May 2002

G A V I
THE GLOBAL ALLIANCE FOR
VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

Annual Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

THE UNITED REPUBLIC OF TANZANIA

Date of submission: **October , 2002**

Reporting period: **2001** (previous calendar year)

(Tick only one):

- Inception report ☐
- First annual progress report ☐
- Second annual progress report ☐
- Third annual progress report ☐
- Fourth annual progress report ☐
- Fifth annual progress report ☐

Financial sustainability plan attached ☐

Progress Report

(Number of children immunized with current vaccines is collected from the WHO/UNICEF Joint Reporting Form (JRF)

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services

1.1.1. Receipt of immunization services funding

Date(s) of receipt of funds:
November 2001- 611,000 US$
January 2002 – 602,975 US$ and additional 100,000 US$ for support of introducing the new vaccine.

Please report on the progress, including any problems that have been encountered with regard to support for immunization strengthening. Please describe the mechanism for management of these funds, including the role of the Inter-Agency Coordinating Committee (ICC).

The two Ministries of Health in Mainland and Zanzibar requested WHO to be the custodian of this fund because 1. Previous experience of WHO successfully managing Polio funds on behalf of both Ministries promptly and efficiently and 2. These are two Ministries with different systems for fund disbursement. WHO acts as a neutral Partner.

The funds are utilized according to Government priorities on both sides. Funds for districts are disbursed directly to districts, where Government regulations of fund accountability are utilized. Retirement is first sent to the Ministry of Health where auditing of funds is done before being retired to WHO. The ICC plays monitoring role whereby all plans to utilize the GAVI funds are discussed. Progress on the plans, problems and solutions are discussed in the ICC.

With the additional workload, of fund management an additional accountant was recruited using GAVI funds at the request of Ministry.

The first year had a lot of bureaucracy in the discussions between WHO and UNICEF to make WHO the custodian of the GAVI funds for Tanzania. That delayed implementation for about nine months by the Ministry of Health. This year the disbursement had gone much faster. But the nine months delay is making the country behind other countries in implementation.

A Task Force within the ICC has been formed to closely monitor and follow-up on GAVI supported activities.

Statement on use of GAVI/The Vaccine Fund immunization services support

In the past year, the following major areas of activities have been funded with the GAVI/The Fund contribution.

Area of Immunization services support	Total amount in US$	Proportion of funds by level		
		Central (%)	District (%)	Service delivery
Vaccines Injection supplies	5,525,000	0	0	100
Personnel	56,747	21	28	50
Transportation	78795.00	25	27	48
Maintenance and overheads	12516.9	44.6	55.3	0
Training	150271.1	0.04	27.3	68.7
IEC/social mobilization	44555.1	32.3	20.3	47.4
Monitoring and surveillance	40342.7	34	34.1	31.9
Vehicles	69,255.00	0	100	0
Cold chain equipment	0			
Other ..... *(specify)*	37446.4	77.6	22.4	0

Please indicate the date(s) of the ICC meeting(s) when the allocation of funds was discussed: ***July, 2001***
And again in May, 2002.
In September , 2002 a meeting between WHO and the two Ministries of Health was held to review the Memorandum of Understanding.

1.1.2 **Immunization Data Quality Audit (DQA)** *(If it has been implemented in your country)*

A plan of action to improve the reporting system based on the recommendations from the DQA, has been prepared

YES ✓ **NO** ☐

The recommendations from the DQA are actually part and parcel of the recommendations put down by the Health Sector appraisal done in March 2001. In line with the Health Sector reforms, The ICC saw no need of putting up separate plan of action
This was discussed in the ICC's 16th and 17th meeting, of March and April, 2002.

1.2 New & Under-used Vaccines

1.2.1 Receipt of new and under-used vaccines Date(s) of receipt of vaccines .....

Please report on the progress, including starting date of vaccinations and any problems that have been encountered with regard to vaccines and supplies provided by GAVI/The Vaccine Fund.

Receival of DPT-HB:
18/10/2001- 924,000 doses
24/10/2001- 335,000 doses
02/04/2002- 1,225,000doses
21/06/2002- 1,447,500 doses

Inauguration of the new vaccine in Tanzania was January 16th 2001

A major problem observed was the over consumption of the new vaccine. This has been attributed to a perceived need by regions to stock vaccines. On the Western border the influx of refugees to Tanzania is also causing over consumption of vaccines.

