how effective have recent Gavi supported vaccination campaigns been? ² Please highlight lessons learned which are applicable for routine immunisation and upcoming campaigns (e.g., timeliness of outbreak response, quality, campaign reach and link back to strengthening routine immunisation).			
Indicator(s): Please include information on 6. Number of vaccination campaigns conducted (stratified by type of campaigns, including preventive, reactive, catch-up, follow-up, sub-national and national) 7. Coverage of recent Gavi-supported campaigns, compared to target	TYPE OF ANTIGEN MR HPV	TYPE OF CAMPAIGN Follow-up MAC-Catch up	COVERAGE 114% 98%
8. Number of reported outbreaks of vaccine-preventable diseases (for which GAVI supports with reactive campaigns)	N/A		1.
Non-Gavi supported campaigns	N/A		
Country comment: In addition to the immunization 2023-2024 recovery plan/Big Catch-up, Tanzania implemented Measles Rubella vaccination campaign and HPV single dose catch-up campaign in 2024. 1. Use of digital platforms to coordinate nationwide campaigns- These platforms provide real time data that was used to influence decisions in allocation of scarce resources. a. Effective use of RCM helps to identify pockets of unvaccinated unreached communities with vaccines. b. Use of Afya Campaign Data collection system. 2. Engagement of key stakeholders’ partners – e.g. Engagement of education and social welfare departments help schools and day care centres seek parents’ consent for smooth vaccination process of eligible children in Pwani, Kilimanjaro regions. 3. Integration of the campaign with Big Catch-up led to identification and mapping of 13,392 zero dose children who were linked with nearby health facilities offering routine immunisation. 4. Adequate community sensitization and mobilization through the use of local community resources were the main sources of information. 5. Effective partners coordination and leadership played a big role in managing challenges, offering solutions and being part of the process. 6. Daily briefing meetings at the Regional and Council level helped to find solutions for challenges obtained from the field for the next day			
KEY CHALLENGES ● Heavy rainfall was reported in the majority of the areas during the campaign leading to low turnout of clients on the campaign days, however the HCWs extended working hours and additional mop-up days in order to increase the turnout of clients. ● Stock out of supplies such as indelible markers, vaccines and data collection tools. This was addressed through re-redistribution, printing of data tools locally and used of routine available stock of vaccine ● Shortage of resources such as number of vaccination teams, funds and vehicles for vaccination services ● Geographical barriers such as hard to reach, long distance and islands were one of the barriers that hinder the ability of community members to access vaccination services. These challenges were addressed by increasing number of vaccinations teams, provide vehicle,			
WAY FORWARD ● Strengthening Routine Immunization Systems to increase coverage of both MR dose and reduce the need for large-scale campaigns. ● Leveraging Technology and Data to track vaccination coverage, identify gaps, and guide decision making. ● Continue with Big catch-up efforts to Addressing Immunization Gaps ● Advocate for strong political will and commitment on prioritize immunization program ● Foster collaboration with partners to mobilize resources and technical support ● Expanding Outreach and Community Engagement to raise awareness			

7. Learning Question: How has the introduction of COVID-19 vaccine progressed?
Please add information of the following Indicator(s): Reflect on current coverage levels of the adult population and key at risk population. Describe how the country plan to use opportunities for integrated delivery of COVID-19 vaccine with routine immunisation & other primary health care services
Country comments (please consider the set of cross-cutting questions to structure comments): In response to the ongoing COVID-19 pandemic, Tanzania introduced various COVID-19 vaccines (J&J, Sinopharm, Pfizer, Sputnik, Moderna, and Sinovac) in all 31 regions in 2021 and 2022 targeting 18 years old adults, prioritized to frontline health care workers, people with comorbidities and essential workers. By December 2023 101% of the eligible population and 52% of the total population were vaccinated against COVID-19. In coming years, the COVID-19 vaccination will be integrated into routine immunization systems. This C19 achievement was made possible through strong coordination and collaboration with partners, political commitment, engagement of community and religious leaders, and effective resource mapping and mobilisation towards One Plan One budget approach in alignment with the National Deployment and Vaccination Plan (NDVP). The introduction and scaling up of COVID-19 vaccination services in 7,332 health facilities were greatly aided by robust data management and the establishment of the "ChanjoCovid" system, which allowed for monitoring progress in all 31 regions. A weekly vaccine pillar led by the Ministry of Health/Immunization and Vaccination Division (MOH/IVD) ensured smooth coordination of COVID-19 vaccination efforts, providing a platform to assess progress and address challenges to meet targets.

² Please reflect on those campaigns conducted since the last Joint Appraisal/Multi-Stakeholder Dialogue exercise.

A house-to-house vaccination strategy, led by Regional and Council Health Management Teams (R/CHMTs), was implemented nationwide to improve access and coverage of COVID-19 vaccination services. Engagement with community leaders and health workers played a vital role in raising awareness about the benefits of COVID-19 vaccination, dispelling myths and misconceptions, and mobilising community members aged 18 and above to get vaccinated.

However, the introduction of COVID-19 vaccination had repercussions on routine immunization and other healthcare services. This led to high drop-out rates, a decline in routine immunization coverage, an increase in the number of defaulters and those not receiving any vaccines, and even outbreaks of vaccine-preventable diseases such as measles and rubella. Rumours and misconceptions surrounding COVID-19 vaccination spilled over and negatively impacted the uptake of routine immunization services

Challenges during the C19 rollout

- Shortage of human resource for health was a huge challenge during implementation of all campaigns
- Limited of vehicles to support transportation of vaccines and HCWs from one vaccination post to another
- Limited financial resource to facilitate payment of transport allowance and fuel for supervisors
- Knowledge gap among HCWs on vaccine management during campaigns
- Data quality issues
- Presence of hard-to-reach population, nomadic communities and inaccessible geographical areas
- Allocation of financial resources did not consider geographical complexity
- Inability to engage special groups in planning and implementation i.e. people with disabilities during campaigns

As of 31st Dec, 2023. Tanzania has fully vaccinated a total of 32,579,073 (101.16%) people of age 18yrs and above, this accounts for 52.05% of total population. Currently, Tz no longer offers C19 vaccines through outreach mode due to decline in need and demand. Yet the vaccine remains available in health facilities for those most at risk

8. Learning Question: Trajectory and progress against targets set

How does the progress over the past year compare with your Theory of Change or programme objectives?

- How has **COVID-19** and **COVID-19 vaccination** impacted your routine immunisation programme, what has been done to maintain and restore immunisation and what has been the impact of it (please include reference to trends in DTP3 and MCV1 coverage)?
- If there are **other factors** (e.g., government transitions, natural disasters, other disease outbreaks, etc.) which have led to disruptions in your immunisation programme over the last year, please also reflect on those.

