GAVI

THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of

COUNTRY: UNITED REPUBLIC OF TANZANIA

Date of submission: 15th April 2004 ……

Reporting period: 1st JANUARY-31st DECEMBER 2003

(Information provided in this report MUST refer to the previous calendar year)

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	ρ
Third annual progress report	ν
Fourth annual progress report	ρ
Fifth annual progress report	ρ

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

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1. Report on progress made during the previous calendar year

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

1.1 immunization Services Support (ISS)

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Low performing districts `were identified and encouraged to prepare their plans on how they will improve immunization coverage in their`districts. These districts with the help from Region and national level prepared and submitted their request according to their plans to national level, where scrutinasation and adjustments were done. The activities identified included support of outreach, procurement of jerry cans, bicycle, motorcycle and vehicles for Dar-es-salaam districts. Other activities included; training and social mobilisation. The plans were then presented to ICC members for comments. The plans were then sent to WHO for disbursement of funds. Zanzibar funds were disbursed to the Ministry of Health and for Mainland funds disbursed to districts. ISS funds were also used to support annual EPI evaluation meeting , new comers and refresher training of the district personnel although organized at central level
Zanzibar didn't experience serious problem though some delays have been encountered from the Ministry of Health side and for Tanzania Mainland the problem encountered was delay in procurement of some items like vehicle etc.

1.1.2 Use of Immunization Services Support

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

Funds received during the reporting year (2003) -No ISS funds were received

Remaining funds (carry over) from the previous year: 310,839.3 US dollars.

Table 1: Use of funds during year 2003

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	4,368,200			4,368,200	**
Injection supplies	274,874			274,874	**
Personnel					
Transportation					
Maintenance and overheads	6218.05	6218.05			
Training	146,409.99	9,438.00	25,678.61	111,293.38	
IEC / social mobilization					
Outreach					
Supervision	586.59	586.59			
Monitoring and evaluation	20460.8	2000.00	18460.8		
Epidemiological surveillance					
Vehicles	120,857.5	25,581.50	16,571.00	78,705.00	
Cold chain equipment					
Other *(specify-jerry cans, GAVI strategic plan workshop)*	16,306.35	5988.43		10,317.92	
Total:	4,643,074 310,839.3	49,812.67	60,710.41	4,643,074 200,316.30	

Remaining funds for next year:	1,654,926(for vacc.&inj.safety) No ISS funds remained				

Note: the figures in blue indicate ISS funds and in black are funds and Vaccines and AD syringes for DPT-HB.
*****NB: Funds which goes to districts some of it goes to private sector. All health facilities including private ones are getting vaccines, supplies and cold chain equipments(including fridges) from the government.***
****If no information is available because of block grants, please indicate under 'other'.***

<u>Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed</u>.

Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

Major activities to strengthen immunization included supportive supervision in the construction of low cost incinerators,, support outreach by providing outreach allowances, fuel and procurement of bicycles, motorcycles and vehicles. Jerry cans were also procured for storage of kerosene for refrigerator., Other activities were training in LP gas installation and repair of refrigerators, provision of vehicles for Dar es Salaam districts and Pemba region.

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

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
<u>If yes, please attach the plan.</u>

YES ☐ *NO* ☐

If yes, please attach the plan and report on the degree of its implementation.

There was no DQA conducted during reporting period. However, Under the current integrated approach most of the recommended activities had been in cooperated in the Council Comprehensive Health Plans. Most of the recommendations have been implemented at Health facility and District level. At National level sensitisation was conducted in all 131 districts including Zanzibar, in which best practices were shared and monthly reporting forms were introduced and discussed. Data management training under the existing Health Management has been conducted for district and Regional Health Management Teams. Monitoring of timeliness and completeness of reporting has been introduced in collaboration with the IDSR. During annual EPI meeting more emphasis was done on proper data management and reporting

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

No study conducted last year

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Start of vaccinations with the new and under-used vaccine: 16th,"JANUARY,2002

