



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
United Republic of Tanzania

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/14/2013 7:32:01 PM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015
INS			
NVS Demo	HPV quadrivalent, 1 dose(s) per vial, LIQUID		2015

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	Yes	N/A	N/A
VIG	Yes	N/A	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	No	next tranche of HSS Grant N/A	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	Yes	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

By signing this page, the Government of **United Republic of Tanzania** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **United Republic of Tanzania**

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Hon.Dr. Hussein A.H. Mwinyi, MP.	Name	Hon. Dr. William Mgimwa, MP.
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

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2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
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Regina KIKULI - Acting Permanent Secretary	Ministry of Health and Social Welfare, Tanzania		
Dr. Rufaro CHATORA - WHO Representative	WHO		
Wolfgang SOLZBACHER- Director	KfW		
Dr. Jama GULAIID - UNICEF Representative	UNICEF		
Alisa CAMERON - Health Office, Director	USAID/TZ		
Bertha MLAY - Director Health Services	Tanzania Red-Cross Society (TRCS)		
Dr Kandi C. MUZE - Paediatrician	Paediatric Association of Tanzania		
Melckzedek MBISE - Economist	Ministry of Finance		
Dr. Esther MTUMBUKA - CHAI, Country Director	CHAI /Tanzania		
Dr. Donan MMBANDO - Acting Chief Medical Officer	Ministry of Health and Social Welfare, Tanzania		
Dr. Peter MMBUJI - Acting Director of Preventive Services	Ministry of Health and Social Welfare, Tanzania		

Dr. Caroline AKIM - Regional Immunisation Advisor	JSI/MCHIP		
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ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

The following were comments from the Tanzania ICC members set on reviewing GAVI APR;

- The GAVI alliance to re-visit the costing categories used in table 5.5a to enable inclusion of other activities like advocacy and communication, operational research and other key activities conducted.

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

United Republic of Tanzania is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	1,919,383	1,890,118	1,974,937	1,974,937	2,031,933	2,031,933	2,090,575	2,090,575
Total infants' deaths	97,889	146,704	96,883	96,883	97,703	97,703	100,522	100,522
Total surviving infants	1821494	1,743,414	1,878,054	1,878,054	1,934,230	1,934,230	1,990,053	1,990,053
Total pregnant women	1,919,383	1,890,118	1,974,937	1,974,937	2,031,933	2,031,933	12,090,575	2,090,575
Number of infants vaccinated (to be vaccinated) with BCG	1,882,075	1,957,800	1,936,548	1,936,548	1,992,430	1,992,430	2,049,927	2,049,927
BCG coverage	98 %	104 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,730,420	1,562,759	1,784,152	1,765,370	1,837,518	1,837,518	1,890,550	1,890,550
OPV3 coverage	95 %	90 %	95 %	94 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	1,783,527	1,724,612	1,838,914	1,838,914	1,893,928	1,893,928	1,948,596	1,948,596
Number of infants vaccinated (to be vaccinated) with DTP3	1,693,989	1,608,487	1,765,370	1,765,370	1,837,518	1,837,518	1,890,550	1,890,550
DTP3 coverage	93 %	92 %	94 %	94 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	10	10	10	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	1,712,207	1,724,612	1,838,914	1,838,914	1,893,928	1,893,928	1,948,596	1,948,596
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	1,712,207	1,608,487	1,838,914	1,765,370	1,837,518	1,837,518	1,890,550	1,890,550
DTP-HepB-Hib coverage	93 %	92 %	94 %	94 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	10	0	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.11	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	473,875		1,336,930		1,838,058		1,891,103	

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	473,875		1,336,930		1,799,912		1,851,853	
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)		0		1,838,914		1,893,928		1,948,596
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)		0		1,765,370		1,837,518		1,890,550
Pneumococcal (PCV13) coverage	0 %	0 %	93 %	94 %	93 %	95 %	93 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	10 %	5 %	10 %	5 %	10 %	5 %	10 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus		0	1,782,573	1,838,914	1,838,058	1,893,928	1,891,103	1,948,596
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0	1,782,573	1,765,370	1,799,912	1,818,176	1,851,853	1,870,650
Rotavirus coverage	0 %	0 %	93 %	94 %	93 %	94 %	93 %	94 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,675,774	1,683,781	1,746,590	1,765,370	1,818,176	1,818,176	1,890,550	1,890,550
Measles coverage	92 %	97 %	93 %	94 %	94 %	94 %	95 %	95 %
Pregnant women vaccinated with TT+	1,471,444	1,493,290	1,574,404	1,574,404	1,622,707	1,622,707	1,669,552	1,669,552
TT+ coverage	77 %	79 %	80 %	80 %	80 %	80 %	14 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	7 %	4 %	4 %	3 %	3 %	3 %	3 %

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

2 GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

The births figures quoted in the JRF are projections made by National Bureau of Statistics, they differ from those generated by the cMYP tool. The 2012 census results are NOT yet out as previously expected earlier.