Country comments (please consider the set of cross-cutting questions to structure comments):

TZ current HSS grant doesn't include a ToC. The above sections already explain the impact C19 has had on RI and ZD children
Regarding other factors that could (potentially) disrupt routine immunisation: in 2024 TZ has developed a response strategy for EVD, Mpox and Marburg outbreaks which remain a high risk noting the outbreaks in neighbouring countries. Polio and measles outbreaks further remain a high risk and strengthen surveillance is critical to mitigate the ongoing risks

B. Programme Management

Financial implementation of Gavi cash grants

During the financial year 2023/2024, Tanzania received US\$ 18.9m and reported expenditure of US\$ 22m. Cumulatively, the absorption rate was 85% because of unaccounted for funds by sub-national levels and the Rota Switch grant that is yet to be implemented.

At the end of November 2027, the grant balances were US\$ 13.6m, comprising commitments or funds currently in process for transfer to implementers (US\$ 7.8m) and advances to sub-national levels that are yet to be accounted for (US\$ 5.8m). The cash balance is US\$ 1.5m, comprising balances from old grants US\$ 817,979 and Rota Switch unused funds of US\$ 705,586. The cash balances from old grants are to be applied to supply of cold chain equipment.

9. Learning Question: How well is the country able to absorb Gavi funding and what are the drivers? (This should cover all funding including funds channelled through partners.)

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Indicator(s): 9. Percentage of grant funds utilised 10. Amount of Cash balance in-country	Cumulative funds absorption on in country funds is 85% Cash balances at 27 November 2024 is US\$ 9,385,134 of which US\$ 7,861,570 are commitments and US\$ 1,523,565 is cash.
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Country comments:

During the financial year 2023/2024, Tanzania received US\$ 18.9m and reported expenditure of US\$ 22m. Cumulatively, the absorption rate was 85% because of unaccounted for funds by sub-national levels and the Rota Switch grant that is yet to be implemented.

Table: A summary of funds received from Gavi and expenditure for the financial year 2023/2024, and cumulatively at the end of November 2024

Grant	Disbursement in Period	Expenditure in Period	Cumulative Disbursement	Cumulative Expenditure	Absorption Rate	Comment
HSS 2	10 000 550	9 436 132	30 905 789	29 689 964	96%	
CDS 2	-	4 296 909	22 624 841	16 931 646	75%	

Rota Switch	1 116 094	63 008	1 116 094	93 837	8%	The switch activities have not taken place due to insufficient supply of vaccines at the global level.
HPV Switch	744 324	90 982	744 324	283 820	38%	The un-expensed amounts relate to advances that are yet to be liquidated.
PBF	-	3 330 041	5 800 000	4 974 729	86%	The un-expensed amounts relate to advances that are yet to be liquidated.
HPV MAC	2 299 955	376 134	2 299 955	1 201 214	52%	The un-expensed amounts relate to advances that are yet to be liquidated.
MR	4 743 104	4 471 118	4 743 128	4 561 724	96%	The un-expensed amounts relate to advances that are yet to be liquidated.
Total	18 904 027	22 064 324	68 234 131	57 736 934	85%	

At the end of November 2024, the grant balances were US\$ 13.6m, comprising commitments or funds currently in process for transfer to implementers (US\$ 7.8m) and advances to sub-national levels that are yet to be accounted for (US\$ 5.8m). The cash balance is US\$ 1.5m, comprising balances from old grants US\$ 817,979 and Rota Switch unused funds of US\$ 705,586. The cash balances from old grants are to be applied to supply of cold chain equipment.

Table: A summary of funds received from Gavi, expenditure by implementer, commitments and cash balances at 27 November 2024

Grant	Recipient	Period	Status as of 27 November 2024 (all amount in USD)				Commitments (US\$)	Advances (US\$)	Cash Balance
			Grant Amounts	Received in Tanzania (US\$)	Cumulative Expenditure (US\$)	Utilisation (%)			(US\$)
HSS 2	MOH	2019 - 2026	20 769 735	15 356 121	10 931 373	71%	1 872 128	2 552 620	
	UNICEF	2019 - 2026	3 558 516	3 558 516	3 558 516	100%			0
	UNICEF SD	2019 - 2026	15 200 075	15 200 075	15 200 075	100%			0
BALANCES FROM OLD GRANTS	MOH		1 646 535	1 646 535		0%	828 556		817 979
	Sub Total		41 174 861	35 761 247	29 689 963	83%	2 700 684,67	2 552 620	817 979
CDS	MOH	2021-2026	21 778 540	21 778 540	16 347 788	75%	3 387 085	2 043 667	0
	CHAI	2021-2026	236 751	181 826	48 196	27%	133 630		-
	JSI	2021-2026	536 312	535 662	535 662	100%			-
	Sub Total		22 551 603	22 496 028	16 931 646	75%	3 520 715	2 043 667	- 0
PBF	MOH	2021-2025	5 800 095	5 800 095	4 974 729	86%	674 759	150 607	-
ROTA Switch	MOH	2021-2024	1 116 094	1 116 094	93 837	8%	316 671		705 586

MR CAMPAIGN	MOH	2023-2024	4 743 128	4 743 128	4 561 724	96%		181 404	-
HPV MAC	MOH	2023-2024	2 299 955	2 299 955	1 201 214	52%	648 741	450 000	-
HPV Switch	MOH	2023-2024	727 786	727 786	283 820	39%		443 966	-
	Sub Total		14 687 058	14 687 058	11 115 324		1 640 170	1 225 978	705 586
GRAND TOTAL			78 413 522	72 944 332	57 736 934	79%	7 861 570	5 822 265	1 523 565

Tanzania managed to increase its fund absorption thanks to the following efforts:

- Inclusion of GAVI funds in the government budget at all levels, which enabled the regions and districts to record expenditures for the activities planned for the financial period.
- With good collaboration with PORALG, activities at the regions, districts and facilities are funded through the devolved government system financial management system by the national treasury transferring monies directly to implementing entities.
- The immunisation programme was able to undertake major grant reallocations for the PBF and CDS grants towards activities such as zero-dose catch up, SBCC activities and revitalisation of TIMR. The zero-dose catch up effort was completed and TIMR funding committed

Noting Tanzania's rapid achievement of C19 vaccination coverage (100% of .18-year-old in June 2023), the remaining in-country CDS balances (\$10M at the time) remained idle as they were earmarked for C19 related activities. Yet once Gavi provided greater flexibility and guidance on the utilisation of CDS balances in Q2 2023 for integrated C19/RI activities, EPI and Gavi jointly agreed on the reallocation of in-country CDS balances to help speed up absorption by 2025.

HSS2: The MOH/IVD has thus far received US \$30.9m of the total US\$39.8m, a further US\$ 3.6m still in transit. The entire balance of HSS funds in-country is either expensed, committed or unliquidated advances. The absorption of HSS funds has now improved to 96% of disbursed funds or 74% of grant amount.

