



**Scaling up the delivery of Infection and Treatment Method (ITM)  
in Tanzania through facilitation of the ITM value chain**

**Annual Review Meeting, 27-28 October 2016,  
Oceanic Bay Hotel & Resort, Bagamoyo, Tanzania**

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**Meeting Proceedings**



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INTERNATIONAL  
LIVESTOCK RESEARCH  
INSTITUTE



## List of Acronyms

DVO	District Veterinary Officer
DVS	Director of Veterinary Services
ECF	East Coast fever
GALVmed	Global Alliance for Livestock Veterinary Medicines
ITM	Infection and Treatment Method
ILRI	International Livestock Research Institute
LITA	Livestock Training Agency
PPP	Public Private Partnerships
TFDA	Tanzania Food and Drugs Authority
ToT	Trainer of Trainers
TVLA	Tanzania Veterinary Laboratory Agency
TZS	Tanzania Shillings
VCT	Veterinary Council of Tanzania
ZVC	Zonal Veterinary Councils

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## Meeting objectives and opening remarks

The USAID funded project on Scaling up the delivery of Infection and Treatment Method (ITM) in Tanzania through facilitation of the ITM value chain, abbreviated ITM2SCALE, held its annual review meeting on 27-28 October at the Oceanic Bay Hotel in Bagmoyo, Tanzania. The meeting brought together 33 stakeholders and partners including East Coast fever (ECF) vaccine distributors, livestock farmers, government agencies such as the Veterinary Council of Tanzania, the Livestock Training Agency, the Tanzania Veterinary Laboratory Agency, and scientists from the International Livestock Research Institute (ILRI) and the Global Alliance for Veterinary Medicine (GALVmed). The purpose of the meeting was to review achievements, discuss challenges, opportunities and plans for the next year. The meeting also provided an opportunity for stakeholders to review its implementation cycle and plans, and make adjustments as required

## Welcome remarks

The Director of Veterinary Services in Tanzania, Dr. Abdu Hayghaimo, expressed his appreciation for the ITM2SCALE project interventions, emphasizing that the unique nature of ECF vaccine requires expertise to administer.

Dr. Hayghaimo also informed participants that acaricide use in Tanzania is currently being re-assessed through an ongoing study that is looking at impacts of the government subsidy program on acaricides cost to establish the extent to which this intervention has reduced ECF incidences and benefited farmers? They hope to review the modalities of acaricide subsidy and make the necessary adjustments. Project objectives and implementation plans

Henry Kiara of ILRI reminded participants of the project's objectives which had not deviated from the original plans. He then review the extent to which objectives had been achieved. The conclusion was, while considerable progress had been made, there were challenges that made achievement of some objectives difficult. The aim of the meeting was to review these and incorporate the lessons learned into the planning for the final year of the project. (See presentation [here](#) and [here](#)).

In her presentation of the project's theory of change ([ToC- available here](#)), Isabelle Baltenweck of ILLRI reiterated that ITM2SCALE's objective is to have more farmers vaccinating their animals, thereby leading to improved livestock productivity and increase farmers' income. Baltenweck emphasized that the ToC is important in explaining and outlining how this change (improved productivity and increased income) will happen.

Baltenweck took the participants through an exercise of reviewing the ToC, by focusing on the nine anticipated short term changes as a result of the project's interventions. Participants were divided into groups to discuss what is working well, what can work better and the opportunities that can be exploited.

## Group discussions on Theory of Change

Change o.	What is working well	What can work better	Opportunities?
<b>Group 1</b>			
1	Women and men attend sensitization meetings at the village level Stakeholders also attend meetings	Use of community radios, televisions and newspapers	E-messaging mobile phone based communication
5	Several liquid nitrogen plants strategically located in the regions in close proximity to the intended users	Maintenance Need to facilitate the distributors with higher volumes storage tanks (between 160 to 200 litres)	Bundling of businesses: Explore collaboration with AI service providers and other animal health service providers → tanks used by AI service providers could also be used by vaccinators
8	DVS, LTR, TFDA have a good working relationship	More field trials needed TFDA as a stakeholder to be included in such meetings and workshops	The vaccine has been registered in Kenya, actors in Tanzania can leverage the steps taken and lessons learnt
9	Involvement of communication specialist in the project activities and meetings Participation of different actors in the project	Develop a communication platform for networking	
<b>Group 2</b>			
1	There has been an increased demand for vaccine → why? – Television programs, videos distributed		Assist livestock keepers with land problem → what will happen if calf mortality is significantly reduced? How much land is actually available? How can land planning and allocation be improved?  Include ITM in professional training curricula
3	Collaboration between POs and vet input supplies could work better	POs could be treated as sub-distributors	
5		Improved access- Enhance availability at the district level Explore possibility of price subsidy	
9		Make use of new communication channels e.g. social media → who to take responsibility for this? The distributors need to take ownership	
<b>Group 3</b>			
1	Awareness at higher level → why? Project introduced very well at these levels	Low at lower levels/beneficiaries → what can be done? Extend the awareness programs to the grass roots	
3	Distributors and vaccinators are well connected → distributors have the option of selecting who to work with PPP has helped these actors to connect	Relationship between distributor, vaccinators and farmer groups	
5		Supply has not improved	Explore linkage to PAID project

