GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

United Republic of Tanzania

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/21/2012**

Deadline for submission: 5/22/2012

Please submit the APR 2011 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: **2011**

Requesting for support year: **2013**

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 (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015

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 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: N/A
HSS	No	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 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 Secretatiat has queries on this document):

Full name	Position	Telephone	Email
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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
Dr. Dorothy ROZGA - Representative	UNICEF		

Shauna FLANAGAN - PO -Health	Canadian International Development Agency (CIDA)		
Melckzedeck Mbise	Ministry of Finance		
Dr Marcel MADILI - Director, PH&E -	Christian Social Services Commission (CSSC)		
Regina Kikuli - Acting Permanent Secretary	Ministry of Health and Social Welfare, Tanzania		
Dr. Rufaro CHATORA - WHO Representative	WHO		
Andrea MOSER - Deputy Director	Kreditanstalt für Wiederaufbau (KfW)		
Dr. Raz STEVENSON-Health Officer USAID	USAID/TZ		
Bertha MLAY - Director Health Services	Tanzania Red-Cross Society (TRCS)		

ICC 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:

2.3. HSCC signatures page

United Republic of Tanzania is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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 2012

3. Table of Contents

This APR reports on United Republic of Tanzania's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	1,865,290	1,859,228	1,919,383	1,919,383	1,974,937	1,974,937	2,031,933	2,031,933	2,090,575	2,090,575
Total infants' deaths	95,130	144,981	97,889	97,889	96,883	96,883	97,703	97,703	100,522	100,522
Total surviving infants	1770160	1,714,247	1,821,494	1,821,494	1,878,054	1,878,054	1,934,230	1,934,230	1,990,053	1,990,053
Total pregnant women	1,865,290	1,859,228	1,919,383	1,919,383	1,974,937	1,974,937	2,031,933	2,031,933	12,090,575	12,090,575
Number of infants vaccinated (to be vaccinated) with BCG	1,829,033	1,917,732	1,882,075	1,882,075	1,936,548	1,936,548	1,992,430	1,992,430	2,049,927	2,049,927
BCG coverage	98 %	103 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,681,652	1,549,116	1,730,420	1,730,420	1,784,152	1,784,152	1,837,518	1,837,518	1,890,550	1,890,550
OPV3 coverage	95 %	90 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	1,733,262	1,681,691	1,783,527	1,783,527	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	1,628,547	1,579,593	1,693,989	1,693,989	1,765,370	1,765,370	1,837,518	1,837,518	1,890,550	1,890,550
DTP3 coverage	94 %	92 %	93 %	93 %	94 %	94 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	9	0	10	0	10	0	10	0	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.10	1.00	1.11	1.00	1.11	1.00	1.11	1.00	1.11
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	1,711,400	1,681,691	1,712,207	1,783,527	1,784,151	1,838,914	1,837,519	1,893,928	1,890,550	1,948,596
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	1,657,356	1,579,593	1,693,989	1,693,989	1,765,370	1,765,370	1,837,518	1,837,518	1,890,550	1,890,550
DTP-HepB-Hib coverage	94 %	92 %	93 %	93 %	94 %	94 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	5	9	25	10	10	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.1	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 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)		0	1,105,709	0	1,782,573	1,782,573	1,838,058	1,838,058	1,891,103	1,891,103
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)		0	1,014,635	0	1,745,011	1,745,011	1,799,912	1,799,912	1,851,853	1,851,853
Pneumococcal (PCV10) coverage		0 %	56 %	0 %	93 %	93 %	93 %	93 %	93 %	93 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	5	0	5	0	5

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)		1	1	1	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV10), 2 doses/vial, Liquid	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	0	0	1,143,676	1,782,573	1,838,058	1,838,058	1,891,103	1,891,103
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		0		0	1,051,351	1,745,011	1,799,912	1,799,912	1,851,853	1,851,853
Rotavirus coverage		0 %	0 %	0 %	56 %	93 %	93 %	93 %	93 %	93 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter (%)		1	1	1	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,610,845	1,627,337	1,675,774	1,675,774	1,746,590	1,746,590	1,818,176	1,818,176	1,890,550	1,890,550
Measles coverage	91 %	95 %	92 %	92 %	93 %	93 %	94 %	94 %	95 %	95 %
Pregnant women vaccinated with TT+	1,391,095	1,411,202	1,471,444	1,471,444	1,574,404	1,574,404	1,622,707	1,622,707	1,669,552	1,669,552
TT+ coverage	75 %	76 %	77 %	77 %	80 %	80 %	80 %	80 %	14 %	14 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	6 %	5 %	5 %	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] x 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.