- Justification for any changes in **surviving infants**

The surviving infants figures quoted in the JRF are projections made by National Bureau of Statistics, they differ from those generated by the cMYP tool.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

There is no change in data for 2013 for both two vaccines, that is rotavirus and Pneumococcal Conjugate Vaccine - 13 (PCV 13) which were introduced in 2013; the targets for the Measles Second Dose (MSD) in 2014 is expected to be at 18 months which is the one year cohort (12 to 23 months age group).

- Justification for any changes in **wastage by vaccine**

The wastage rate forecasted by the APR tool for PCV -13 is 10% indicating the 2 dose vials while in real situation the country is using PCV 13 single dose vials of 5% wastage rate.

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

- DTP-HebB-Hib3 vaccination coverage has been maintained to 92% in 2012, however the number of children vaccinated has increased by 28,894 children from 2011 data.
- The number of districts with vaccination coverage of DTP-HepB-hib3 above 90% has increased from 65 (2011) to 88 districts (2012).
- The number of districts with vaccination coverage of measles first dose above 90% has increased from 77 (2011) to 95 districts (2012).
- There was no vaccines stock out in the regional and districts vaccines stores.

Key major activities conducted in 2012 include;

- Implementation of Reach Every Child strategy in all districts with high number of un/under vaccinated children.
- Training on introduction of new vaccines (PCV 13 and rotavirus vaccines) including refresher training on immunization services for 5 days for the following groups;
 - 34 national level trainings of trainers
 - 275 regional health management team members who also served as regional supervisors
 - 1,782 council health management team members who also served as council supervisors; and
 - 12,900 immunization service providers
- Building capacity on logistics and vaccines management by training of;
 - 26 regional immunization and vaccines officers
 - 142 districts immunization vaccines officers ; and
 - 26 regional vaccines store managers
- To increase the positive cold storage capacity at 26 regional vaccine stores to enable them to accommodate a three months vaccines stock
- Introduction of the use of freeze and fridge tags in the country as a strategy of reducing vaccine wastage.
- Procurement of 140 MK 404 iceliner refrigerators to increase the storage capacity at the districts vaccines stores.
- Procurement of 176 RCW -50 and 30 Sibir 170 EG fridges to improve vaccines storage at health facility level
- Conducted post introduction evaluation of DTP-HepB-Hib
- Conducted Effective Vaccines Management Assessment
- Conducted supportive supervision to 10 under performing regions

Key challenges faced include;

- Delayed disbursement of funds
- Shortage of human resources
- Shortage of vehicles at district level to facilitate distribution of vaccines and related supplies ; and supportive supervision

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

Targets were reached.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Tanzania Demographic Health Survey 2010	2009	88.2	87.8

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

- The National Health Policy is to provide immunization and other health services free to all under five children and pregnant mothers.
- The Tanzania Demographic Health surveys indicate that, the overall DTP3 coverage was 88.2% whereby DTP3 coverage for male was 88.2% and female 87.8%. This figure indicates equal opportunity to both males and females in accessing immunization services.
- The National Health Policy indicates clearly that, all Tanzanians will equally benefit from the social services without any discrimination of sex, religion or color.
- Reaching Every Child strategy implemented in Tanzania ensures that both male and female get the required services. There is no evidence of discrimination observed or documented

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Yes**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

The country Health Management Information System data collection tools have been revised to include sex disaggregated data as in 2013.

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

There is no discrepancies of immunisation coverage between administrative data system, Tanzania Demographic Health Survey and WHO/UNICEF Estimate of National Immunization Coverage.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

Not Applicable

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Electronic data management tools were introduced to improve administrative data system, these tools were District Vaccination Data Management Tool, Cold Chain Inventory Tool and Stock Management Tools Capacity building on handling immunisation data to regional and district vaccines and immunisation officers was done. In addition, during PCV 13 and rotavirus vaccines introduction training health care workers were trained on improvement of data management