Change o.	What is working well	What can work better	Opportunities?
<b>Group 4</b>			
3		No linkages developed Vaccinators have just been trained Need to encourage networking Payments can be made through check off	Existing collective action structures that can be explored e.g. POs AI champions to work with one of the farmers in the community to help them mobilize other farmers for a commission → e.g. the PFTs and VBDA's model in the AVCD Dairy project in Kenya
5		Nothing has changed- same problems persist 4 plants not operational Explore PPP model Explore possibility of collabo with medical research institutes, collabo with other projects such as PAID	
8		A special permit is required every time GALVmed to help in speeding up the lab improvements (so that GMP are met) CTTBD has delayed the TFDA inspection Explore other mechanisms to help them meet the requirements e.g. → work with AU-IBAR, GALVmed – engage them through existing structures Good manufacturing practice (GMP) standards only partially met	
9	Good communication between stakeholders Pple willing to share and collabo Transparency	How to ensure sustainability beyond the project? → Pursue development of stakeholder forums to contribute the discussions and collaborations e.g. the TVA meetings sued to take forward such discussions, EAC meetings to engage with non-Tanzania actors, various meetings held within the country. These forums will help address some of these issues	

**Key:**

**Change no1:** Women and men cattle farmers, and other stakeholders are aware of ITM's benefits

**Change no 3:** Distributors and vaccinators are working with producer organizations, agro vet shops other service providers

**Change no 5:** Liquid nitrogen supply is improved

**Change no 8:** The CTTBD vaccine is registered in Tanzania

**Change no 9:** Improved communication and collaboration among stakeholders



### **Comments and emerging issues:**

Participants highlighted that there is need to find a way of sharing lessons and opportunities for cross-learning between distributors

Change no. 2 (there is sufficient demand for livestock to absorb the increase in off-take rates) was not discussed by any group; the participants mentioned that the issues of service quality are being addressed through the trainings. However, it also emerged that the vaccinators do not have their mindsets tuned towards seeing this as a business

Participants noted that there is overlap between changes no 3 (key players will not change) and 4 (conducive policy environment).

Change no 6 (there will be limited negative environmental impact) was not addressed because there seems to be an agreement among the stakeholders regarding the training curriculum.

Change no 7 (potential vaccinators willing to cost-share the training cost) was not discussed by any of the groups because it is working well. A participant noted that relationships between stakeholders has significantly improved:

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*ITM2SCALE has improved working relationships between institutions including the DVS, LITA and VCT who are now able to sit together and each actor now knows what the other does. Said Hamza Mwamhehe, from the Veterinary Council of Tanzania*

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Regarding change no 8, it was highlighted that ILRI is not registered as a licensed vaccine manufacturing institute, but a research institute; hence, there is need for strong advocacy and lobbying to facilitate the registration of the CTTBD vaccine in Tanzania

## **Reports from partners**

### **Distributors**

Since its inception, ITM2SCALE in collaboration with GALVmed has facilitated the entry of three new ECF vaccine distributors (Vetlife Consultants (T) Ltd, Pharmavax Ltd, Dulle Veterinary centre), in addition to the existing two distributors (Ronheam and Vetaggro). Four of these distributors -Ronheam, Vetlife, Pharmavax and Dulle Veterinary Centre – participated in this review meeting.

Their presentations are available via the links below:

[http://ilri-itm2scale.wikispaces.com/file/detail/04DistributorRport\\_Ngowi.pptx](http://ilri-itm2scale.wikispaces.com/file/detail/04DistributorRport_Ngowi.pptx)

[http://ilri-itm2scale.wikispaces.com/file/detail/05DistributorReport\\_Dulle.ppt](http://ilri-itm2scale.wikispaces.com/file/detail/05DistributorReport_Dulle.ppt)

[http://ilri-itm2scale.wikispaces.com/file/detail/06DistributorReport\\_Ronheam.pdf](http://ilri-itm2scale.wikispaces.com/file/detail/06DistributorReport_Ronheam.pdf)