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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 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 inthe JRF are projections made by National Bureau of Statistics, they differ from t hose generated by the cMYP tool. The next census results are expected by 2012/13. Thus BCG coverage for 2011 in JRF is 103.1% while using cMYP tool reads 105.7%.

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

The surving infants figures quoted inthe JRF are projections made by National Bureau of Statistics, they differ from those generated by the cMYP tool. The next census results are expected by 2012/13. Thus DPT3 coverage for 2011 in JRF is 92.1% while using cMYP tool reads 91.8%.

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

The introduction of pneumococcal has been shifted to start 1 January 2013, there is no change in data for 2013.

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

There is a change in DTP-HepB-hib vaccine packaging from one dose vial to 10 dose vial, therefore the vaccine wastage rate for DTP-HepB-hib has changed from 5% to 9%.

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

There is increase in DTP-HebB-hib3 vaccination coverage from 91% in 2010 to 92% in 2011.
The number of districts with vaccination coverage of DTP-HepB-hib3 above 90% has increased from 60 to 65 .
No vaccines stock out in the regional and districts vaccines stores.

Activities

- Reach Every District/Child strategy was implemented in 74 districts with high number of un/under vaccinated childrenwhere 740 health facilities developed micro plans to reach un/under vaccinatedchildren.
- Data management training on EPI Data Management tool was conducted to 73 districts immunization focal person
- New comers training conducted to 23 newly appointed immunization resources persons
- Sub National Immunization Days conducted in 5 regions bordering countries with circulating wild polio virus (WPV) and achieved coverage of above95%; and the National Integrated Measles Mass campaign with coverage of 96%. Both campaigns provided opportunities for updating knowledge and skills to health care providers and increased public awareness on immunization services

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

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **yes, available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate
Tanzania Demographic Health Survey 2010	2009	DPT3 Coverage was 88%

How have you been using the above data to address gender-related barrier to immunisation access?

The National Health Policy is to provide immunisation and other health services free to all under five children and pregnant mothers.

The Tanzania Demographic Health surveys indicate that, theoverall DTP3 coverage was 88.2% whereby DTP3 coverage for male was 88.2% and female87.8%. This figure indicates equal opportunity to both males and females accessingimmunization services.

The National Health Policy indicates clearly that, all Tanzanians will equally benefits to social services without any descrimination of sex, religion or color.

Reaching Every Child strategy implemented in Tanzania ensure that both male and female get the required services. There is no evidence of discrimination has be observed or documented

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Yes**

What action have you taken to achieve this goal?

The country Health Management Information System data collection tools is being revised to include sex disaggreated data.

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 for immunisation coverage and the Tanzania Demographic Health Survey.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 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 cold chain officers was done.

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 immunisation data base to all regions
To conduct data quality self-assesment 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** and **Table 5.5b** 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$ = 1560	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	USAID	JICA	Australian Aid
Traditional Vaccines*	3,194,927	3,194,927	0	0	0	0	0	0
New and underused Vaccines**	16,138,033	697,158	15,440,875	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	499,624	177,999	321,625	0	0	0	0	0
Cold Chain equipment	2,078,865	735,865	0	1,343,000	0	0	0	0
Personnel	17,420,952	17,420,952	0	0	0	0	0	0
Other routine recurrent costs	4,764,209	3,967,309	635,178	81,594	80,128	0	0	0
Other Capital Costs	28,241	28,241	0	0	0	0	0	0
Campaigns costs	7,737,777	0	0	3,852,461	3,885,316	0	0	0
IVD Surveillance		0	0	0	109,045	0	0	0
Total Expenditures for Immunisation	51,862,628							
Total Government Health		26,222,451	16,397,678	5,277,055	4,074,489	0	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.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

- The Annual Action Plan for year 2011 was developed based on costed multi year plan (2010 - 2015)
- 2011 Annual Action Plan was developed and used as resource mobilization.
- Some of activities in the plan were postponed because the country was required to implement outbreak response of OPV SNIDs in June and September 2011 which were not in plan.
- Activities which were planned to be conducted in October and November were postponed to 2012 because the Integrated Measles Campaign which was initially planned to be conducted in September was postponed to November 2011
- The difference of the available funds and expenditure was because of postpondment of activities as explained above.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Funds received as allocated in Annual Action Plan, 2011