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

To introduce a web based immunization data management system

To conduct data quality self-assessment to regions and councils

To revise and update Tanzania Health Management Information System tools.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used	1 US\$ = 1569	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	JSI/MCH IP	NA	Na
Traditional Vaccines*	4,511,477	4,511,477	0	0	0	0	0	0
New and underused Vaccines**	34,969,384	1,095,873	33,873,511	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	799,183	420,380	378,803	0	0	0	0	0
Cold Chain equipment	446,913	0	0	352,000	94,913	0	0	0
Personnel	17,678,085	17,678,085	0	0	0	0	0	0
Other routine recurrent costs	1,312,860	247,586	256,171	57,500	421,112	330,491	0	0
Other Capital Costs	857,959	0	857,959	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
Introduction of new vaccines (PCV - 13 and Rotavirus vaccines)		0	3,116,000	266,516	0	0	0	0
Total Expenditures for Immunisation	60,575,861							
Total Government Health		23,953,401	38,482,444	676,016	516,025	330,491	0	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

- There is budget allocated for procurement of traditional vaccines, funds are ring-fenced and accessed through Government financial regulations.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Implemented**

If **Yes**, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
No conditions were provided from Aide Memoire.	Yes

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

All recommendations were implemented as suggested.

If none has been implemented, briefly state below why those requirements and conditions were not met.

Not Applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

The Tanzania ICC members recommend on the following issues;

- Timely disbursement of funds for EPI activities done timely.
- Internal resources mobilization for sub national immunization days and integrated national measles mass campaign in 2014.
- Increased utilization of GAVI ISS funds according to the approved 2013 annual plan.

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Christian Social Service Commission
Tanzania Red Cross Association

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

- To increase DTP-HepB-Hib 3 vaccination coverage to at least 94% at national level
- To maintain DTP-HepB-Hib1 to DTP-HepB-Hib3 dropout rate to less than 10%
- To increase the core VPDs surveillance indicators to reach at least 80% of the target.
- To prevent wild polio virus importation in Tanzania and increase population immunity
- To increase the cold chain storage capacity to all district vaccine stores to accommodate the vaccines for at least 3 months period
- To reduce the number of un/under vaccinated children by 50% using REC Approach
- To improve data management at the regional and district levels.
- Introduce pneumococcal and rotavirus vaccines to 100% of the councils by 1st January 2013
- Introduction of measles second dose in 2014.
- Introduction of combined measles-rubella vaccine(MR vaccine)

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Auto disable syringes and needle 0.05mls	Government of Tanzania
Measles	Auto disable syringes and needle 0.5mls	Government of Tanzania
TT	Auto disable syringes and needle 0.5mls	Government of Tanzania

DTP-containing vaccine	Auto disable syringes and needle 0.5mls	Government of Tanzania and GAVI
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Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

- No obstacles encountered during the implementation of injection safety in 2012

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

- Sharps are disposed through incineration in hospitals and health centres while burn and bury is done in rural dispensaries
- No problem encountered

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	3,426,000	5,375,394,000
Remaining funds (carry over) from 2011 (B)	298,861	468,912,909
Total funds available in 2012 (C=A+B)	3,724,861	5,844,306,909
Total Expenditures in 2012 (D)	1,114,130	1,748,069,970
Balance carried over to 2013 (E=C-D)	2,610,731	4,096,236,939

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

GAVI ISS funds are planned and budgeted in the EPI Annual Plan. EPI Annual Plan is part of National Health Sector plans and budgeted in the Medium Term Expenditure Framework (MTEF). ICC discuss and endorses the EPI Annual Plan and receives the implementation reports.

GAVI ISS Funds are in the custodian of WHO country Office under the agreement between Tanzania Mainland and Zanzibar Governments with WHO. Permanent Secretaries request the funds from WHO using the agreed process. WHO release the funds using the WHO financial rules and regulation to both Ministries. After the implementation of the planned activities the Responsible Officer make the retirement to the Chief Accountant in the respective Ministry of Health for auditing and submission the financial expenditure report to WHO for reconciliation. The management of GAVI ISS funds in WHO follows the grant agreement between GAVI Alliance and WHO.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

The National IVD Plans which include the GAVI ISS funds are approved by the National ICC. For the ISS funds financial transaction follows the WHO Rule and Regulations. Funds from WHO are transferred to the Ministries of Health. Once funds are within Ministries of Health the Government financial rules and regulations are applied.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

The GAVI ISS in 2012 was used in the following key activities;

- Procurement of 31 vehicles for distribution of vaccines and related supplies, supportive supervision and active search at national, regional and district levels
- To conduct training of district immunization and vaccines officers
- To conduct Effective Vaccines Management Assessment
- To conduct support supervision to 10 low performing regions
- To conduct data management training on the use of electronic data management tools
- To supplement the new vaccines (Rotavirus and PCV-13 vaccines) introduction plan implementation

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in United Republic of Tanzania is not applicable for 2012