### **Discussion points from the presentations**

- Regarding training costs, it emerged that potential vaccinators were not willing to share the cost of training. This is contrary to their views during consultations with vaccinators where they expressed willingness to contribute to their training. A participant noted that those eligible to train (academic qualification) are not willing to pay, and many of those willing to pay are not eligible for training. For instance, it was highlighted that of the 160 vaccinators that have been trained by Ronheam, only 30 of them are active.
- Key players in ITM will not change, hence focus should be on the institutions rather than individuals
- It emerged that the distributors have to pay taxes twice for the ear tags

- Community oversight should be encouraged- distributors need to demonstrate the vaccination process to arrest fraudulent activities
- Activity reports should be shared with government actors to enable consolidation of reports on number of animals vaccinated
- The issue of the DVO's role in recruitment of trainees was extensively discussed and participants agreed that training should be opened for all those willing and able to participate, noting that distributors will have a strategy of targeting people who will seize business opportunities
- The distributors mentioned that it is not easy for them to get animals for practical training
- The distributors also raised a concern on vaccine packaging, emphasizing the need to communicate changes in packaging to enable them effectively communicate the same to vaccinators. For example, it was mentioned that the new vaccine package with one-end seal instead of one with two-end seal had causing confusion among the vaccinators. It was agreed CTTBD would communicate any future changes in packaging to the Local Technical Representative (LTR)
- The distributors also cited difficulty in getting qualified vaccinators from the private sector
- It emerged that while the most successful animal health professionals in AI (resulting in high conception rates) are women, recruitment of women vaccinators is not easy
- Timely access to the vaccine was cited as a key factor that hindered their performance
- The distributors mentioned that it was very challenging to maintain the cold chain in the field
- Delayed processing and issuing of certificates upon completion of training was also highlighted as a key challenge. This was explained by VCT that it was due to the time it took to verify if the trainees were registered and retained by the Council
- There was a high demand for a lower dose package. GALVmed confirmed that plans are underway to avail a 10-dose package of the ECF vaccine
- Distributors mentioned that they need access to ECF training manuals to facilitate their training activities
- High costs of liquid nitrogen as well as transportation of the same was cited as a major challenge
- The meeting established that there are already plans to engage sub-distributors to facilitate increased uptake of ITM
- There is a new training program by SUA which will target fresh graduates. Training ECF vaccinators could take advantage of this.
- Training services should be demand driven, and are part of the continuous professional development (CPD) for animal health service providers (AHSP)

## **Project indicators**

Nils Teufel of ILRI presented on the indicators used to track achievements (see presentation [here](#))

Participants noted that on the vaccination record form, there is need to include a column on time of reconstitution and amount of OTC injected. They also recommended that a column on gender of owner of the livestock should be included.

Participants further noted that there is need to correct the training manual to reflect correct time period within which the vaccination must be done from time of 1<sup>st</sup> vaccination (amend to read 4 hours instead of 6 hours)

## **Baseline survey of vaccinators**

Esther Kihoro presented the findings from the baseline survey conducted in December 2015 (see presentation [here](#))



Participants noted that the vaccination period was at peak between January and July, the calving period. It was highlighted that vaccination trends are highly influenced by availability of vaccine in the market.

## **Knowledge Attitude and Practices (KAP) survey**

Nils Teufel presented preliminary findings from the KAP survey undertaken by vaccinators during the vaccinator's training in the Lake Zone and southern highlands. The survey sought to address the following questions;

- Which knowledge does the training improve most?
- Which type of vaccinators have been trained?
- How are training, business activities and personal characteristics linked to increases in ITM application by trained vaccinators?

Results showed most of the trainees were government employees (88%), and 69% of the trainees owned a business. It was noted that the trainings led more to improved technical knowledge compared to business skills. (Presentation is [available here](#))

### **Discussion points**

- Participants noted that the current sample size was too small to draw any meaningful conclusions, however the findings would be used as an indication of the results.

## **Vaccine supply and record keeping**

Heshbone Tindih of GALVmed presented the state of vaccine supply and recording keeping on vaccinations. He reported the current contracts signed on vaccine supply for the region for the next 12 months were 640,000 doses distributed as follows: (280,000), Tanzania (275, 000) and Uganda (85, 000). He also noted that actual vaccinations have been below the target as shown in the figure presented. He also noted that all the vaccinations from each vaccinator under all the distributors should be captured under the vaccinator sheets and shared with GALVmed and ILRI for compilation. Also distributors should submit monthly reports to document their progress. (See presentation [here](#))