Approximately US 17.7m of HSS2 grants were used for procurement via UNICEF, with US\$ 3.8m of this amount utilised in the 2023/24 period. These funds were material, comprising 60% of expenditure and were used for the procurement of vehicles, motorcycles and cold chain equipment.

CDS

Once Tanzania received its first CDS support in 2022, it was one of the first countries to reach 70% of its COVID-19 target above 18 years old by December 2022, and 100% by June 2023. Once the target was met, the country had less need of the COVID-19 operational expenditure. As a result, CDS absorption slowed down in 2023, with CDS balances (US\$ 10m).

In 2023 IVD & Gavi agreed to reallocate the CDS2 balances of \$ 8.4 to accelerate utilisation before the grants end by December 2025. The funding was applied towards activities that benefit both C19 and routine immunization, including:

- TIMR 2.0 revitalization;
- Zero dose catch-up efforts in 2024/25;
- Procurements of additional CCE and vehicles, targeted to low-performing local councils;
- Nationwide social behavioural campaign (SBC) to enhance demand in lower performing area
- The reallocation of funds and planning for the revitalisation of TIMR 2.0 and SBC have been completed and implementation has started.

Country is fully compliant with Gavi’s financial and audit reporting requirements as at September 2024.

Performance-Based Fund (PBF)

The PBF Funds (balances of \$5.8m) were programmed towards activities to identify and vaccinate children who were missed during routine immunisation, that is, Zero-Dose and under vaccinated children. The activities included:

- Supporting health facilities with high number of zero-dose children to conduct micro plans, including for HPV
- Facilitating district and national level officers to mentor and supervise immunisation at the high priority health facilities
- Intensified house to house vaccination in the targeted districts
- Using Community Health Workers (CHWs) and facility care providers to conduct outreaches in target districts
- Conducting rapid assessments for under and unvaccinated children
- Inter and intract action reviews
- Mapping and undertaking PIRIs in locations that were reporting measles outbreaks
- Procuring laptops for councils, regional supervisors and coordinators

MR and HPVmAC opcosts

The MOH received US\$ 4,743,128 for the Measles Rubella Campaign and at the end of 30 June 2024, reported expenditure of US\$ 4,561,724, an absorption rate of 96%. The underspend budget lines related to training for facilitators and supervisors and pre-campaign supervisory visits.

Gavi provided US\$ 2,299,955 for HPV Multi-Age Cohort (MAC) out of which US\$ 1,201,214 or 52% was reported as expenses. The balance comprises commitments and unliquidated advances of US\$ 648,741 and US\$ 450,000 funds respectively. The HPV mac switch activities are all expected to be finalised within 2024.

10. Learning Question: How well is the country resolving issues arising from assurance activities? What issues are left to solve and what is the path forward?

Country comments: Progress of Grant Management Requirements implementation. The Gavi Programme Audit reviewed and confirmed significant progress in the implementation of Grant Management Requirements (GMRs), as 26 out of 33 GMRs or 78% were fully implemented. The seven (7) GMRs that were noted as outstanding or still in process related to: 1. Financial and programmatic reports shall be presented and approved by the ICC before submitting to Gavi 2. The Permanent Secretary of PORALG not attending ICC meetings 3. ICC meetings took place during the periods under review. However, the ICC meetings were not carried out 4 times in a year as required by the ToRs. 4. The Gavi procured Cold Chain Equipment not insured 5. Fixed Assets Register not fully updated with all programme assets. 6. An internal audit report of Gavi funds not conducted in 2021/2022 financial year, although performed annually thereafter. 7. External audit reports not submitted to Gavi timely, i.e. 6 months after financial year-end Gavi Audit To address the risks associated with the issues, the audit team raised 32 recommendations of which 10 were rated as high priority. The critical audit findings were that: a) There were gaps in vaccine management processes and forecasting challenges leading to low stock at national level and stockouts at sub national level. b) There were gaps in the development, upgrade and deployment of the national vaccine logistics management information system. c) There were challenges in implementing the Tanzania Immunization Registry used as the digital registry to track immunization services. This Registry no longer operated at the time of the audit and as such, value for money may not have been achieved. d) An outdated denominator was used to set immunization targets leading to inaccurate reporting. In addition, although a data quality improvement plan was developed, follow-up mechanisms and tools were not developed, including: a suitable monitoring framework, with milestones/indicators to track the plan's implementation. The audit reviewed a sample of expenditures totalling USD 2.53 million drawn from the six-year audit period (2017- 2022), representing 34% of the total expenditures that were directly incurred by MOHCDGEC during this period. This review resulted in questioning expenditures totalling USD 33,172, equivalent to 1.3% of the audit sample. The audit questioned the transactions because (i) Gavi provided funds were used to pay taxes (VAT), \$1,716; (ii) findings from National Audit Office of Tanzania (NAOT) remained outstanding \$2,603; and (iii) transfers to PORALG were not spent and at the end of the 2021/2022 financial year returned to treasury where the funds are still held, \$28,854. The Ministry of Health is making arrangements to refund the questioned amounts to Gavi. The Ministry of Health has developed a comprehensive action plan for the audit recommendations, which indicates significant progress. More than half of the recommendations, 54.8% are already fully implemented. The table below shows a summary of the implementation status by review category: Finance management capacity building and support Gavi contracted Rocque Advisory to provide financial management technical support to the MOH/IVD. The financial management technical support aspects during the period covered by the JA are summarised in the table below:

Category of Audit	# of Findings	# of Recommendations	Status of implementation (December 2024)		
			Recommendations fully implemented	Recommendations in progress	Recommendations not started or not relevant
Tanzania Mainland					
Governance and oversight	1	2	2	-	-
Programme Management	2	3	3	-	-
Vaccine Management	4	8	5	3	-
Supply chain and data management systems	7	7	1	5	1
Budgeting and financial management	2	2	1	1	-
Sub total		22	12	9	1
Zanzibar					
Governance and oversight	1	2	1	-	1
Vaccine Management	3	5	4	-	1
Supply chain and data management systems	1	1	-	-	1
Budgeting and financial management	1	1	-	1	-
Sub total		9	5	1	3

11. Learning Question: Please comment on any other financial management-related bottlenecks for implementation and compliance.