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	7,191,905	8,039,100	0	No
Pneumococcal (PCV10)	1,972,507	1,866,600	0	No
Rotavirus		1,123,530	0	No

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

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)
 - In the decision letter the country was approved to receive 7,192,000 doses of DTP-HepB-Hib vaccine for the year 2012. A total of 8, 039,100 doses were received by December, 2012.
 - There was additional 846,100 doses received from UNICEF being the carried forward leftovers of previous years.
 - The country is using Pneumococcal Conjugate Vaccine (PCV 13) and not PCV 10 as reported in table 7.1.
 - There was no delay in vaccines shipments.
 - There is no stock out of vaccines at national, regional and district levels.
- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

Adjustment of vaccines shipments was done. The country continue to prefer using 10 dose vials.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

No stock out

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	01/04/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	The Vaccines was introduced since 2009 countrywide, initially was single dose and currently is 10 dose vial presentation

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	01/01/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	The Pneumococcal Conjugate Vaccine (PCV -13) was introduced countrywide in January 2013 in one dose vial presentation.

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	01/01/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	The rotavirus vaccine single dose vial was introduced countrywide in January, 2013.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **September 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

WORKPLAN AND TIMELINE FOR IMPLEMENTATION OFRECOMMENDATIONS

Recommendation

Responsible

Start date

End Date

Remarks

A. Short Term

- Prepare a written protocol and tools for reporting AEFI and distribute to all levels

NSCO

Immediate

On going

National Task Force for AEFI trained and writing AEFI Policy in progress. AEFI tools developed and

distributed and training done to all health workers during the introduction of new vaccines

- Reinforce vaccine wastage monitoring and reporting at all levels

NCCO EPI Data Manager; RCCO; DCCO

Immediate

Dec 2012

Reporting of vaccine wastage has been included in the health facilities reporting tool and Health Workers trained

- Explore the feasibility of bundling of vaccines and injection equipment from every Local Government Authority to health facility level

DMO/RCHCO/DCCO

Immediate

Training on logistics and vaccine management was done to all District Immunization and Vaccine Officers and bundling process is done

- Ensure freeze monitors are available and used.

RCCO; DCCO; RCHCO

Immediate

Freeze tag and Fridge tag have been introduced in the country at all levels

- Provide written feedback after every supervisory visit

RMO; DMO;

Immediate

Done

- Implement REC strategy to increase coverage to low performing district in collaboration with the national.

MoHSW

Sept 2011

All 131 districts have been trained on Reach Every Child Strategy. Supportive supervision done to the poor performing regions

- District Cold Chain Officers should be trained in the use of electronic tools for data management (DVDMT)

MoHSW

Sept 2011

Done

- Implement DQS in all regions and districts.

MoHSW

Sept 2011

REC strategy training starting 12th Sept, 2011 includes DQS training

- Update cMYP to include probable funds from Health System Funding Platform (HSFP for HSS (GAVI

& GFTAM)).

EPI manager

Oct 2011

Nov 2011

cMYP updated to include HSS

- MOHSW should engage the National Bureau of Statistics to resolve denominator problems

MoHSW

Nov 2011

Dec 2011

National Census done in 2012

- Distribute updated recording and reporting tools at all levels

MoHSW

Jan 2012

Tools updated and distribution done

- Conduct supportive targeted supervision to health facilities and provide on the job training.

RCCO; DCCO

Jan 2012

Continuous

B. Medium Term

- Ensure that cMYP cost figures are reflected in the Medium Term Expenditure Framework (MTEF)

EPI manager/Health Planner

Continuous

Done

- Strengthen the coordination of NRA (TFDA) and EPI and ensure establishment of AEFI database

EPI Manager/NRA

Jan 2012

July 2012

In Process under the National AEFI Task Force

- Explore the feasibility of capturing children from outside catchment area separately

EPI/MoHSW

Form to be designed and data merged at district level

- Train health worker on data management

RMO; DMO

Done

- Provide adequate quantities of IEC materials

MoHSW

Done

- Fence off open waste disposal pits in health facilities

DMO

July 2012

July 2013

On going

- Construct quality incinerators at health facilities providing high volume of injection waste

DMO

July 2012

July 2013

On going

- Implement HSS proposal to solve identified immunization system and health system problems

MoHSW

Awaiting IRC response for HSFP proposal

C. LONG TERM

- Develop introduction plans for new vaccines (HPV; ROTA; PCV; etc)

National; region and Districts

Introduction of Rotarix and PCV13 done. HPV in process.