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Not Applicable

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	3,009,111	3,809,390
New and underused Vaccines**	17,764,240	60,011,257
Injection supplies (both AD syringes and syringes other than ADs)	1,025,260	4,651,438
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	193,730	357,047
Personnel	17,339,986	17,694,446
Other routine recurrent costs	5,133,521	5,387,739
Supplemental Immunisation Activities	3,266,298	3,266,298
Total Expenditures for Immunisation	47,732,146	95,177,615

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Due to Global economical crisis and the budget cuts by 26% of 2012/13 financial year, we expect not to get all funds for Traditional vaccine and its related injection supplies also in area of routine recurrent costs.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

Yes, we expect financial gaps for the year 2013. The reasons are due to Global financial crises where Tanzania not exempted National budget cuts for the financial year 2012/13 by 26%.

A strategy to address the gaps includes internal resource mobilization, advocacy and involvement of local government to cover some of operational cost
.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 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

The draft report has just being received, implementation of the report will follow later on .

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

Assessment was done at end of the year 2011, just shared in the country for comments

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **5**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting 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

- ICC recommend on the disbursement of funds for EPI activities done timely.
- ICC recommend on internal resources mobilization for Sub National Immunization Days and national measles campaign
- ICC recommend on increased utilization of GAVI ISS funds

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

If Yes, which ones?

List CSO member organisations:
1. Tanzania Red Cross Society; 2. Christian Social Services Commission; 3.Paediatric Association of Tanzania;

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

- Increased DTP-HepB-Hib 3 vaccination coverage to at least 93%at national level
- Reduced the DTP-HepB-Hib1 to DTP-HepB-Hib3 dropout rate to less than 10%
- Increased the core VPDs surveillance indicators to reach at least 80% of the target.
- Prevention of wild polio virus importation inTanzania and increase population immunity through quality SNIDs
- Reduced the vaccine wastage rate to at least 5% forthe pentavalent vaccine at national level.
- Introduce pneumococcal and rotavirus vaccines to 100% of the councils and human papilloma virus vaccines into three regions by 1st January 2013

Are they linked with cMYP? **Yes**

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 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	Auto disable syringes 0.05ml	
Measles	Auto disable syringes 0.5ml	
TT	Auto disable syringes 0.5ml	
DTP-containing vaccine	Auto disable syringes 0.5ml	

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.

Please explain in 2011 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)

United Republic of Tanzania is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	934,039	1,401,058,020
Total funds available in 2011 *(C=A+B)*	934,039	1,401,058,020
Total Expenditures in 2011 *(D)*	635,178	990,877,053
Balance carried over to 2012 *(E=C-D)*	298,861	410,180,967

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 and included in the National Health Sector plans and budget in the Medium Term Expenditure Frame work (MTEF). ICC discusses and endorses the EPI Annual Plan and receives the implementation reports. Funds are in the custodian of WHO country Office under the agreement between Tanzania Mainland and Zanzibar Governments with WHO. Permanent Secretary requests 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

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 follow the Governement financial rules and regulations to be transferred to the sub national level.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

1. Support implementing Reaching Every District/Child strategy in 74 districts

2. Countrywide training of health workers on ImmunizationPractices during the integrated measles campaign

3. Training of health workers in 4 regions to develop micro plansfor Sub National Immunization Days during the immunization week

4. Operations costs

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 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (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).

6.3. Request for ISS reward

Request for ISS reward achievement in United Republic of Tanzania is not applicable for 2011

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		7,285,300	487,300
Pneumococcal (PCV10)		0	0
Rotavirus		0	0

**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 5, 420,000 doses of DTP-HepB-Hib vaccine for the year 2011. A total of 4,932,700doses were received by December, 2011 and postponed delivery is 487,300 doses for the year 2012.

  Also the country continued to receive vaccines from UNICEF being a compensation of Shan 5 vaccines which were called back after suspension in 2009. A total of 2,352,600 doses of DTP-HepB-Hib vaccine were received which brings total doses received in 2011 to be 7,285,300.