Country comments:

1. Budget ceilings:

Ministry of Finance not approving the full ceiling provided by Ministry of Health for Gavi Fund
Some Councils not adhering to the budget ceiling during the budgeting process

2. Delays in release of fund

Ministry of Finance sometimes Delays in release of fund by treasury to implementers
Ministry of Finance sometimes delays in refunding the funds frozen at the end of the financial year to be spent at the beginning of the following period

3. Delays in approval of payments: Ministry of Finance often delays approving payments for all levels.
 4. Non-use of accounting system: Zanzibar are not using accounting system for processing payments and reporting
 5. Delay in funds transfers at all levels: Unclear approach on how the centre allocates funds to regions and local councils, resulting in actual funds received being different from those expected or planned. There is currently no criteria or methodology for allocating funds to regions, districts and health facilities.
 6. Officers at sub-national levels responsible for planning do not adequately participate in the process for planning for immunisation activities. Only some immunization officers, including RIVOs and DIVOs, and regional and council accountants participate in the budgeting process.
 7. Delays in liquidating advances at sub national levels and imprests at national levels.
 8. Lack of awareness on Gavi Fund Management, as many sub national level officers, including those responsible for administration, planning and finance, are not aware of Gavi funds and the related requirements and conditions.
- To address these bottlenecks, the joint appraisal agreed on the following actions:
1. Early transfer of funds to sub national level for implementation of planned activities including campaign funds
 2. Support Zanzibar EPI office to use accounting systems (EPICOR) for Financial Management
 3. Training on Gavi funds management for central and sub national level personnel
 4. Assessment of Council Comprehensive Health Plans (CCHP) to ensure inclusion of the GAVI provided funds priorities.
- Initiate transfers to sub-national levels timely, by ensuring that approvals for activities planned in the second semester are done by December and those in the first semester of the financial year start in July.

11. Learning Question: Is the country effectively addressing gender related barriers (e.g. faced by caregivers or adolescents in accessing immunisation services and barriers faced by health workers in delivering immunisation services)?

Indicator(s):

12. Has the country implemented initiatives that remove or reduce gender related barriers?

Country comments:

In July 2022, an immunization coverage and equity assessment (CEA) was conducted with support from UNICEF. The assessment included information related to socioeconomic and gender related barriers. For example, poor women face many gender-related barriers to accessing immunization services such as low education, a larger number of children, and more financial constraints to enhance access to healthcare. Children born with married women have higher chances of being vaccinated compared to single women/divorced/widowed. A mother's age may influence a child's vaccination. Older mothers may understand more about the vaccine and its benefits compared to young mothers and Mothers or caretakers lack time as an important barrier to getting their children vaccinated. Educated women understand the benefits of immunization, hence are more likely to vaccinate their children compared to women with no education. Urban women often face even greater time constraints as many are employed and unable to take time off from work. In addition, rapid urbanization has forced many people to settle in unplanned peripheral areas where there are no nearby health facilities

IVD has taken initiatives to address these barriers, for example by revising the microplanning tools to address the gender specific barriers, as well as promoting greater engagement of fathers in immunisation sessions, plus the extension of facility operating hours, including in weekends, to accommodate working mothers.

To ensure effective gender mainstreaming to address gender related barriers the program is implementing below strategies;

- Promote couple counselling at health facility level to ensure women get maximum support to access immunisation services and men are encouraged to bring their children for vaccination,
- Engage community leaders and policy makers through community sensitization meetings to address gender related barriers for immunisation services,
- Facilitate implementation of house-to-house outreach strategy to ensure both male and females have opportunity to be vaccinated with COVID 19 vaccination,
- Implement HPV plus (HPV/ASRH integrated) services in Zanzibar and ensure both boys and girls have equal access to HPV related disease prevention education messages,
- Making immunisation services during campaign and PIRIs available outside of normal clinic hours and weekends to accommodate working parents,
- Implement HPV vaccination school-based platform to ensure adolescents girls access immunisation services,
- Deploying mobile or house to house vaccination services to reach communities living far from HFs to reduce travelling distance,
- Engage influencers in the community (teachers, community health workers, community leaders, religious leaders, women and youth groups) to build vaccine trust, address gender barriers and create awareness in the community with limited information

13. Learning Question: How well is the country implementing its health information systems and data strengthening, monitoring and learning activities?

Please reflect on question such as

- What is the progress of planning and implementing health information systems and data strengthening, monitoring and learning activities?
- How will the country address remaining data-related gaps or barriers to immunization programme performance?
- Comment on key results or findings for identified learning priorities based. Specifically, what actions have been taken to improve immunization programme performance based on these data? e.g., better understand specific barriers to immunisation, successfully guide implementation, inform course correction for grant activities
- How will the country address remaining data-related gaps or barriers to immunization programme performance?
- *Please share any documentation of learning results if available (e.g., reports, evaluations, assessments, etc.).*

Country comments: Health Information Systems and data management (collection, analysis, use and Dissemination) has remarkably improved in the past ten years. GAVI support has made this possible with the continued support in the development and maintenance of the electronic systems for management of Routine Immunization data (TIMR and VIMS) as well as the ChanjoCovid system for the COVID-19 data management. Moreover, the ongoing efforts to strengthen the use of digital systems has improved data visibility at all levels and simplified data analysis which will optimize data driven planning and in providing accurate denominators as the country is now using operational targets. Currently, more efforts are on improving data quality reported in the systems. This will be done through planned capacity build capacity at the subnational level on data management, adaptation of standard revised tools to include BCU monitoring, integrated systems to reduce multiple data collecting systems, Support routine data quality reviews at subnational level and implementation of focused supportive supervision and mentorship on DQIP implementation and adaptation of GIS technologies in immunization and VPD surveillance.