- Organise local launch for new vaccines

Regions and Districts

2012

2013

National and local launching of PCV 13 and Rotavirus vaccines was done successfully.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **No**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises?
No

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

Not Applicable, the results of the impact case control study is not yet out

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	3,116,000	4,889,004,000
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	3,116,000	4,889,004,000
Total Expenditures in 2012 (D)	3,113,204	4,884,617,076
Balance carried over to 2013 (E=C-D)	2,796	4,386,924

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

- The Rotavirus and Pneumococcal Vaccines (PCV 13) introduction grant was used in training of the following groups;
 - 34 national level trainers of trainings
 - 275 regional health management team members who also served as regional supervisors
 - 1,782 council health management team members who also served as council supervisors
 - 12,900 immunization service providers
- Furthermore, the funds was used to conduct advocacy, communication and social mobilization and; to review /update routine vaccination data management tools

Please describe any problem encountered and solutions in the implementation of the planned activities

The major problems encountered in these trainings include:

- Delayed disbursement of training funds and training materials in relation to the planning time line
- Late delivery of new vaccines IEC Materials and monitoring tools
- Inadequate staff motivation due to low per diems rates for the trainings compared to the Government rates.
- The health facility training was conducted in rain season which resulted to transportation difficulties in some areas.

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

Funds for the new vaccines grant were not sufficient to cover the introduction plan and therefore additional ISS funds was used to supplement some activities.

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	1,095,873	551,000
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	1,095,873	
Donor	33,873,511	
Other	Not Applicable	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	31,799	
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	October	Government of Tanzania
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	November	Government of Tanzania
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	December	Government of Tanzania

	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing
	Not Applicable, there is no problem.

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

Not Applicable

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **June 2012**

Please attach:

- (a) EVM assessment **(Document No 12)**
- (b) Improvement plan after EVM **(Document No 13)**
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

The major changes done so far include the following;

- Training of national, regional and districts immunisation resource persons
- Temperature monitoring devises were procured, distributed and used at all level
- Installation of all regional walk in cold rooms and standby generators to 26 regions
- Expansion of districts vaccine storage capacities to accomodate a three month consignment
- New cold chain electronic data management system up to regional levels
- Procurement of two refrigerated vehicles for vaccines distribution from central vaccine store to regional vaccines stores.

When is the next Effective Vaccine Management (EVM) assessment planned? **June 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

United Republic of Tanzania does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

United Republic of Tanzania does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for United Republic of Tanzania is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

Tanzania is planning to introduce the following new vaccines into 2014 for the routine immunisation programme;

- Measles second dose by January, 2014
- Combined Measles-Rubella (MR) vaccine
- Demonstration project of HPV in one region

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,743,414	1,878,054	1,934,230	1,990,053	7,545,751
	Number of children to be vaccinated with the first dose	Table 4	#	1,724,612	1,838,914	1,893,928	1,948,596	7,406,050
	Number of children to be vaccinated with the third dose	Table 4	#	1,608,487	1,765,370	1,837,518	1,890,550	7,101,925
	Immunisation coverage with the third dose	Table 4	%	92.26 %	94.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	3,766,460				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	3,766,460				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Not Applicable

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low
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	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	5,645,100	5,766,600	5,916,400
Number of AD syringes	#	6,229,300	6,357,700	6,539,400
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	69,150	70,575	72,600
Total value to be co-financed by GAVI	\$	12,559,000	12,829,000	12,848,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	574,200	586,600	618,600
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	1,244,000	1,271,000	1,307,000

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	9.23 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,724,612	1,838,914	169,775	1,669,139
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	5,173,836	5,516,742	509,324	5,007,418
E	Estimated vaccine wastage factor	Table 4	1.11	1.11		
F	Number of doses needed including wastage	$D \times E$	5,742,958	6,123,584	565,349	5,558,235
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		95,157	8,786	86,371
H	Stock on 1 January 2013	Table 7.11.1	3,766,460			
I	Total vaccine doses needed	$F + G - H$		6,219,241	574,181	5,645,060
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		6,229,208	0	6,229,208
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		69,145	0	69,145
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		12,662,375	1,169,032	11,493,343
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		289,659	0	289,659
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		40,105	0	40,105
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		810,392	74,818	735,574
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		13,802,531	1,243,849	12,558,682
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		1,243,849		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.23 %		