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

100 percent of DPT-HB vaccine supported by GAVI was available in the country timely. We did not experience any problems in delivery the vaccine. *Schedule: 13/2/2003- 866,500 doses of DPT-HB, 1/5/2003- 369,000 doses of DPT-HB, 17/6/2003- 1,946,000 doses of DPT-HB, 3/12/2003- 1,346,300 doses of DPT-HB.*

1.2.2
Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

DPT-HB was introduced on 16-1-2002 other major activities are: communication skill training for regional focal persons, support of Annual EPI evaluation meeting, Support MOH staff to EPI Managers meeting, Training on LP gas refrigerator installation, Maintenance and repair, support sensitisation meeting to districts focal persons on strengening immunization services. For the reporting year (2003) no other new vaccine was introduced however, re-training on ADs wastage, injection safety practices was conducted.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Tanzania didn't receive the 100,000 US D in the period of reporting and even the last reporting period.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Tanzania Mainland has not received injection safety fund, transaction takes long time to reach WHO country office. However Zanzibar received injection materials and didn't encounter any problem.

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

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
Adequacy of supplies	***100% AD syringes & safety boxes in all immunization services***	***100%***	***NONE***	***100%***
Adoption of safe injection practices by Health Workers.	***90% of service providers adopt injection safety practices.***	***70%***	***Lack of disposal facilities like incinerators in some facilities. Some health workers are difficult to change they need several extra on job training.***	***80%***
Injections Waste disposal	***Train 100% health workers on injection waste disposal***	***70%***	***Delay of training materials Few incinerators were constructed.***	***80%***
Adverse Event Following Immunization	***Non existence of cases of AEFI due to poor injection safety practices***	***80%***	***Weak AEFI reporting system Lack of adequate skills of HWs***	***80%***

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (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 year:

Tanzania has not yet received the injection safety support fund as awarded.

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Progress Report :	Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Tanzania participated in the orientation workshop in Nairobi in which participants from MOH (EPI and planning), MOF, WHO and UNICEF attended.
A National workshop was held in July 2002 to put up a Financial Sustainability Plan zero draft for EPI Mainland.
In August 2002, an economist was hired by WHO as a local consultant to further work on this document for both Mainland and Zanzibar.
External Consultants joined the local consultant in November 2002 to complete the Document for presentation to GAVI
Reviewers indicated some areas for improvement
The Financial Sustainability Plan, sub-working group incorporated the comments and finalized the second revised F inancial Sustainability Plan.
Financial Sustainability plan strategies were also developed
Another external consultant came to fine tune the second draft in September 2003
A second submission was made in December 2003.
Comments from second revision received and countries are incorporating them.

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine ……DPT HB…… *(specify)*

Proportion of vaccines supported by	**Annual proportion of vaccines**									
	2003..	**2004..**	**2005..**	**2006..**	**20..**	**20..**	**20..**	**20..**	**20..**	**20..**
Proportion funded by GAVI/VF (%)	97%	97%	97%	0%	0%	0%	0%	0%	0%	0%
Proportion funded by the Government and other sources (%)	3%	3%	3%	5%	5%	10%	10%	15%	15%	20%

Total funding for ……. *(new vaccine)* *	100%	100%	100%	5%	5%	10%	10%	15%	15%	20%

** Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine*

Beyond 2005 there is funding gap as GAVI support will be over, however through FSP more advocacy will be done to solicit funds from partners hoping to cover the funding gap.

