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THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH

GAVI Secrétariat

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P.O. Box 9083,
DAR ES SALAAM.



In reply please quote:

Ref. No. GA/222/425/01

May 21, 2005

Dr. Julian Lob-Levyt
Executive Secretary
Global Alliance for Vaccine Immunization (GAVI)
UNICEF, Palais des Nations
1211 Geneva 10
SWITZERLAND

Re: GAVI ANNUAL PROGRESS REPORT 2004

Please refer to the above subject matter.

With this letter find a copy of the duly signed GAVI Annual Progress Report for 2004.

We kindly appreciate and thank you for the invaluable support to our Immunization Programme. It is my hope that we will continue to enjoy your support in this endeavour.

I thank you.

A handwritten signature in black ink, appearing to read 'Hussein A. Mwinyi'.

Dr Hussein A. Mwinyi (MP)
DEPUTY MINISTER FOR HEALTH

K.A.Y. KATIIBU MKUU
WIZARA YA AFYA
S.L.P. 9083
DAR ES SALAAM

117

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH

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the Permanent Secretary)
In reply please quote:



P.O. Box 9083,
DAR ES SALAAM

Ref. No.GA/222/425/01

21st May, 2005

Dr. Julian Lob-Levyt
Executive Secretary
GAVI
UNICEF, Palais des Nations
1211 Geneva 10
SWITZERLAND

RE: INJECTION SAFETY SUPPORT TO TANZANIA

Please refer to the above subject matter.

On behalf of the Ministry of Health and the people of Tanzania, I would like to take this opportunity to thank Global Alliance for Vaccine and Immunization for supporting the implementation of injection safety practices in Immunization services in our country.

I am pleased to inform you that consequent to your initial support Tanzania has started purchasing auto disabled syringes for immunization services and will continue to practise injection safety practices.

Thanks for your continued support and collaboration.


Dr. Hussein A. Mwinyi (MP)
DEPUTY MINISTER FOR HEALTH

Copy to: Dr. Edward Maganu
WHO Representative for Tanzania
DAR ES SALAM

“ Mr. Rodney Phillips
UNICEF Representative for Tanzania
DAR ES SALAAM



Partnering with The Vaccine Fund

January 2005

Progress Report

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

by the Government of

COUNTRY:	UNITED REPUBLIC OF TANZANIA
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Date of submission: 2ND APRIL, 2005.....

Reporting period: 2004 (Information provided in this report **MUST** refer to 2004 activities)

(Tick only one) :

- | | |
|-------------------------------|---|
| Inception report | ρ |
| First annual progress report | ρ |
| Second annual progress report | ρ |
| Third annual progress report | ρ |
| 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 GAVI partners and collaborators***

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- 3.3 Confirmed/revised request for injection safety support for the year...

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

5. Checklist

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1. Report on progress made during 2004

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.*

Though the ISS funds were received in the country in March 2004, there was a delay in conducting the joint Tanzania Mainland/ Zanzibar meeting to agree on how to share ISS funds between two ministries since the United Republic of Tanzania consists of two Ministries of health., A consensus meeting on how to share the ISS funds had to be conducted and disbursement of funds has started.
Low performing districts were encouraged to identify problems on how they will improve and raise immunization coverage in their districts. Problems identified include: Difficult to reach areas; areas with high dropout rates; areas with high number of unreached children; poor data management; unreliable transport in some districts; inadequate supervision. Lack of spare parts/service of cold chain equipments. Lack of reliable transport in 12 municipal councils. Lack of supportive supervision by regional EPI focal person and absence of stand by generator at central level were also among the problems identified. Based on the above problems plans were prepared and then presented to the ICC for comments. The plans were then sent to WHO for disbursement of funds.