1.2.2. Major activities –

(1) Advocacy to Policymakers, opinion leaders, medical institutions and professional groups
(2) Review of policy guidelines to encompensate the new vaccine and its issues
(3) Production of IEC materials – Included booklets and posters on the new vaccine, newsletter for health workers.
(4) Training – Done in a cascade manner for national, regional, district and health facility levels.
(5) Review of childhood road to health cards to include the new vaccine
(6) Social Mobilization – Through person to person communication by village health committees and councilors, village and ward executive officers were also involved. Other channels were through both print and electronic media.

(7) Introduction of the Multi –dose vial policy
(8) Strengthening the monitoring of vaccine wastage in the country.

.2.3 Statement on use of GAVI/The Vaccine Fund financial support (US$100,000) for the introduction of the new vaccine.

The following major areas of activities have been funded (specify the amount in US$) with the GAVI/The Vaccine Fund support:
Most of the activities had been implemented by the time of receiving the US$ 100,000Vacccine financial support for the new vaccine introduction activities. The fund has been used for:

(1) Improvement of data management through a special training for districts.
(2) Training on multi-dose oral policy.
(3) Communication.
(4) Printing of new manuals for EPI , Tanzania which included new vaccine issues.

1.3 Injection Safety

1.3.1 Receipt of Injection safety support

Please report on the progress including any problems that have been encountered with regard to the injection safety support.

Proposal made which has the following parts:
The policy statement
The objectives of the Injection safety plan in Tanzania
The strategies
The indicators for monitoring progress and the Action plan

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

Should include objectives, indicators, main achievements, main constraints and targets for next year. Look at plan.

Objective of Safe Injection Plans:
The Ministry of Health aims at ensuring that by the end of year 2003, the immunization given is safe for the recipient (Child /Woman) , Health Workers, Community and the Environment.

Strategies:
1.Behavior change targeting Health Care Providers and the Community.
2.Advocacy targeting decision makers.
3.Training of Health Workers.
4.Provision of equipment and supplies.
5.Quality Sharps and Waste Management.
6.Monitoring and Evaluation.

INDICATORS TO MONITOR PROGRESS:
a) Adequacy of Supplies.
b) Adoption of safe injection practices by Health Workers.
c) Waste disposal.
d) Waste Policy and training implementation.
e) AEFI.

Main Achievements:
Advocacy targeting decision makers.
•Advocacy is needed to seek approval and support from all High level policy makers within the government and partners. This has been done to high level MOH Officials. A meeting of stake holders was done to advocate for injection policy to the national environmental committee in the Presidents office, the UNFPA, the safe mother hood initiative program, WHO, UNICEF and other ICC members.

Behavior change targeting Health Care Providers and the Community:
Design of Messages for targeting Health Workers and the community has started . This was done once through the support of BBC media. The activity will continue as part of injection safety support by the non-injection material support requested from GAVI. The messages aim at making the community and health workers perceive the dangers of unsafe injection. They should also demand for safe injections.

Training of Health Workers: This has been done:
The training messages aim to – Make health workers use one sterile needle and one Sterile syringes for each injection.
Make health workers aware that AD-Syringes and Needles are injection equipment of choice for all EPI Injections.
Make health workers skilled in the use of safety boxes for immediate disposal of used needles and Syringes.
Make health workers understand how to implement safe waste disposal. Fully safety boxes are to be incinerated under supervision as close to the point of use as possible.

Provision of equipment and supplies:
Health workers have been trained in accurate forecasting of injection materials at all levels.
There is improved monitoring system at all levels to effect distribution of supplies and equipment to the districts

Quality Sharps and Waste Management:
Health workers have been trained in injection waste Management.
Pilot of the 13 low cost incinerators in Tanzania mainland and Zanzibar have been completed. Lesson learnt are being utilized to built other incinerators across the country. The incinerators are use das a standard for incinerators to be built in the country. It is the objective to build 120 incinerators by the end of 2003.
Obstacle has been the delay in release of funds to be used for building incinerators at all district hospitals in the country.

Monitoring and Evaluation
This has started through supervision for introducing new vaccine and also as an integrated activity for supervision of environmental health and again supervision for maternal and child health.