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,893,928	174,854	1,719,074	1,948,596	184,430	1,764,166
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	5,681,784	524,561	5,157,223	5,845,788	553,290	5,292,498
E	Estimated vaccine wastage factor	Table 4	1.11			1.11		
F	Number of doses needed including wastage	$D \times E$	6,306,781	582,263	5,724,518	6,488,825	614,152	5,874,673
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	45,800	4,229	41,571	45,511	4,308	41,203
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	6,353,081	586,537	5,766,544	6,534,836	618,507	5,916,329
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	6,357,619	0	6,357,619	6,539,342	0	6,539,342
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	70,570	0	70,570	72,587	0	72,587
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	12,934,873	1,194,189	11,740,684	12,978,185	1,228,354	11,749,831
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	12,934,873	0	295,630	12,978,185	0	304,080
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	40,931	0	40,931	42,101	0	42,101
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	827,832	76,429	751,403	830,604	78,615	751,989
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	14,099,266	1,270,617	12,828,649	14,154,970	1,306,968	12,848,002
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,270,617			1,306,968		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,743,414	1,878,054	1,934,230	1,990,053	7,545,751
	Number of children to be vaccinated with the first dose	Table 4	#	0	1,838,914	1,893,928	1,948,596	5,681,438
	Number of children to be vaccinated with the third dose	Table 4	#	0	1,765,370	1,837,518	1,890,550	5,493,438
	Immunisation coverage with the third dose	Table 4	%	0.00 %	94.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	112,880				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	112,880				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

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Co-financing tables for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

Co-financing group	Low
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	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	6,852,100	5,687,000	5,849,700
Number of AD syringes	#	7,731,100	6,354,900	6,536,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	85,825	70,550	72,575
Total value to be co-financed by GAVI	\$	25,831,000	21,435,500	22,048,500

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	390,500	324,100	333,400
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	1,449,000	1,202,500	1,237,000

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	5.39 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	0	1,838,914	99,133	1,739,781
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	0	5,516,742	297,399	5,219,343
E	Estimated vaccine wastage factor	Table 4	1.00	1.05		
F	Number of doses needed including wastage	$D \times E$	0	5,792,580	312,269	5,480,311
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		1,448,145	78,068	1,370,077
H	Stock on 1 January 2013	Table 7.11.1	112,880			
I	Total vaccine doses needed	$F + G - H$		7,242,525	390,433	6,852,092
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		7,731,025	0	7,731,025
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		85,815	0	85,815
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		25,348,838	1,366,515	23,982,323
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		359,493	0	359,493
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		49,773	0	49,773
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		1,520,931	81,991	1,438,940
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		27,279,035	1,448,505	25,830,530
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		1,448,505		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		5.39 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)**

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	5.39 %			5.39 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,893,928	102,099	1,791,829	1,948,596	105,046	1,843,550
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	5,681,784	306,296	5,375,488	5,845,788	315,137	5,530,651
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	5,965,874	321,611	5,644,263	6,138,078	330,894	5,807,184
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	43,324	2,336	40,988	43,051	2,321	40,730
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	6,010,998	324,044	5,686,954	6,182,929	333,312	5,849,617
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	6,354,870	0	6,354,870	6,536,612	0	6,536,612
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	70,540	0	70,540	72,557	0	72,557
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	21,038,493	1,134,151	19,904,342	21,640,252	1,166,591	20,473,661
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	21,038,493	0	295,502	21,640,252	0	303,953
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	40,914	0	40,914	42,084	0	42,084
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	1,262,310	68,050	1,194,260	1,298,416	69,996	1,228,420
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	22,637,219	1,202,200	21,435,019	23,284,705	1,236,586	22,048,119
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,202,200			1,236,586		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.39 %			5.39 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,743,414	1,878,054	1,934,230	1,990,053	7,545,751
	Number of children to be vaccinated with the first dose	Table 4	#	0	1,838,914	1,893,928	1,948,596	5,681,438
	Number of children to be vaccinated with the second dose	Table 4	#	0	1,765,370	1,818,176	1,870,650	5,454,196
	Immunisation coverage with the second dose	Table 4	%	0.00 %	94.00 %	94.00 %	94.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	578,540				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	578,540				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	Vaccine price per dose	Table 7.10.1	\$		2.55	2.55	2.55	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

No difference, Not Applicable

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Low
--------------------	-----

	2012	2013	2014	2015
Minimum co-financing		0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing		0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2013	2014	2015
Number of vaccine doses	#	4,468,000	3,708,300	3,814,400
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by GAVI	\$	11,963,000	9,929,000	10,213,000

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2013	2014	2015
Number of vaccine doses	#	360,700	299,400	308,000
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	966,000	802,000	824,500