C. Implementation of Technical Country Assistance (PEF-TCA)

14. Learning Question: Is the country implementing PEF TCA and COVAX TA as expected? Please explain how the TCA has helped to support the achievement of the country's objectives.
Indicator(s): 13. Country analysis on partner performance as per work plans
Country comments: WORLD HEALTH ORGANIZATION (WHO)- Overview of Gavi TCA Grant 2022-2025 and scope of implementation. Areas covered for support (Investment Areas): 1.Health Information Systems and Monitoring & Learning, 2.Vaccine Preventable Disease Surveillance, 3.Support strengthening of partnerships with local and community actors (CSOs), 4.Big Catch-up data analyst. - WHO supported MoH to conduct a workshop to harmonize immunization data for the period of January to December 2023 from all data sources. Routine immunization, case-based surveillance, sentinel surveillance and other programme data. This enabled preparation of data improvement plan (DIP) and annual report in electronic WHO/UNICEF joint reporting form and submitted to WHO AFRO timely. - WHO supported the Ministry of Health (M&E) to conduct a workshop with the aim of strengthening Tanzania health Portal to have comprehensive national health data virtualization. Programmatic indicators and visualizations were reviewed and selected for the National Health Portal including immunization. - Provided technical and financial support to Ministries of health (T&Z) to review and update Polio (Acute Flaccid Paralysis (AFP) and Environmental Surveillance (ES)) guideline and Measles Rubella Surveillance guideline Next step: Plan for national Training of trainers (ToT),Plan cascade training for VPDs surveillance focal persons using the new guideline, SOPs and monitoring tools by December 2024 - Tanzania has experienced measles and rubella resurgence from March 2022 persisting to the year 2024. It was also realized that there was no update MOPRP. WHO supported Ministry of health to conduct a workshop to review and update measles Outbreak strategic response plan which was finalized pending endorsement and dissemination, Also Integration of VPD surveillance components and IDSR is an ongoing activity and there is a plan to support a workshop to streamline operationalization and data sharing - WHO supported the Ministry of Community Development, Gender, Women and Special Groups through the Office of the Registrar of Non - Governmental Organizations to improve the NGOs Information System (NIS) by adding the NGOs digital mapping system. The system was launched during the Annual NGOs forum in October, 2023 by Hon. Dr. Philip Isdor Mpango, Vice President of the United Republic of Tanzania. - Supported training of Assistant Registrars from Regional and District level, 15 participants from the Office of Registrar of Non-Governmental Organizations and 3 facilitators. - WHO has received funds from Gavi to recruit a data manager to support MoH in the implementation of catch-up vaccination activities. The consultant will provide guidance on data systems to be set up in the country to collect, analyse, and use data for the Big Catch Up (BCU) Initiative, integrated with the routine immunization data system and IA2030 monitoring indicators. UNICEF - Coordinate and monitor implementation of the EVMA improvement plan to improve management of vaccines at national and subnational level. - Support HPV MAC Girl Effect: Girl Effect provided the following TA as explained below. 7.1 HPV MAC and Switch Review Workshop: Girl Effect held a workshop with Ministry of health officials and key stakeholders on 16th January 2024 to review and refine developed materials/content to be produced including TV commercial, radio jingle, radio spots and mentions, posters, flyers and social media. The team did review and shared minor comments and inputs. The design team made the revision so as for the team to proceed with production. Production was done in February 2024 and this was followed by pretesting then refinement. In March the content review committee reviewed all content, comments were shared with the team and later on the content review committee approved the messages. 7.2 Supported the MOH during the national MR campaign. Girl Effect supplemented the government effort in launching a measles and rubella campaign which targeted all children from 9 months to 59 months. Girl Effect has contributed firstly in provision of technical guidance in the development of SBC communication campaign for demand generating activities for this campaign. During the campaign. The project has conducted post-campaign follow-up radio interview sessions to address the questions raised by the audience during the campaign. Girl Effect, Girl Effect distributed the SBC materials during the MR campaign which took place from the week of 14th to 17th February 2024 in the project sites. 7.3 Contributed and participated in various meetings including technical working group meetings: GET attended the five-day Ministry of Health Immunisation and vaccination Department annual planning and budgeting workshop in Morogoro. The workshop was attended by IVD officials and various partners who work on Immunization and vaccination. The output of the workshop was the work plan and budget for the financial year 2024/2025. Also GET attended a five-day MAC and Switch implementation guideline development in Morogoro. The workshop was attended by IVD officials and various partners who work on Immunization and vaccination. The Workshop's output was the development of the guideline for the campaign. This was achieved and all partners were able to share experiences. GET supported and attended in MOH workshop to develop the national social & behavioural change adolescent reproductive health plan III. Girl Effect participated in the discussion on the NAIA forum which was led by the Ministry of community development and participated by several partners in August 2024. Girl Effect supported some of the IVD technical working group

meetings and in collaboration with other partners discussed initiatives of how to best reach more communities with vaccine demand creation efforts and services.

7.4 GE has contributed in the **development of the Monitoring and Evaluation matrix of the MAC & SWITCH campaign** that will be supporting the government in all processes of measuring impact of the HPV MAC and Switch campaign.

7.5 Girl Effect Tanzania supported the Ministry of Health under the immunisation and vaccination department (IVD) in designing SBC messages for creating demand for HPV MAC through radio, TVC and IEC materials. Girl Effect participated in the official launch of the MAC & Switch national campaign that was held in Mwanza on 22nd April 2024. This event was inaugurated by the Minister of Health, Honourable Ummu Mwalimu. This event aimed to switch from two doses to one dose and thus increasing the coverage of vaccinating girls aged 9-14 years. At the launch, the guest of honour (Ummu Mwalimu) and the delegates from the Ministry of Health and other stakeholders, visited our booth and got to understand the interventions done and how GET supported the campaign through designing of the communication materials including the radio spots, TVC and IEC materials. After the event, our presentation was published to the Ministry boards including social media (Instagram). Furthermore, Girl Effect supported technical experts to provide health education to the community through radio talk shows during the week of the campaign. The main objective of these interviews was to increase awareness among targeted audiences and create demand for vaccines in these regions. By engaging with knowledgeable health experts at national, regional and district levels to provide accurate information, address misconceptions, and promote the importance of immunisation. During the expert interview listeners got the chance to ask questions which were responded by technical experts .Most of the questions asked were more on vaccine safety, eligibility of vaccine, quality of care together with misconceptions around childhood immunisation. These sessions helped to address a lot of myths and misconceptions since communities were asking questions and technical experts provide clarification. These efforts contributed to the Country reaching 5 million girls with HPV vaccination services.

Clinton Health Access Initiative (CHAI): The Gavi Technical Country Assistance funding provided to Clinton Health Access Initiative (CHAI) covered three main workstreams namely Immunization Supply Chain strengthening, Data Management and Service Delivery.