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

3. Request for new and under-used vaccines for year ……2005…….. *(indicate forthcoming year)*

Section 3 is related to the request for new and under used vaccines and injection safety for the ***forthcoming year****.*

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS	1,335,465	1,376,975	1,415,985	1,327,496	1,346,912	1,383,279	1,420,627	1,458,984	1,498,377
Births	1,369,022	1,411,399	1,450,919	1,473,358	1,494,908	1,535,271	1,576,723	1,619,294	1,663,015
Infants' deaths	33,057	33,983	34,934	145,862	147,996	151,992	156,096	160,310	164,639
Surviving infants	1,335,465	1,376,975	1,415,985	1,327,496	1,346,912	1,383,279	1,420,627	1,458,984	1,498,377
Infants vaccinated / to be vaccinated with **1st dose** of DTP (DTP1)*									
Infants vaccinated / to be vaccinated with **3rd dose** of DTP (DTP3)*	1,056,603	1,192,180	1,227,059						
NEW VACCINES **									
Infants vaccinated / to be vaccinated with **1st dose** of …..... *(new vaccine)*			1,318,341	1,320,476	1,333,443	1,369,446	1,406,421	1,441,172	1,483,393
Infants vaccinated / to be vaccinated with **3rd dose** of ……. *(new vaccine)*			1,227,059	1,256,211	1,279,567	1,327,948	1,378,008	1,429,805	1,468,409
Wastage rate of *** …….. *(new vaccine)*			20%	15%	15%	15%	10%	10%	10%
INJECTION SAFETY****									

Pregnant women vaccinated / to be vaccinated with TT	881,661	1,148,288	1,146,939	1,169,656	1,270,672	1,304,980	1,371,749	1,441,172	1,496,714
Infants vaccinated / to be vaccinated with BCG	1,144,678	1,258,791	1,173,880	1,350,228	1,420,163	1,458,507	1,513,654	1,570,716	1,629,755
Infants vaccinated / to be vaccinated with Measles	1,045,054	1,183,202	1,191,267	1,280,312	1,293,036	1,341,780	1,392,215	1,429,805	1,468,409

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

The denominator have changed because of the adaptation of 2002 census
There is a slight different of the denominator with JRF when you add Tanzania mainland and Zanzibar because Zanzibar is using 4% as under one children from total population while mainland use 4.15/100 as births also we consider surviving infants. IMR is 99/1000.

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

Tanzania conducted census in 2002 results are out but there still some analysis going on which may affect the target population.

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for the year 2005** ..... *(indicate forthcoming year)*

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

The overall stock left indicated in table 4 includes what will to be left of the buffer. This figure is only on estimate which will be needed to be revised at the end of the year 2004.

Table 4: 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 2005
A	Infants vaccinated / to be vaccinated with 1st dose of DPT-HepB..... *(new vaccine)*		1,369,446
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	100
C	Number of doses per child		3
D	Number of doses	*A x B/100 x C*	4,108,338
E	Estimated wastage factor	*(see list in table 3)*	1.18
F	Number of doses (incl. wastage)	*A x C x E x B/100*	4,847,839
G	Vaccines buffer stock	*F x 0.25*	1211960
H	Anticipated vaccines in stock at start of year 2005. Including anticipated buffer left …		1211960
I	Total vaccine doses requested	*F + G - H*	4,847,839
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	4,560,255

Remarks

- **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

- **Wastage of vaccines:** Countries are expected to plan for a maximum of:
  50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial;
  25% for a liquid vaccine in a 10 or 20-dose vial;
  10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.

- **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 read: [F – number of doses (incl. wastage) received in previous year] * 0.25.

- **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.

- **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.

- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for

L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	0
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	50,619

other vaccines.

- **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 5: 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	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 3.*

3.3 Confirmed/revised request for injection safety support for the year 2005 *(indicate forthcoming year)*

Table 6: 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 to 8)*

		Formula	For year 2005……	For year 2006……
A	**Target of children for …BCG…** [1] **(95% and 96% of live birth 2005 and 2006 respectively)**	#	1,458,507	1,513,654
B	**Number of doses per child (for TT woman)**	#	1	1
C	**Number of …… doses**	A x B	1,458,507	1,513,654
D	**AD syringes (+10% wastage)**	C x 1.11	1,618,943	1,680,156