Table 7.11.4: Calculation of requirements for **Rotavirus, 1 dose(s) per vial, ORAL** (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	7.47 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	0	1,838,914	137,361	1,701,553
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	B X C	0	3,677,828	274,722	3,403,106
E	Estimated vaccine wastage factor	Table 4	1.00	1.05		
F	Number of doses needed including wastage	D X E	0	3,861,720	288,458	3,573,262
G	Vaccines buffer stock	(F – F of previous year) * 0.25		965,430	72,115	893,315
H	Stock on 1 January 2013	Table 7.11.1	578,540			
I	Total vaccine doses needed	F + G – H		4,828,650	360,684	4,467,966
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11				
N	Cost of vaccines needed	I x vaccine price per dose (g)		12,313,058	919,743	11,393,315
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		0	0	0
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		0	0	0
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		615,653	45,988	569,665
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T	Total fund needed	(N+O+P+Q+R+S)		12,928,711	965,731	11,962,980
U	Total country co-financing	I x country co-financing per dose (cc)		965,730		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		7.47 %		

Table 7.11.4: Calculation of requirements for **Rotavirus, 1 dose(s) per vial, ORAL** (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	7.47 %			7.47 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,893,928	141,470	1,752,458	1,948,596	145,554	1,803,042
C	Number of doses per child	Vaccine parameter (schedule)	2			2		
D	Number of doses needed	$B \times C$	3,787,856	282,940	3,504,916	3,897,192	291,107	3,606,085
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	3,977,249	297,087	3,680,162	4,092,052	305,663	3,786,389
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	28,883	2,158	26,725	28,701	2,144	26,557
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	4,007,632	299,357	3,708,275	4,122,253	307,919	3,814,334
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$						
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	10,219,462	763,359	9,456,103	10,511,746	785,192	9,726,554
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	10,219,462	0	0	10,511,746	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	510,974	38,169	472,805	525,588	39,260	486,328
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	10,730,436	801,527	9,928,909	11,037,334	824,451	10,212,883
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	801,527			824,451		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	7.47 %			7.47 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) [as provided for on the signature page](#) in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in 2012

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: US\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)						
Remaining funds (carry over) from previous year (B)						
Total Funds available during the calendar year (C=A+B)						
Total expenditure during the calendar year (D)						
Balance carried forward to next calendar year (E=C-D)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)						
Remaining funds (carry over) from previous year (B)						
Total Funds available during the calendar year (C=A+B)						
Total expenditure during the calendar year (D)						
Balance carried forward to next calendar year (E=C-D)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

Has an external audit been conducted? **No**

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Not Applicable	Not Applicable	0	Not Applicable

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
Not Applicable	The country applied for GAVI HSFP not yet received any funds

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

Not Applicable, The country applied for GAVI HSFP not yet received any funds

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

Not Applicable, The country applied for GAVI HSFP not yet received any funds

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
Not applicable											

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

Not Applicable, The country applied for GAVI HSFP not yet received any funds

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

Not Applicable, The country applied for GAVI HSFP not yet received any funds

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

Not Applicable, The country applied for GAVI HSFP not yet received any funds

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

Not Applicable, The country applied for GAVI HSFP not yet received any funds

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

Not Applicable, The country applied for GAVI HSFP not yet received any funds

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

Not Applicable, The country applied for GAVI HSFP not yet received any funds

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

Not Applicable, The country applied for GAVI HSFP not yet received any funds

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
Not Applicable, The country applied for GAVI HSFP not yet received any funds						
		0	0			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Not Applicable, The country applied for GAVI HSFP not yet received any funds					
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
Not Applicable, The country applied for GAVI HSFP not yet received any funds			

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Not Applicable, The country applied for GAVI HSFP not yet received any funds		

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

Not Applicable, The country applied for GAVI HSFP not yet received any funds

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?0

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

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

United Republic of Tanzania **has NOT received GAVI TYPE A CSO support**

United Republic of Tanzania is not reporting on GAVI TYPE A CSO support for 2012

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

United Republic of Tanzania **has NOT received GAVI TYPE B CSO support**

United Republic of Tanzania is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