- 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)

  Adjustment of shipments was done.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

Not Applicable

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

Not Applicable

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	NO	
Phased introduction	No	01/01/2013
Nationwide introduction	No	01/01/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	New vaccines will be introduced in 2013

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **September 2011**

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° 20))

Main recommendations;

- Countryto mobilize adequate resources for the introduction of new vaccines
- Toupdate and distribute recording and reporting tools timely to all levels
- Toensure the use of District Vaccines Data Management Tool (DVDMT) in alldistricts
- Toimplement Reach Every District/Child strategy
- Accelerateinstallation of new Walk In Cold Rooms.
- Toswitch the immunization schedule from 4/8/10 to 6/10/14 weeks

Statusof implementation

- Advocacywas done at national and regional levels for the mobilization of resources fromlocal partners
- Planshave already being made to review and update immunization tools to incorporatethe new vaccines
- ReachEvery District/Child strategy is continued to be implemented to districts withhigh number of unvaccinated children
- Installationof WICRs completed at National level and all regions will complete installationof WICRs by August, 2012
- Immunizationschedule already switched to 6/10/14 weeks

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? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . 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

Tanzania did not receive GAVI New Vaccine Introduction Grant in year 2011.

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

Not Applicable

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

Not Applicable

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	697,159	348,800
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	The Government of Tanzania	
Donor	No	
Other	No	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	30,323	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	October	The Government of Tanzania
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	October	The Government of Tanzania
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	October	The Government of Tanzania
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	The Country needs technical assistance to update the financial sustainability plan and mobilising funds for immunisation services including co-financing	

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 GAVI's new vaccine support reported on 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? **December 2009**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
1: Insufficient storage capacity at national and s	Increase cold storage capacities	National completed, regions installation on going
2:Insufficient knowledge among health staff	Incorporated in new comers/data mgt trainings	Training conducted
3: Inappropriately temperature recording	Supportive supervision	intergrates supportive supervion done

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

Not Applicable

When is the next Effective Vaccine Management (EVM) assessment planned? **June 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

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 2012

Renewal of multi-year vaccines support for United Republic of Tanzania is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements
Yes

If you don’t confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,714,247	1,821,494	1,878,054	1,934,230	1,990,053	9,338,078
	Number of children to be vaccinated with the first dose	Table 4	#	1,681,691	1,783,527	1,838,914	1,893,928	1,948,596	9,146,656
	Number of children to be vaccinated with the third dose	Table 4	#	1,579,593	1,693,989	1,765,370	1,837,518	1,890,550	8,767,020
	Immunisation coverage with the third dose	Table 4	%	92.15 %	93.00 %	94.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.10	1.11	1.11	1.11	1.11	
	Vaccine stock on 1 January 2012		#	4,103,550					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,765,900	5,592,600	5,749,100	5,896,600
Number of AD syringes	#	6,047,300	6,174,800	6,357,700	6,539,400
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	67,125	68,550	70,575	72,600
Total value to be co-financed by GAVI	$	4,394,000	12,273,500	12,428,500	12,417,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	167,200	577,200	603,600	637,900
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	387,000	1,234,000	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	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	8.65 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	1,681,691	1,783,527	154,224	1,629,303
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	5,045,073	5,350,581	462,670	4,887,911
E	**Estimated vaccine wastage factor**	*Table 4*	1.10	1.11		
F	**Number of doses needed including wastage**	*D X E*	5,549,581	5,939,145	513,564	5,425,581
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		97,391	8,422	88,969
H	**Stock on 1 January 2012**	*Table 7.11.1*	4,103,550			
I	**Total vaccine doses needed**	*F + G – H*		1,932,986	167,148	1,765,838
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		6,047,249	0	6,047,249
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*		67,125	0	67,125
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		4,217,776	364,716	3,853,060
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		281,198	0	281,198
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)*		390	0	390
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		253,067	21,883	231,184
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		28,159	0	28,159
T	**Total fund needed**	*(N+O+P+Q+R+S)*		4,780,590	386,598	4,393,992
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		386,598		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		8.65 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.35 %			9.50 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,838,914	172,021	1,666,893	1,893,928	179,933	1,713,995
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	5,516,742	516,061	5,000,681	5,681,784	539,797	5,141,987
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	6,123,584	572,828	5,550,756	6,306,781	599,174	5,707,607
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	46,110	4,314	41,796	45,800	4,352	41,448
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	6,169,694	577,141	5,592,553	6,352,581	603,526	5,749,055
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	6,174,766	0	6,174,766	6,357,619	0	6,357,619
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	68,540	0	68,540	70,570	0	70,570
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	12,444,273	1,164,094	11,280,179	12,616,226	1,198,601	11,417,625
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	12,444,273	0	287,127	12,616,226	0	295,630
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	398	0	398	410	0	410
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	746,657	69,846	676,811	756,974	71,917	685,057
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	28,753	0	28,753	29,604	0	29,604
T	Total fund needed	*(N+O+P+Q+R+S)*	13,507,208	1,233,939	12,273,269	13,698,844	1,270,517	12,428,327
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,233,939			1,270,517		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.35 %			9.50 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,948,596	190,202	1,758,394
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	5,845,788	570,605	5,275,183
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	6,488,825	633,372	5,855,453
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	45,511	4,443	41,068
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	6,534,336	637,814	5,896,522
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	6,539,342	0	6,539,342
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*	72,587	0	72,587
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	12,630,872	1,232,895	11,397,977
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	304,080	0	304,080
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)*	422	0	422
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	757,853	73,974	683,879
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	30,451	0	30,451
T	Total fund needed	*(N+O+P+Q+R+S)*	13,723,678	1,306,868	12,416,810
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,306,868		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.76 %		