Observation is indicating progress is being made for the use of ADS and use of safety boxes. But the disposal of safety boxes is a problem. Incinerators have yet to be built in some hospitals in districts and also health workers do not follow guidelines on how to dig special holes for burning of safety boxes in places where you have no incinerators.

Statement on use of GAVI/The Vaccine Fund injection safety (if received in the form of a cash contribution).
The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past five years: Mention what is supposed to be funded.

Tanzania has not yet been approved of the fund.

1. Financial sustainability

Inception Report:	Outline steps towards the development of a financial sustainability plan.
First Annual Report:	Submit completed financial sustainability plan.
Subsequent Reports:	Summarize progress on financial sustainability.

In progress to be submitted in November.

3. Request for new under-used vaccines for year ..... (including forthcoming year)

3.1 Up-dated immunization targets

Confirm/update basic date (=surviving infants, DPT3 targets, New vaccination targets) of the multi-year immunization plan approved with country application: revised Table 4 of approved application form and give reasons for any changes.

Table 1: Baseline and annual targets

Number of	Baseline and targets							
	2000	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**
Births	1,369,022	1,411,399	1,450,919	1,491,545	1,533,308	1,576,241	1,620,376	1,665,746
Infants' deaths	33,057	33,983	34,934	35,912	36,918	37,952	39,014	40,107
Surviving infants	1,335,465	1,376,975	1,415,985	1,455,633	1,496,390	1,537,789	1,581,362	1,625,639
Infants vaccinated with DTP3*	1,056,603	1,192,180						
Infants vaccinated with **DPT-HB3**...*(use one row for any new vaccine.*			1,246,067	1,310,070	1,376,679	1,430,609	1,486480	1,544,357
Wastage rate ** ..... *(new vaccine)*	25%	25%	20%	15%	15%	15%	15%	15%

* Indicate actual number of children vaccinated in past years.
** Indicate actual wastage rate obtained in past years.

If the request for supply for the coming years differs from previously approved plan:

Please indicate the reasons for those changes and, where relevant, the related modifications of targets of children to be vaccinated, wastage rate and type of vaccine. Indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes. Summarize the related modifications of the activities and of the budgets of the work-plan for introduction of new vaccines and indicate the date of the ICC meeting when the changes were endorsed.

The change in the number of children to be vaccinated is caused by achieving targets higher than those in the previously approved plan. In 2001 the reported coverage for DPT3 is 87%. DQA verification factor was 0.90(90%). Tanzania did its national census in August,2002. With results we expect they might be some changes to the targets. The Change in the targets was discussed in the 21st ICC meeting held in August, 2002.

3.2 Confirmed/revised request for new vaccine *(to be shared with UNICEF Supply Division)* for the year 2003 *(indicate forthcoming year)*

Table 2: Estimated number of doses of **DPT-HB** vaccine (*specify for one presentation only): (please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund.*

		Formula	For year 2003	Remarks
A	Number of children to receive new vaccine		1,310,070	▪ **Phasing**: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided.
B	Percentage of vaccines requested from The Vaccine Fund	%	100	▪ **Wastage of vaccines**: The country would aim for maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. For vaccine in single or two-dose vials the maximum wastage allowance is 5%. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
C	Number of doses per child		3	
D	Number of doses	AxB/100xC	3,930,210	
E	Estimated wastage factor	(see list in table 3)	1.18	▪ **Buffer stock**: The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should red: (F-number of doses (incl. Wastage) received in previous year)* 0.25.
F	Number of doses (incl. Wastage)	AxCxExB/100	4,637648	
G	Vaccine buffer stock	Fx0.25	0	
H	Anticipated vaccines in stock at start of year		0	▪ **Anticipated vaccines in stock at start of year** ..... It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
I	Total vaccine doses requested	F + G - H	4,637,648	
J	Number of doses per vial		10	▪ **AD syringes**: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.

K	Number of AD Syringes (+10% wastage)	(D+G-H)x1.11	4,362,533	▪ **Reconstitution syringes**: It applies only for lyophilized vaccines. Write zero for other vaccines.
L	Reconstitution syringes (+10% wastage	I/Jx1.11	0	
M	Total of safety boxes (+10% of extra need)	(K+L)/100x1.11	48,424	▪ **Safety boxes**: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes.

Table 3: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.65	1.82	2.00	2.22	2.50

3.3 Confirmed/revised request for injection safety support

(If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference).