- 1. Immunization Supply Chain strengthening: Assessment of obsolete cold chain equipment inventory in Zanzibar:** In Q1 2024, CHAI supported MoH-Zanzibar to conduct an assessment of obsolete Cold Chain Equipment (CCE) in all 11 councils of Zanzibar as part of obsolete CCE decommissioning process. A total of 124 (37.0%) out of 335 available CCEs in the two islands of Zanzibar were identified as obsolete/unserviceable. This assessment has provided the Ministry of Health Zanzibar with the visibility and clear understanding of the existing obsolete and unserviceable CCE. Moving forward, CHAI anticipates collaborating with MoH-Zanzibar to complete the remaining processes towards safely disposal of 124 obsolete CCE identified in the assessment.
- 2. Data Management: Data Quality Assessment:** CHAI collaborated with IVD to support data verification in Mbeya region to ascertain the reliability and credibility of the data obtained from both facility-level and council-level sources as it was noted that for the year 2023, the coverage of most antigens in most councils in Tanzania exceeded 100 percent. This prompted the IVD program to review council targets to be used for the calendar year 2024 and the implementation of data verification in certain geographies to be confident that the observed coverages are not due to data falsification. An immunization data verification exercise was conducted in three councils of Mbeya region (Mbeya DC, Chunya DC, and Mbarali DC) targeting high-volume and underperforming facilities. The review covered tally sheets, monthly reports, VIMS data, and ledger books from July to December 2023. The facilitation team included members from the IVD team, national TOTs, RIVO, DIVO, and regional and district HMIS focal persons. After the exercise, the findings were shared with the Regional and council health management team and provided constructive recommendations.
- 3. Service Delivery: Care group model approach in reaching zero dose and under vaccinated children in Mbeya region:** Through Gavi funding, CHAI is implementing a community-based intervention known as the Care Group Model (CGM) which aims at identifying and bringing back all under-vaccinated and zero dose children to immunization services by utilizing the available Community Health Workers (CHWs) and additional CHWs recommended by the village leaders and in this program referred to as Care Group Volunteers. Implementation started by orienting the regional, council and health facility teams on the intervention to align the objectives and the expected results. The CGM strategy in reaching zero dose and under-vaccinated children for immunization in Mbeya region officially started on September 23, 2024, in both Mbarali and Mbeya DC's. The first phase of implementation has involved 30 facilities (15 in each district), and a total of 225 care group volunteers (5 per village) have been oriented in 45 villages. These volunteers play a crucial role in household visits, providing health education, identifying zero-dose and under-vaccinated children, and ensuring referrals to health facilities for immunization services. For the first four weeks of implementation, a total of 24,142 households were visited, with 5,892 children identified as having missed their vaccinations. The reintegration of 5,112 defaulters (86.8%), including 685 zero-dose and 863 under-vaccinated children, reflects the success of this approach. At the facility level, Mbarali DC performed well, reintegrating 91.0% of defaulters, while Mbeya DC achieved a reintegration rate of 78.1%, showcasing the success of the CGM at both district and facility levels. Presently, CHAI is collaborating with region and council teams to facilitate the care group volunteers to continue with follow-up for complete vaccination of identified zero dose/under-vaccinated children and planning to increase the scope of implementation to engage additional 10 health facilities in both districts for phase 2 implementation

John Snow Research and Training Institute, Inc. (JSI R&T) Support

- 1. Multi-year Technical Assistance (TCA 2023 - 2025)**
 - a. Strengthen the Electronic Immunization System (EIS) through enhancement and optimization for efficient and effective vaccine data management.**

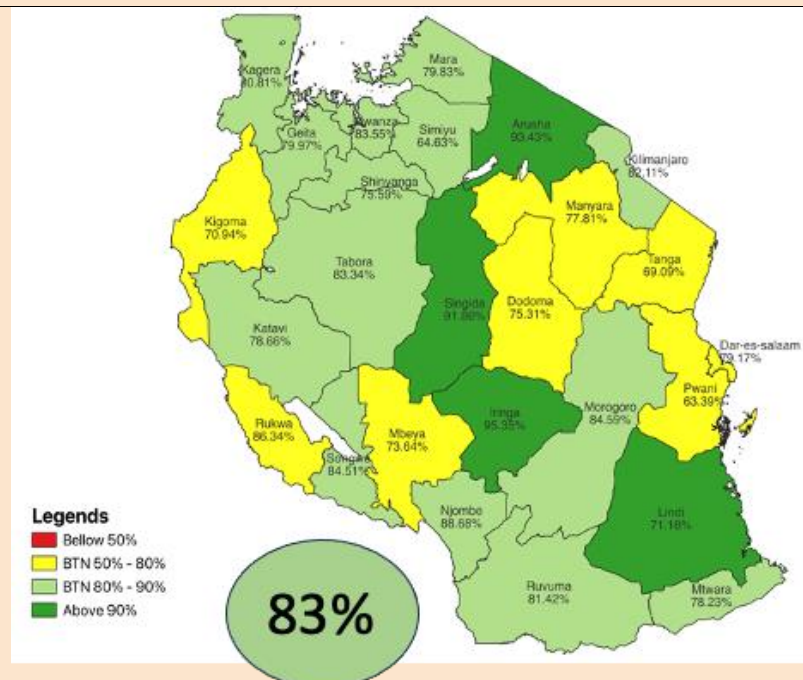
The team has managed to migrate the system to the MoH local servers and ensure the system is up and running and configured to support users their daily usage of the system.

The team also managed to develop the missing reports to meet the user requirements.

Together with IVD, they managed to conduct virtual training to regional and district users
 - b. Develop the VIMS Mobile App to enhance vaccine and related supply delivery by fast trucking requests and receiving of consignments at the regional level. This will allow the RIVO to submit requests to IVD and receive the consignment through his/her phone or driver's phone at the point of delivery instantly.**

This is in progress; we have developed a mock-up for the most viable product (MVP) to be developed. The development of the mobile application has been pushed forward due to redevelopment of the warehouse information management system after the requirement has been changed by the principal users of the system after starting full operation of the warehouse. The application will be developed and deployed within the remaining period of the project.
 - c. Support effective vaccine temperature monitoring in all regions and the installation and monitoring of RTM devices in the 6 remaining regions and Zanzibar.**

The installation of 120 RTM devices (CT-5) procured under COVAX and 35 from African CDS was successful. The devices were installed in six regions, including Zanzibar, and 35 in the Iringa region. The global SIM card was switched to all RTM devices to ensure data transmission and alert management. Over 87% of devices are now active, despite issues such as broken devices, charger issues, temperature sensor failure, and misuse. Continuous monitoring of cold chain performance and RTM device functionalities is conducted in collaboration with the IVD logistics unit, with progress reported to the logistics technical working group for improvement.



Map showing Cold Chain performance (Uptime)