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,714,247	1,821,494	1,878,054	1,934,230	1,990,053	9,338,078
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	1,782,573	1,838,058	1,891,103	5,511,734
	Number of children to be vaccinated with the third dose	Table 4	#	0	0	1,745,011	1,799,912	1,851,853	5,396,776
	Immunisation coverage with the third dose	Table 4	%	0.00 %	0.00 %	92.92 %	93.06 %	93.06 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		2	2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing		0.20	0.20	0.20	0.20
Recommended co-financing as per Proposal 2011			0.20	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**)

		2012	2013	2014	2015
Number of vaccine doses	#	0	6,629,500	5,510,000	5,666,000
Number of AD syringes	#	0	7,494,200	6,169,300	6,343,800
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	83,200	68,500	70,425
Total value to be co-financed by GAVI	$	0	24,283,500	20,179,500	20,751,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	389,400	323,700	332,900
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	0	1,404,000	1,167,000	1,200,000

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*		2		
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*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		0	0	0
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)*		0	0	0
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)*		0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		0.00 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	5.55 %			5.55 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,782,573	98,895	1,683,678	1,838,058	101,973	1,736,085
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	5,347,719	296,684	5,051,035	5,514,174	305,919	5,208,255
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	5,615,105	311,518	5,303,587	5,789,883	321,215	5,468,668
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	1,403,777	77,880	1,325,897	43,695	2,425	41,270
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	7,018,882	389,398	6,629,484	5,833,578	323,639	5,509,939
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	7,494,161	0	7,494,161	6,169,235	0	6,169,235
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	83,186	0	83,186	68,479	0	68,479
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	24,566,087	1,362,891	23,203,196	20,417,523	1,132,734	19,284,789
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	24,566,087	0	348,479	20,417,523	0	286,870
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	483	0	483	398	0	398
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	736,983	40,887	696,096	612,526	33,983	578,543
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	34,897	0	34,897	28,727	0	28,727
T	Total fund needed	*(N+O+P+Q+R+S)*	25,686,929	1,403,777	24,283,152	21,346,044	1,166,716	20,179,328
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,403,777			1,166,716		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.55 %			5.55 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	5.55 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,891,103	104,916	1,786,187
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	5,673,309	314,747	5,358,562
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	5,956,975	330,485	5,626,490
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	41,773	2,318	39,455
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	5,998,748	332,802	5,665,946
J	Number of doses per vial	*Vaccine Parameter*	2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	6,343,742	0	6,343,742
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*	70,416	0	70,416
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	20,995,618	1,164,806	19,830,812
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	294,985	0	294,985
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)*	409	0	409
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	629,869	34,945	594,924
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	29,540	0	29,540
T	Total fund needed	*(N+O+P+Q+R+S)*	21,950,421	1,199,750	20,750,671
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,199,750		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.55 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,714,247	1,821,494	1,878,054	1,934,230	1,990,053	9,338,078
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	1,782,573	1,838,058	1,891,103	5,511,734
	Number of children to be vaccinated with the second dose	Table 4	#	0	0	1,745,011	1,799,912	1,851,853	5,396,776
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	92.92 %	93.06 %	93.06 %	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		No	No	No	No	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing			0.20	0.20	0.20
Recommended co-financing as per Proposal 2011			0.20	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**)