1.1.2 Use of Immunization Services Support

*In 2004, the following major areas of activities have been funded with the GAVI/Vaccine Fund **Immunization Services Support** contribution.*

Funds received during 2004 1,689,000US\$
Remaining funds (carry over) from 2003 35,294.52US\$

Table 1: Use of funds during 2004

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	5,127,664.77			5,127,664.77	
Injection supplies	182,019.36			182,019.36	
Personnel	398.23	398.23			
Transportation	427.06			427.06	
Maintenance and overheads	3651.54	2815.65	536.26	299.63	
Training	49,653			49,653	
IEC / social mobilization	17.7	17.7			
Outreach					
Supervision					
Monitoring and evaluation	14,237.97		14237.97		
Epidemiological surveillance					
Vehicles					
Cold chain equipment	5,527.15			5527.15	
Other (specify)					
Total:	5,371,611				
Remaining funds for next year:	1,641,368.52				

**If no information is available because of block grants, please indicate under 'other'.*

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

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

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? If yes, please attach the plan.

YES

NO

If yes, please 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. Sensitisation on the use and timely submission of monthly reporting forms was done. 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. Data Quality Self assessment training was conducted for ToTs and the plan is to train regional and district level.

The data management activities have been incorporated into EPI 5 years strategic plan. DQSA training is also included.

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

Please report on studies conducted regarding EPI issues during 2004 (for example, coverage surveys).

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

1.2.1 Receipt of new and under-used vaccines during 2004

Start of vaccinations with the new and under-used vaccine: JANUARY YEAR 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: 25/2/2004- 229500doses of DPT-HB, 21/4/2004-635000 doses of DPT-HB, 2/7/2004 -642500doses of DPT-HB, 2/7/2004-591500 doses of DPT-HB, 1/9/2004-703,500 doses of DPT-HB, 6/10/2004 -1346,500 doses of DPTHB.

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.

The major activities undertaken includes Support of Annual EPI evaluation meeting, support sensitisation meeting to districts focal persons on strengthening immunization services, re-training on reducing wastage rates, injection safety practices. The other planned activities, which will be undertaken, include support of hard to reach areas.

Support regional level supportive supervision.

Due to delay in conducting meeting on how to share the funds between two Ministries, the implementation of the identified activities also delayed.

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.

Though Tanzania was eligible for receiving the 100,000 US D support for vaccine introduction, we haven't received the fund despite of several reminder.

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 received injection safety funds, and the plan is to train Health workers on proper construction of incinerator and injection safety practices. The fund will also support construction of incinerators in the remaining districts. However Zanzibar received injection safety materials and didn't encounter any problem. The GAVI supplied ADs (Medeco inject ADs type supplied from Abu Dhabi) made the health workers to encounter difficulties since there was no prior information to train health workers before the arrivals of the syringes. Clarification was

made by EPI central office and different opportunities (meetings, training and during supportive supervision) was used to train health workers on the new type of ADs syringes.

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

Please report problems encountered during the implementation of the transitional plan for safe injection and sharp waste

All ADs for other antigens are procured by the government and advocacy is for the Government to take over after the GAVI support for ADs for DPT-HepB vaccine. Districts are encouraged to construct low cost incinerators and at health facilities level all sharps should be burnt and buried.

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
<i>Adequacy of supplies</i>	<i>100% AD syringes & safety boxes in all immunization services</i>	<i>100%</i>	<i>Not aware of mechanism of new ADs</i>	<i>100%</i>
<i>Adoption of safe injection practices by Health Workers.</i>	<i>90% of service providers adopt injection safety practices.</i>	<i>75%</i>	<i>Inadequate training to Health Workers</i> <i>Lack of appropriate training materials</i>	<i>80%</i>
<i>Injections Waste disposal</i>	<i>Train 100% health workers on injection waste disposal</i>	<i>70%</i>	<i>Few incinerators were constructed.</i> <i>Weak AEFI reporting system</i>	<i>80%</i>
<i>Adverse Event Following</i>	<i>Non existence of cases of</i>	<i>80%</i>		

<i>Immunization</i>	<i>AEFI due to poor injection safety practices</i>		<i>Inadequate training to Health Workers</i>	<i>80%</i>
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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 Mainland received injection safety support fund (489,000 US\$), however implementation of the identified activities not yet started. This is because the fund was received together with the ISS fund and the plan was to conduct the meeting between two Ministries and agreed on how to divide the funds between two ministries before starting using funds. Due to other commitments it took time for the two ministries to conduct the meeting, however the preparation for implementing planned activities had already started and the activities will be implemented soon.