- d. **Engage Community Health Workers in the identification and mapping of zero doses and under-vaccinated children through strengthening utilization of existing data from DHIS2 and EIS (VIMS and TImR) and determine appropriate community-based strategies to reduce the number of zero dose and defaulters to increase the percentage of fully vaccinated children**
 IVD and PORALG have partnered with Handeni TC in Tanga to address zero-dose issues. The council has trained health workers to conduct zero-dose and undervaccinated mapping, collecting data on over 400 households. The JSI team provides technical and financial support for immunization-specific mentorship.
 - e. **Revitalize VIMS in Zanzibar and enhance the VIMS system based on user feedback (<https://vims.mohz.go.tz/>)**
 The JSI technical team and Zanzibar management have revitalized VIMS, which has been in operation since January 2024. The ICT team of Zanzibar was part of the team, maintaining the network infrastructure. JSI installed and configured a server provided by IVD Zanzibar, ensuring adequate capacity for the production/live instance. The team also supported system training for Zanzibar users, from national to district levels, to ensure they understand the system and provide technical support. The team provided system-supportive supervision and onsite support and participated in the revitalization of Zanzibar TWG, contributing technical and financial assistance.
 - f. **Support IVD Warehouse Management Information System (WMIS) to support fully vaccine and related supplies at IVD Mabibo after transitioning from MSD**
 The warehouse personnel have successfully migrated vaccine storage from MSD to IVD but found some system functionalities didn't meet their operations. A review was conducted in collaboration with IVD, JSI, and other partners. New requirements were established, and prototypes were designed for development. The system is currently in the testing phase, handling new shipment handling.
 - g. **To strengthen the National Logistics Working Groups (NLWG) and support its extraordinary meetings for better and more timely decision-making and develop maintenance plans for WICR/CCE, cold trucks and generators**
 JSI has been instrumental in supporting LTWG meetings, implementing action points, developing documents for daily operations, and developing maintenance plans. The team collaborates with the IVD logistics and warehouse teams to ensure optimal refrigerated track operation. JSI also assists IVD in stock status analysis and shares weekly updates with LTGWG members to ensure future plans and understanding at all levels.
- 2. HPV MAC and Switch Technical Assistance (2024-2025)**
- a. **Work with IVD to update the integrated microplanning tools and toolkits to include targeted cohort**
 JSI collaborated with stakeholders to review microplanning tools for HPV Switch and MAC activities. Workshops were conducted, and a virtual meeting was organized with MoH IVD to disseminate the tools. Soft copies were shared with RIVOs and DIVOs, and health facilities were consulted. JSI participated in MOH-IVD meetings, workshops, and advocacy meetings, providing technical and financial support.
 - b. **Conduct a literature and evidence review and document lessons learned through the MAC to understand the obstacles and drivers of HPV uptake.**
 JSI and IVD collected and documented lessons learned for the HPV MAC and SWITCH; this involved before, during and after the exercise. The draft report has been developed and will be finalized during Q1 2025 before sharing with all key stakeholders. Also, the JSI team participated fully in the preparation and implementation activities of the HPV MAC and SWITCH. The JSI team also supported Tanga region during the exercise to ensure the MAC and SWITCH exercise were smoothly implemented and provided support when the region and Handeni TC needed support, such as distribution of vaccine and related supplies
 - c. **Update VIMS to ensure accurate reporting of HPV activities**
 In collaboration with other IP's and IVD, the new data elements for HPV data were gathered and approved by the program for development in VIMS. The team of developers from both IVD and JSI developed the data entry elements to capture the new data elements before the MAC and Switch exercise. Soon after the exercise, the DIVOs and RIVOs were able to report HPV routine data into VIMS for both Tanzania Mainland and Zanzibar.

PATH TCA (2022 - 2025)

PATH in collaboration with Ministry of Health through Immunization and Vaccine Program (IVD) received support from Gavi, the Vaccine Alliance's Targeted Country Assistance (TCA) to provide technical assistance on the following;

- Objective 1: Strengthen existing TIMR system to contribute into reaching high risk and marginalized groups including zero doses.
- Objective 2: Strengthening capacity of IVD, PO-RALG, ICT, M&E unit, and digital health ecosystem to sustainably use, support and manage TIMR system to improve program performance.
- Objective 3: Provide technical assistance in developing a digital tool for planning and managing the immunization campaign and PIRI including the upcoming integrated measles-rubella campaign scheduled for February 2024.
- Objective 4: Design and implement an integrated Tanzania Immunization Registry (TImR V2) using the DHIS 2 technology, adhering to WHO smart guideline and government priority to manage all immunization data, including additional adult immunization workflows such as COVID-19 vaccines.

Implementation Progress

- **Objective 1:** Strengthen existing TImR system to contribute into reaching high risk and marginalized groups including zero doses.
 - PATH in Collaboration with MOH through IVD managed to review and update existing TImR system to accommodate new requirements and specifications with capacity of collecting data for zero doses and community at risk. The TImR requirements were documented and endorsed for enhancement in July 2023

- Facilitated preparation of TImR Enhancement Roadmap, November 30, 2023. PATH, in collaboration with the Ministry of Health through IVD and ICT, prepared a development roadmap for TImR to guide its implementation, follow-up, and stakeholder engagement. This roadmap was presented to MOH-IVD, MOH-ICT, partners, and GAVI to ensure a clear understanding of the implementation guidance. It outlined the objectives, implementation strategy, milestone deliverables, development plan, and timelines. However, the roadmap was not implemented as planned due to changes in government directions and a shift in focus towards developing TImR system
- **Objective 2:** Strengthening capacity of IVD, PO-RALG, ICT, M&E unit, and digital health ecosystem to sustainably use, support and manage TIMR system to improve program performance.
 - PATH facilitated TImR Software Training to technical ICT at MOH IVD, MOH-ICT and PORALG on FHIR standards to strengthen their capacity and skills in the implementation of HL7 FHIR standard to facilitate data exchange between different Health systems with TImR. Also, on WHO SMART guidelines for immunization to ensure TImR aligns with WHO and localized DAK for immunization service delivery. The training was conducted in Zanzibar August 2023
- **Objective 3:** Provide technical assistance in developing a digital tool for planning and managing the immunization campaign and PIRI including integrated measles-rubella campaign scheduled for February 2024.
 - PATH supported MOH-IVD to identify and document functional and non-functional requirement for digital Immunization Campaign data system. The objective of digital campaign system is to improve availability and access of immunization campaign data and facilitate the planning and reporting of immunization campaigns, including the MR Campaign, HPV campaign, and PIRI. The requirements and specification document meant to understand the business of immunization campaign before development. The requirement Document was finalized in December 2023.
 - PATH supported MOH-IVD to digitalize the immunization campaign data system that is named as “Afya Campaign Data Management system” engaging local capacity skills in designing. The Afya Campaign System was designed to improve the quality of the campaign process using a comprehensive, user-friendly, and sustainable digital tool. The Afya Campaign system is built into existing DHIS2 platform with a custom front-end application with web and mobile application. The system is used for planning, reporting and visualization of the campaign data. The development of the system was finalized on January 31st 2024 to ensure the tool provide support on MR Campaign in February 2024, HPV-MAC-SD switch campaign in April 2024 and PIRI.
 - PATH in collaboration with MOH-IVD conducted capacity skills on the use of Afya Campaign Data Management System before campaign as follows
 - Orientation to **National MR Campaign Supervisors**. The orientation provided a clear understanding of the Afya Campaign Data Management System. It took place on February 6th, 2024, at Dodoma regional. The supervisors played a crucial role in advocating for the system’s adoption at the regional and district levels.
 - **Training for National Trainers of Trainers (TOTs):** National TOTs received hands-on training to enhance their capacity in using the system. The training was held in Dodoma on February 8th and aimed for providing technical support at district level
 - **Trainings to regional and Council coordinators:** The training was virtually conducted to all data managers and immunization coordinators from District and Regional Levels. 216 participants managed to join the online training. Following the training the facilitatory provided the live assistance and support online during the campaign period.
 - PATH Supported the deployment of Afya Campaign Data Management system, for MR campaign and HPV Campaign. PATH collaborated with ministry of health through IVD and other partners to conduct MR campaign in the in the country where the digital campaign system was also deployed (MR Campaign in February 2024 and HPV MAC-SD-Switch on April 2024). PATH was engaged on to technical support , training and mentorship on digital system. Also, PATH supported field work on the data collections, identify challenges, opportunities and lessons learned through the use of Afya campaign system. PATH in collaboration with MOH-IVD identified technical team that was centralized in Dodoma to provide technical support for the users throughout the country. The main purposes were to ensure end users are reporting all MR campaign data and HPV campaign Data timely with assistance of technical team on any digital system challenges. The central team created the google meet link which was opened and allowed users to join the call and ask for the support from the technical team. The approach gave the end users confidence to use the system since the support was there when needed during the campaign
- **Objective 4: Design and implement an integrated Tanzania Immunization Registry (TImR V2) using the DHIS 2 technology , adhering to WHO smart guideline and government priority to manage all immunization data, including additional adult immunization workflows such as COVID-19 vaccines**
 - PATH supported the Ministry of Health through IVD and ICT department to conduct digital platform assessment that fits TImR V2 development. The assessment included different technical ICTs from government and partners aiming to provide guidance in decisions for development of TIMR V2. The assessment report was provided and guided decisions of using DHIS2 in developing TImR v2. The assessment report was finalized in May 2024.
 - PATH in collaboration with Ministry of Health through IVD and ICT is providing technical support in developing integrated TImR V2 to strengthen immunization program that will include all immunization data for children and adult vaccine data. The development has started and planned to be finalized in March 2025 using local skills through HISP organizations. The system is developed on DHIS 2 technology and will customize the most of the information and designs from TImR V1. The system is designed to be integrated with other systems to allow data sharing capacity. PATH has worked with MOH -IVD to review the requirements, designs and making follow-up on the development process to ensure the technical development team are aligning with requirements.
- **PATH's Participation in MOH-IVD Activities**
 - PATH has continued its collaboration with the Ministry of Health under the Immunization and Vaccine Development (IVD) program to support various immunization activities. Despite a temporary hold on one activity due to a change in government direction regarding the TImR system, PATH has actively participated in several key initiatives. These include engaging on TWGs Meetings, working session in Arusha to review and finalize MR guidelines, tools, and SOPs; a review of HPV guidelines, tools, and SOPs in Morogoro; preparation for the MR campaign in Dodoma; a joint appraisal meeting in Dar es Salaam; and data review meetings in Morogoro. Through these engagements, PATH has provided essential technical support to advance immunization efforts.