No special comment

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Signature of the Minister for Health.pdf File desc: Signature for the Minister for Health and Social Welfare Date/time: 5/14/2013 5:34:57 AM Size: 716121
2	Signature of Minister of Finance (or delegated authority)	2.1		Minister of Finance signature Tanzania.pdf File desc: Date/time: 5/17/2013 4:10:50 AM Size: 518998
3	Signatures of members of ICC	2.2		Signatures of members of ICC.pdf File desc: Signatures of members of ICC document Date/time: 5/14/2013 5:15:44 AM Size: 502806
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		Minutes _66th _ICC - 08th May -2013.pdf File desc: Minutes of ICC meeting in 2013 endorsing the APR 2012 Date/time: 5/10/2013 9:11:06 AM Size: 141902
5	Signatures of members of HSCC	2.3		Signature for HSS committee.doc File desc: Signatures of members of HSCC Date/time: 5/14/2013 3:24:47 AM Size: 22016
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		Minutes of HSCC meeting.doc File desc: Minutes of HSCC meeting in 2013 endorsing the APR 2012 Date/time: 5/14/2013 3:27:07 AM Size: 22016
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		2012 GAVI EXPENDITURE REPORT-GAVI ISS FUNDS.xls File desc: Financial statement for ISS grant (Fiscal year 2012) Date/time: 5/3/2013 6:58:07 AM Size: 62464
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		External audit report for ISS grant.doc File desc: External audit report for ISS grant (Fiscal Year 2012) Date/time: 5/14/2013 3:23:06 AM Size: 22016
9	Post Introduction Evaluation Report	7.2.2		Tanzania PIE 2011.pdf File desc: Post Introduction Evaluation Report Date/time: 4/30/2013 10:44:52 AM Size: 1202481

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		2012 GAVI EXPENDITURE REPORT-GAVI NVS FUNDS.xls File desc: Financial statement for NVS introduction grant (Fiscal year 2012) Date/time: 5/3/2013 7:00:18 AM Size: 61952
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		External audit report for NVS grant.doc File desc: External audit report for NVS introduction grant (Fiscal year 2012) Date/time: 5/14/2013 3:25:56 AM Size: 22016
12	Latest EVSM/VMA/EVM report	7.5		Tanzania - EVM Report - 28 June 12.pdf File desc: Latest EVSM/VMA/EVM report Date/time: 4/30/2013 10:46:23 AM Size: 2372085
13	Latest EVSM/VMA/EVM improvement plan	7.5		IMPROVEMENT PLAN FOR 2012 EVMA RECOMMENDATIONS UPDATED 11 FEB 2013.doc File desc: Latest EVSM/VMA/EVM improvement plan Date/time: 5/1/2013 8:16:07 AM Size: 51712
14	EVSM/VMA/EVM improvement plan implementation status	7.5		EVMA IMPLEMENTATION PLAN AND STATUS AS OF APRIL 2013.doc File desc: EVSM/VMA/EVM improvement plan implementation status Date/time: 5/1/2013 8:16:39 AM Size: 54784
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		operational costs of preventive campaigns.doc File desc: External audit report for operational costs of preventive campaigns Date/time: 5/14/2013 3:31:31 AM Size: 22016
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		Extension of vaccine support Attachment.doc File desc: Minutes of ICC meeting endorsing extension of vaccine support Date/time: 5/14/2013 3:31:31 AM Size: 22016
17	Valid cMYP if requesting extension of support	7.8		Tanzania Mainland cMYP 2010-2015 (August, 2012).pdf File desc: Tanzania Mainland cMYP 2010 - 2015 Date/time: 5/1/2013 8:21:10 AM Size: 1374160
				Tanzania Mainland cMYP Costing Tool 2010-2015 - Lesotho.xls

18	Valid cMYP costing tool if requesting extension of support	7.8		File desc: Tanzania Mainland cMYP costing tool Date/time: 5/1/2013 8:25:06 AM Size: 3564032
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Financial statement for HSS grant.doc File desc: Financial statement for HSS grant (Fiscal year 2012) Date/time: 5/14/2013 3:57:51 AM Size: 22016
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Financial statement for HSS January-April 2013.doc File desc: Financial statement for HSS grant for January-April 2013 Date/time: 5/14/2013 4:00:31 AM Size: 22016
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3		External audit report for HSS grant.doc File desc: External audit report for HSS grant (Fiscal Year 2012) Date/time: 5/14/2013 3:45:42 AM Size: 22016
22	HSS Health Sector review report	9.9.3		HSS Health Sector review report.doc File desc: HSS Health Sector review report Date/time: 5/14/2013 3:37:17 AM Size: 22016
23	Report for Mapping Exercise CSO Type A	10.1.1		CSO Type A.doc File desc: Report for Mapping Exercise CSO Type A Date/time: 5/14/2013 3:47:52 AM Size: 22016
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4		Financial statement for CSO Type B.doc File desc: Financial statement for CSO Type B grant (Fiscal year 2012) Date/time: 5/14/2013 4:08:04 AM Size: 22016
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4		External audit report for CSO Type B.doc File desc: External audit report for CSO Type B (Fiscal Year 2012) Date/time: 5/14/2013 3:34:20 AM Size: 22016
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0		Bank statements for cash programme.doc File desc: Bank statements for each cash programme

				Date/time: 5/14/2013 3:33:04 AM Size: 22016
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