2. Financial sustainability

- Inception Report: Outline timetable and process for the development of a financial sustainability plan . Describe assistance that may be needed for developing a financial sustainability plan.
- First Annual Progress Report: Submit completed financial sustainability plan by given deadline. Describe major strategies for improving financial sustainability.

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.

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 financial 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 are being incorporated.
 Revision of FSP strategies and revision of costing has started.*

Subsequent Progress Reports:

According to current GAVI rules, support for new and under-used vaccines is covering the total quantity required to meet country targets (assumed to be equal to DTP3 targets) over a five year period (100% x 5 years = 500%). If the requested amount of new vaccines does not target the full country in a given year (for example, a phasing in of 25%), the country is allowed to request the remaining (in that same example: 75%) in a later year. In an attempt to help countries find sources of funding in order to attain financial sustainability by slowly phasing out GAVI/VF support, they are encouraged to begin contributing a portion of the vaccine quantity required. Therefore, GAVI/VF support can be spread out over a maximum of ten years after the initial approval, but will not exceed the 500% limit (see figure 4 in the GAVI Handbook for further clarification). In table 2.1, specify the annual proportion of five year GAVI/VF support for new vaccines that is planned to be spread-out over a maximum of ten years and co-funded with other sources. **Please add the three rows (Proportion funded by GAVI/VF (%), Proportion funded by the Government and other sources (%), Total funding for (new vaccine)) for each new vaccine.**

Table 2.1: Sources (planned) of financing of new vaccineDPT-HepB (specify)

Proportion of vaccines supported by *	Annual proportion of vaccines									
	2003..	2004..	2005..	2006..	2007	20..	20..	20..	20..	20..
A: Proportion funded by GAVI/VF (%)***	97%	80%	59%	59%	0%	0%	0%	0%	0%	0%
B: Proportion funded by the Government and other sources (%)	3%	20%	41%	41%	15%	15%	15%	15%	15%	20%
C: Total funding for DPT Hep B (new vaccine)	4.97Mil	6.2 Mil.	6.5Mil	7.0Mil	7.5Mil	8.0Ml	8.0Ml	8.0Ml	8.0Ml	8.0Ml

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

** The first year should be the year of GAVI/VF new vaccine introduction

*** Row A should total 500% at the end of GAVI/VF support

In table 2.2 below, describe progress made against major financial sustainability strategies and corresponding indicators.

Table 2.2: Progress against major financial sustainability strategies and corresponding indicators

Financial Sustainability Strategy	Specific Actions Taken Towards Achieving Strategy	Progress Achieved	Problems Encountered	Baseline Value of Progress Indicator	Current Value of Progress Indicator	Proposed Changes To Financial Sustainability Strategy
Mobilize additional local Govt resources	Sensitisation meeting to CHMTs and Health Coordinators of PORALG	EPI activities are priority at the district level	Reliability of the allocated resources	Data not compiled from districts	Data not compiled from districts	To be able to capture district level expenditures on EPI
Expansion of ICC	Other partners encouraged to join ICC.	One member joined ICC	Poor attendance of ICC members	Not Applicable	Not Applicable	
Reduce vaccine wastage	Refresher training on reducing wastage rate was done to Health workers	Wastage rate reduced	Weak monitoring system	15%	15%	Daily sessions to be encouraged
Increase vaccination offered through static units	10 remote HFs will be supported to deliver imm. Service	Things to be supported identified	Many HFs are constructed & demand support	0	10 HFs will be supported	No change proposed to this strategy
Preparation of advocacy documents	Develop the brief / flyer highlighting key FSP messages	EPI FSP courted in different forums	Competing priorities & good EPI performance made local partners and some decision leaders to focus other program.	Non existing brief/flyer highlighting FSP	Existence of a flyer	Conduct advocacy meetings
Mobilize additional Govt resources	Advocacy done to decision makers	Govt resources increased	Competing priorities	3.9ml US\$ (2003/04)	5.4 ml. US\$ (2004/05)	Establish evidence (impact, opportunistic cost etc) and present to decision makers and partners
	Meetings with top Ministry of Health officials regarding	Meeting done	Lack of local evidence	One meeting conducted	Three meeting conducted	No change proposed to this strategy