JHPEIGO TA

In 2023-24 Jhpiego worked closely with the Ministry of Health to support MOH/IVD Mainland and Zanzibar to achieve below objectives: • Review, update, and print HPV single dose (SD), multi-age cohort campaign (MAC) and switch Guidelines • Convene national and sub-national (seven regions) level key stakeholders’ engagement and orientation meeting for HPV SD/MAC switch and outline sustainable effective strategies to roll out HPV SD/MAC and reaching out of school (OOS) & HIV+ girls • Convene orientation meeting for HPV SD, MAC switch to school health coordinators from targeted schools in low performing District Councils and outline sustainable effective strategies to promote acceptance of HPV SD switch/MAC through school health platform. Review of HPV integrated guidelines will be finalized after implementation of Human Centre Design workshop which will be implemented before HPV integrated research under GAVI funded scope

Section 2: Looking forward: Summary of key discussion points and follow up actions

Briefly summarise the **key discussion points**, including **identified needs** and **follow up actions** resulting from the Joint Appraisal review and dialogue.

- This may include
- Identified (future) needs and priorities
 - Follow-up actions to accelerate planned activities
 - Expected adjustments to activities and as applicable the Gavi work plan, targets and budget, such as budget reallocations, modifications in TCA planning, revision of dates for anticipated new vaccine applications or introductions, etc.³
 - Roll-out or expansion of promising practices and innovations
 - Other aspects and follow up actions

During the 2024 JA discussions, EPI, Gavi and partners discussed the key priorities for 2025 and 2026. Noting the limitations in capacity, all participants agreed on the need to better prioritise in order to be able to meet the ambitious targets.

Tanzania	2025	2026	Comment
Q1	2 HPV meetings	Submit HSS3/FPP application (Jan)	GIFT soccer tournament (16 Jan) & HPV lobal partnership meeting (28-31 January)
	Start of NIS2 (2026-2030) development process for Mainland and Zanzibar	Start of NIS2	Next steps: NIS stakeholders’ workshop and priority assessment. WHO IST to offer consultant
	Start TA 2024/25	March: IRC review of HSS3/FPP	TA funds will need to be absorbed by Dec 2025
	To align revised denominator & Gavi vaccine renewals (March)	Gavi mission (TBC) to celebrate TIMR2.0 national roll-out	The gavi vaccine allocation is linked to the earlier submitted denominator. If revised, will need to update the RI allocation as well
	IRC review of Rabies application (March)	Rabies intro (TBC)	
	HPV: shift routine target group from 9-14 to 9 y.o		
	Deployment of TIMR 2.0 pilot		
	Financial trainings at sub-national to advance fund flow		To address bottlenecks of financial planning and fund flow at sub-national level. Supported by Roque
Q2	Gavi to disburse final HSS tranche of \$5.7M		IVD to submit updated 5.7M budget in Q1 for gavi approval
	IPV2 intro: May		
	Start trainings for roll-out TIMR 2.0		
	Gavi mission (TBC): start HSS3 application process	Start HSS3 grant	The Gavi HSS3/FPP will need to be aligned w NIS. Gavi new grant ceilings will be clarified by June 2024
Q3	National elections		
	Malaria application (TBC)	Malaria intro (TBC)	
	Heb -B birth dose application (TBC)	Heb-B intro (TBC)	
Q4	Gavi mission: Finalise HSS3 application.		FYI: no JA needed in 2024 as we work on HSS/FPP application
	Finalise NIS 2026-2030		As part of the 2023/24 catch-up strategy (funded by PBF (2023) and CDS (2024)
	Roll out of TIMR 2.0 completed		
	Roll-out of nationwide RTDs completed		
Ongoing priorities			
Q1- Q4	1. Ongoing outreach and catch-up 2. Documentation of best practices eg BCU, EVM, TIMR 3. TIMR2.0 roll out to health facilities 4. Roll out of nationwide RTDs 5. HSS and CDS acceleration 6. DQ improvement & Denominator resolution 7. Audit action-plan implementation 8. Capacity strengthening surveillance and strengthen cross-border surveillance and sub-nation coordination (noting risks Mpox, Marburg measles, polio, evd outbreaks)		

³ This refers to all types of Gavi support