[1] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

E	**AD syringes buffer stock** [2]	D x 0.25	0	0
F	**Total AD syringes**	D + E	1,618,943	1,680,156
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	2	2
I	**Number of reconstitution** [3] **syringes (+10% wastage)**	*C x H x 1.11 / G*	161,894	168,016
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	19,767	20,515

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

Table 6: 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 to 8)*

		Formula	**For year 2005……**	**For year 2006……**
A	**Target of children for Measles……** [4] **(97% and 98% of surviving infants year 2005 and 2006 respectively)**	#	1,341,781	1,392,214
B	**Number of doses per child (for TT woman)**	#	1	1
C	**Number of …… doses**	A x B	1,341,781	1,392,214
D	**AD syringes (+10% wastage)**	C x 1.11	1,489,376	1,545,358

[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] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

[4] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

E	**AD syringes buffer stock** [5]	D x 0.25	0	0
F	**Total AD syringes**	D + E	1,489,376	1,545,358
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.6	1.6
I	**Number of reconstitution** [6] **syringes (+10% wastage)**	*C x H x 1.11 / G*	238,300	247,257
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	19,177	19,898

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

Table 6: 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 to 8)*

		Formula	**For year 2005……**	**For year 2006……**
A	**Target of children for …… vaccination (for TT : target of pregnant women) (85% and 86% of live birth 2005 and 2006 respectively)**[7]	#	1,304,980	1,371,749
B	**Number of doses per child (for TT woman)**	#	2	2
C	**Number of …… doses**	A x B	2,609,960	2,743,498
D	**AD syringes (+10% wastage)**	C x 1.11	2,897,055	3,045,282

[5] 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.
[6] Only for lyophilized vaccines. Write zero for other vaccines
4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.
[7] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

E	**AD syringes buffer stock** [8]	D x 0.25	0	0
F	**Total AD syringes**	D + E	2,897,055	3,045,282
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.18	1.18
I	**Number of reconstitution** [9] **syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	32,157	33,803

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

[1] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).
[1] 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.
[1] Only for lyophilized vaccines. Write zero for other vaccines
4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.
[1] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

ADs, SAFETY BOXES, RECONSTITUTIONAL SYRINGE FROM PREVIOUS BOXES FOR BCG, MEASLES, AND TT VACCINES.

A-D – 0.05/0.1ml – 1,618,943 *A-D 0.5ml 4,386,433* *Reconstitution syringes 400,195* *Safety boxes 74,215*

[8] 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.
[9] Only for lyophilized vaccines. Write zero for other vaccines
4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
Coverage	*Achieve DPT-HB 80% coverage in all the districts*	*DPT-HB3 85% of the all districts have DPT-HB3 coverage of ≥ 80%*	*Irregular outreach and mobile services*	*Achieve 90% coverage in all the Districts*
Dropout rate	*Achieve < 10%*	*DPTHB1 – DPTHB3 dropout 4.8% (100% achievement)*	*Inadequate social mobilization. Late reporting - HF to district. Census results still on analysis process.*	*< 10%*
Vaccine wastage	*Achieve 15%*	*Achieved100%(wastage rate of 15% for DPTHB)*	*Late reporting, not all HWs do report timely.*	*10%*
Non- Polio AFP rate	*1/100,000 children <15yrs*	*1.2 non polio AFP rate*	*Still have silent districts.*	*1/100,000children<15yrs*

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments

Date of submission		
Reporting Period (consistent with previous calendar year)		
Table 1 filled-in		
DQA reported on		
Reported on use of 100,000 US$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures		
ICC endorsed		

6. Comments

ICC/RWG comments:

7. Signatures

For the Government of ……..……

Signature: ……...……...

Title: ……..…….

Date: ……..…….

We, the undersigned members of the Inter-Agency Co-ordinating 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/Organisation	Name/Title	Date Signature	Agency/Organisation	Name/Title	Date Signature

~ End ~