	Govt, Policy and Planning					
	Meeting with key Government ministries Presidents office, planning and privatization, state house, prime ministers office					No change proposed to this strategy
	Presentation of FSP information memorandum to cabinet	Not done		NA	NA	No change proposed to this strategy
<i>Increase reliability of public resources</i>	Identify and highlight funding gap in the present planning cycle for the Govt (Medium Term Expenditure Framework)	EPI gap identified & presented in Health sector review meetings		Not sure of exact the EPI gap	Exact EPI gap is known	No change proposed to this strategy
	Ensure program funding needs are included in the MTEF	Program needs are included in the MTEF	Competing priorities allocation is not 100%	Not all activities were included in the MTEF	All activities are included in the MTEF	No change proposed to this strategy
	Advocate for protection/ring fencing of the bulk of program funds from Govt (particularly for vaccine purchases)	EPI funds are protected no reallocation all vaccines in exception of DPT-Hep B are procured by government	Several request for reallocation by other program	Reallocation of funds for other activities apart from vaccines	Rear reallocation	No change proposed to this strategy
Use of performance standards by centre for districts	Agreement on indicators to measure districts performance against each other	Indicators identified	Identifying one district from 119 districts	No reward given	Reward prepared for best district	No change proposed to this strategy
	Information on performance of districts reported in regular ICC meetings	District performance is shared to all ICC members	Poor monthly reporting	Once per year	4 times a year	No change proposed to this strategy

3. Request for new and under-used vaccines for year 2006

Section 3 is related to the request for new and under used vaccines and injection safety for 2006.

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								
	2004	2005	2006	2007	2008	2009	2010	2011	2012
DENOMINATORS	1,356,054	1,398,960	1,439,530	1,481,276	1,524,232	1,568,435	1,613,920	1,660,724	1,708,884
Births	1,498,830	1,545,876	1,590,707	1,636,837	1,684,305	1,733,149	1,783,411	1,835,130	1,888,349
Infants' deaths	177,179	185,897	191,288	196,835	202,543	208,417	214,461	220,681	227,080
Surviving infants	1,356,054	1,398,960	1,439,530	1,481,276	1,524,232	1,568,435	1,613,920	1,660,724	1,708,884
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with 1 st dose of DTP (DTP1)*									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3 rd dose of DTP (DTP3)*									
NEW VACCINES **									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 1 st dose of DTP (DTP1)* (new vaccine)	1,355,922	1,398,960	1,439,530	1,481,276	1,524,232	1,568,435	1,613,920	1,660,724	1,708,884

Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with 3 rd dose of..... (new vaccine)	1,282,278	1,326,402	1,379,226	1,433,998	1,490,357	1,548,778	1,593,692	1,639,909	1,639,630
Wastage rate in 2004 and plan for 2005 beyond*** (new vaccine)	15%	15%	10%	10%	10%	10%	10%	10%	10%
INJECTION SAFETY****									
Target for pregnant women to be vaccinated	1,498,830	1,545,876	1,590,707	1,636,837	1,684,305	1,733,149	1,783,411	1,835,130	1,888,349
Pregnant women vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with TT2	1,192,270	1,369,359	1,425,421	1,483,584	1,543,921	1,606,026	1,670,435	1,737,229	1,805,965
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with BCG *	1,369,596	1,545,876	1,590,707	1,636,837	1,684,305	1,733,149	1,783,411	1,835,130	1,888,349
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with Measles *	1,275,352	1,326,797	1,379,633	1,433,998	1,490,357	1,548,778	1,593,692	1,639,909	1,687,467

* Indicate actual number of children vaccinated in 2004 and updated targets (with either DTP alone or combined)

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

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.

2002 census

The new growth rate for each district was used to calculate the coverage.