		2012	2013	2014	2015
Number of vaccine doses	#	0	4,329,800	3,598,600	3,700,500
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	51,950	43,175	44,400
Total value to be co-financed by GAVI	$	0	11,593,000	9,635,500	9,908,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	349,600	290,500	298,800
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	0	936,000	778,000	800,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		0	0	0
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*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		0	0	0
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)*		0	0	0
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)*		0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		0.00 %		

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

		Formula	2013			2014		
			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*	1,782,573	133,153	1,649,420	1,838,058	137,297	1,700,761
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B X C*	3,565,146	266,305	3,298,841	3,676,116	274,594	3,401,522
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	3,743,404	279,620	3,463,784	3,859,922	288,324	3,571,598
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	935,851	69,905	865,946	29,130	2,176	26,954
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	4,679,255	349,525	4,329,730	3,889,052	290,499	3,598,553
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	51,940	0	51,940	43,169	0	43,169
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	11,932,101	891,287	11,040,814	9,917,083	740,773	9,176,310
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	11,932,101	0	0	9,917,083	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	596,606	44,565	552,041	495,855	37,039	458,816
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	12,528,707	935,851	11,592,856	10,412,938	777,811	9,635,127
U	Total country co-financing	*I x country co-financing per dose (cc)*	935,851			777,811		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7.47 %			7.47 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	7.47 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,891,103	141,259	1,749,844
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B X C*	3,782,206	282,518	3,499,688
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	3,971,317	296,644	3,674,673
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	27,849	2,081	25,768
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	3,999,166	298,725	3,700,441
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*	44,391	0	44,391
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	10,197,874	761,747	9,436,127
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)*	509,894	38,088	471,806
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)*	10,707,768	799,834	9,907,934
U	Total country co-financing	*I x country co-financing per dose (cc)*	799,834		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7.47 %		

8. Injection Safety Support (INS)

United Republic of Tanzania is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

United Republic of Tanzania is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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 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 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

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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	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 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	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 2011	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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
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 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	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 2011	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	✓	Tanzania Ministers signature_2011 APR.jpg File desc: Date/time: 7/11/2012 3:37:36 AM Size: 696314
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Tanzania Ministers signature_2011 APR.jpg File desc: Date/time: 7/11/2012 3:37:54 AM Size: 696314
3	Signatures of members of ICC	2.2	✓	APR 2011Endosement.pdf File desc: File description... Date/time: 5/20/2012 11:46:34 AM Size: 390338
5	Minutes of ICC meetings in 2011	2.2	✓	Minutes of the ICC meetings.docx File desc: File description... Date/time: 5/21/2012 5:03:03 AM Size: 3328960
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Minutes of ICC Meeting Endorsing APR 2011.doc File desc: File description... Date/time: 5/21/2012 5:08:57 AM Size: 1304576
10	new cMYP APR 2011	7.7	✓	Tanzania cMYP 2010-2015.pdf File desc: File description... Date/time: 5/21/2012 3:52:35 AM Size: 2416829
11	new cMYP costing tool APR 2011	7.8	✓	Tanzania Mainland cMYP Costing Tool 2010-2015.xls File desc: File description... Date/time: 5/20/2012 6:04:13 PM Size: 3555840
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	2011 GAVI ISS EXPENDITURE REPORT.xls File desc: File description... Date/time: 5/20/2012 12:26:43 PM Size: 37376
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Financial Statement for NVS Introduction Grant in 2011 APR 2011.doc File desc: File description... Date/time: 5/21/2012 5:39:02 AM Size: 22016
15	EVSM/VMA/EVM report APR 2011	7.5	✓	TAN VMA 2009 Report.doc File desc: File description...

				Date/time: 5/20/2012 12:31:27 PM Size: 3811840
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	Tanzania , EPI ANNUAL PLAN 2011.doc File desc: File description... Date/time: 5/20/2012 12:34:47 PM Size: 795648
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	VMA Implementation Status.doc File desc: File description... Date/time: 5/20/2012 1:36:57 PM Size: 55808
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	External Audit Report.docx File desc: File description... Date/time: 5/21/2012 5:45:47 AM Size: 13056
20	Post Introduction Evaluation Report	7.2.2	✓	Post Introduction Evaluation 2011.docx File desc: File description... Date/time: 5/20/2012 1:41:16 PM Size: 445057
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	Minutes of ICC Meeting Endorsing APR 2011 For Extension of Vaccine Support.doc File desc: File description... Date/time: 5/21/2012 5:10:02 AM Size: 1304064