Table 4.1.1: Estimated supplies for safety of vaccination for the next two years with BCG *(use one table for each vaccine BCG, DTP, measles and TT, and number them from 4.1 to 4.4).*

		Formula	For year 2003	For year 2004
A	Target of children for BCG..... vaccination (for TT: target of pregnant women)[1]	#	1,382,851	1,451,498
B	**Number of doses per child (for TT women)**	#	1	1
C	**Number of ..... doses**	AxB	1,382,851	1,451,498
D	**AD syringes (+10% wastage)**	Cx1.11	1,534,965	1,611,163
E	**AD syringes buffer stock [2]**	Dx0.25	0	0
F	**Total AD syringes**	D+E	1,534,965	1,611,163
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor [3]**	Either 2 of 1.6	2	2
I	Number of reconstitution [4] syringes (+10% wastage	CxHx1.11/G	306,993	322,233
J	Number of safety boxes (+10% of extra need)	(F+1)x1.11/100	20,446	21,461

Table 4.1.2: Estimated supplies for safety of vaccination for the next two years with Measles *(use one table for each vaccine BCG, DTP, measles and TT, and number them from 4.1 to 4.4).*

		Formula	For year 2003	For year 2004
A	Target of children for Measles vaccination (for TT: target of pregnant women)[1]	#	1,280,947	1,346,751
B	Number of doses per child (for TT women)	#	1	1
C	Number of ..... doses	AxB	1,280,957	1,346,751
D	AD syringes (+10% wastage)	Cx1.11	1,421,862	1,494,894
	AD syringes buffer stock[2]	Dx0.25	0	0
F	Total AD syringes	D+E	1,421,862	1,494,894
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor[3]	Either 2 of 1.6	1.6	1.6
I	Number of reconstitution[4] syringes (+10% wastage	CxHx1.11/G	224,498	239,183
J	Number of safety boxes (+10% of extra need)	(F+1)x1.11/100	18,308	19,248

Table 4.1.3: Estimated supplies for safety of vaccination for the next two years with TT *(use one table for each vaccine BCG, DTP, measles and TT, and number them from 4.1 to 4.4).*

		Formula	For year 2003	For year 2004
A	Target ooof children for TT vaccinatn (for TT: target of pregnant women)[1]	#	1,237,288	1,301,859
B	Number of doses per child (for TT women)	#	2	2
C	Number of ..... doses	AxB	2,474,576	2,603,718
D	AD syringes (+10% wastage)	Cx1.11	2,746,779	2,890,127
	AD syringes buffer stock[2]	Dx0.25	0	0
F	Total AD syringes	D+E	2,746,779	2,890,127
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor[3]	Either 2 of 1.6	1.18	1.18
I	Number of reconstitution[4] syringes (+10% wastage	CxHx1.11/G	162,060	170,517
J	Number of safety boxes (+10% of extra need)	(F+1)x1.11/100	32,288	33,973

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2003	For the year 2004	Justification of changes from originally approved supply:
Total AD syringes	For BCG	1,534,965	1,611,163	
	For other vaccines	4,168,641	4,652,212	
Total of reconstitution syringes		534,491	561,416	
Total of safety boxes		71,042	77,142	

[1] GAVI will fund the procurement of AD syringes to deliver two doses of TT to pregnant women. If immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of two doses for Pregnant Women (estimated as total births).
[2] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.
[3] Standard wastage factor will be used for calculation of re-constitution syringes. It will be two for BCG, 1.6 for measles and YF.
4 Only for lyophilized vaccines. Write zero for other vaccines.

4. Signatures

For the Government of UNITED REPUBLIC of TANZANIA

Signature: DR. MZIGE

Title: DIRECTOR PREVENTIVE SERVICES for PERMANENT SECRETARY

Date: 2nd OCTOBER 2002

PERMANENT SECRETARY
MINISTRY OF HEALTH
P. O. Box 9083
DAR ES SALAAM

We, the undersigned members of the Inter-Agency Coordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organization	Name/Title	Date	Signature
Danida / HSPS II.	Dr. B. Peters, CTA.	10.10.02.	
W.M. SHIJA	Ag. PCSS	10.10.02	
WORLD HEALTH ORGANIZATION	Dr CORNELIA AFI ATSYOR O.I.C	10.10.02	
World Bank	Dr. Emmanuel Malangali	11.10.02	