3.2 Availability of revised request for new vaccine (to be shared with UNICEF Supply Division) for 2006

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

NA

Table 4: Estimated number of doses of vaccine (specify for one presentation only): Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

	Formula	For 2006
A Infants vaccinated/to be vaccinated with 1st dose of DPT-Hep B(new vaccine)*		1,501,695
B Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan %		41%
C Number of doses per child		3
D Number of doses	$A \times B \times C$	1,847,085
E Estimated wastage factor	(see list in table 3)	1.05
F Number of doses (incl. Wastage)	$A \times C \times E \times B/100$	1,939,439
G Vaccines buffer stock	$F \times 0.25$	484,860
H Anticipated vaccines in stock at start of year 2006 (including balance of buffer stock)		1182585
I Total vaccine doses requested	$F + G - H$	1,241,714
J Number of doses per vial		10
K Number of AD syringes (+10% wastage)	$(D + G - H) \times 1.11$	1,275,789
L Reconstitution syringes(+10% wastage)	$I/J \times 1.11$	137,830
M Total safety boxes (+10% of extra need)	$(K + L) / 100 \times 1.11$	15,691

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

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

Remarks

3.3 Confirmed/revised request for injection safety support for the years 2006 -2007

Table 6: Estimated supplies for safety of vaccination for the next two years with *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For 2006	For 2007
A	Target if children for Vaccination (for TT: target of pregnant women) ¹	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number of ...doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock ²	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) ³	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		
1	Contribute to a maximum of 2 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	Only for lyophilized vaccines. Write zero for other vaccines.			
4	Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF			

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

NA

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

* See 1.3.2

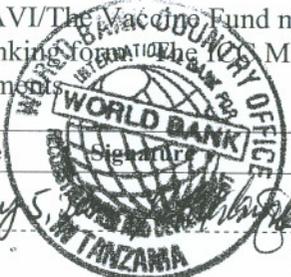
7. Signatures

For the Government of UNITED REPUBLIC OF TANZANIA
 Signature: [Handwritten Signature]
 Title: DEPUTY MINISTER FOR HEALTH
 Date: 21.5.2005

k.n.y. KATIBU MKEU
 WIZARA YA AFYA
 S.L.P. 9083
 DAR ES SALAAM

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 Information The 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
1 World Bank	E.G. Malangali	May 5, 2005	[Handwritten Signature]				
2 MINISTRY OF HEALTH	DR ALI A. MZIGE DIRECTOR GEN FOR: PERMANENT SECRETARY	11-05-2005	[Handwritten Signature]				

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

~ End ~

7. Signatures

For the Government of UNITED REPUBLIC OF TANZANIA

Signature: [Handwritten Signature]
 Title: DEPUTY MINISTER FOR HEALTH
 k.d.y. KATIBU MHUU
 WIZARA YA AFYA
 S.L.P. 9003
 DAR ES SALAAM

Date: 21-5-2005

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
<u>EMBASSY OF IRELAND DEVELOPMENT COOPERATION TAZELAND</u>	<u>B McGRATH</u>	<u>10/05/05</u>	<u>[Handwritten Signature]</u>				



~ End ~

7. Signatures

For the Government of

Signature:

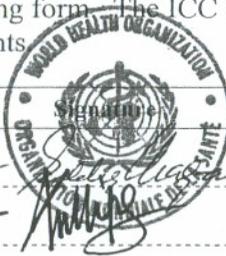
Title:

Date:

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Agency/Organisation	Name/Title	Date	Agency/Organisation	Name/Title	Date	Signature
WHO	DR E MAGANU, WR	06/05/05				
UNICEF	R. KILIPS, Rep.	9.5.05				



~ End ~

7. Signatures

For the Government of UNITED REPUBLIC OF TANZANIA

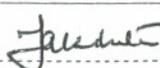
Signature: 
 E.N.Y. KATIIBU MKUU
 WIZARA YA AFYA
 S.I.P. 9023

Title: DEPUTY MINISTER FOR HEALTH
 DAR ES SALAAM

Date: 21-5-2005

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.

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Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
MNH/MUCHS	DR Jose A Kitundi Head - Dept. Paed. and child health	28/4/05	 Head, Department of Pediatrics and Child Health, Muhimbili National Hospital,				

~ End ~