### **Discussion points**

- The manual says vaccine is viable for up to 6 hours after reconstitution but it should be 4 hours.
- The team should share a scientific paper that can be used as a reference point on the correct time.
- TFDA should issue permits to facilitate faster acquisition of vaccine to help the distributors meet their targets on time
- Importing most of the required equipment for vaccination takes time and this may limit the distributors meeting their targets on time
- A field safety assessment is currently being undertaken by Dr.Mbwile on behalf of the government for the release of the second batch

## **Farmers' Representatives**

Two livestock keepers, Mr. Nicholas Kidenke from Kagera district in the lake zone region and Mr. Gideon Mwaiholo from Mbeya, participated in the meeting during which they expressed their appreciation of the ITM technology and how their adoption of the ECF vaccine use had improved their dairy production and livelihoods

### **Mr. Nicholas Gideon Kidenke**

Mr. Kidenke is a livestock keepers' representative in Rwakaremera village Kagera district in the lake zone. Livestock keepers experience a number of diseases but ECF has been the most expensive in terms

of treatment (e.g Parvexon and Butalex) and dipping costs. Nevertheless the livestock keepers still experienced high mortality rates from ECF related complications. The farmers started using ECF vaccines in May 2013, through RONHEAM International Limited. Since then Mr. Kidenke has had 573 of his cattle vaccinated, 200 cows and 373 calves. Mr Kidenke noted that cases of ECF related cattle deaths on his farm have significantly reduced. He currently has more than 2000 cattle. He mentioned access to pasture, improved fodder crop seeds and the high cost of ECF vaccine as the main challenges he faces. His presentation in Kiswahili is available [here](#).

### **Mr. Gideon B Mwaiholo**

Mr. Mwaiholo is a dairy farmer and businessman from Mbeya. With 37 dairy cattle, he also sited high costs associated with use of acaricides to combat ECF. However, he mentioned that after adopting the use of the ECF vaccine, these costs have significantly reduced. He is currently one of the 'model' farmers used by the distributors in sensitization and awareness creation to other farmers on the importance of adopting use of ECF vaccine. Mr. Mwaiholo appreciates that his vaccinated animals have a higher market value; in August, 2016 he sold some of his animals for 36,000, 000 TZS (an equivalent of about 16000 USD) and managed to purchase a 5-acre piece of land. He can now expand his enterprise and educate his children.

### **Discussion points:**

- More emphasis should be placed on sensitizing the farmers on the correct application of acaricides after the ECF vaccination to avoid other tick related diseases
- The ILRI communication specialist will work with the distributors to facilitate the documentation of the farmers' experiences through videos.

### **Distributors' work-plans**

Participants were divided into groups with a distributor in each of the groups, to facilitate production of work plans for the period November 2016- June 2017. However, some extended their work plans up to December 2017 beyond the current project period. (See proposed work plans [here](#), [here](#) and [here](#))

### **Discussion and emerging issues:**

Several factors were identified as limiting uptake of ITM in Tanzania:

- Number of vaccinators: there is need for an institutional framework to achieve increased number and mass vaccinations
- Liquid nitrogen supply: It was noted that although liquid nitrogen plants are strategically located and distributed across the country, they require repair and proper maintenance. The meeting highlighted that this could be achieved through public-private partnerships, and through the recently launched livestock modernization programme. In the meantime it was reported that there are facilities within government that can be shared with distributors.
  - Dr. Ruheta from DVS promised to will give Dr. Mwakulukwa one liquid nitrogen tank from the Ministry of livestock in Dar es Salaam which is currently not in use,
  - There is programme that is working on an improved canister- Abdallah Twahir from GALVmed will take this discussion forward. Updates will be provided
- Registration of the vaccine: TFDA had requested for some clarifications from CTTBD so that they could proceed with the registration but this information had not been provided

### **Presentation on business development**

ILRI's James Rao presented on a proposed ITM business development model ([see model here](#)). Rao's presentation focused on the plan on identification of sub-distributors and discussed the agent assessment tool. He also presented a case study of a business model working in Kenya by using community champions to mobilize farmers on behalf of the distributors at a small fee.

## Discussion points from presentation

Participants highlighted that the important point of intervention for business development is at the vaccinator level.

- It was emphasized that the project is not restricting the distributors to any particular actors, but is working with all actors along the value chain
- The participants noted that the business development tool will be very helpful in selecting sub-distributors
- It was further emphasized that in pursuing increased business returns, distributors should be very careful not to compromise the quality of the product along the value chain
- All the distributors should forward names of districts where they would need a sub-distributor and names of possible agents they would wish to work with to Esther and James through email.

## Implementation of central training by LITA

A representative from LITA delivered a presentation on the proposed and on-going plans on institutionalizing central training for the ITM vaccinators in Tanzania. Presentation is available [here](#)

### Discussion

LITA will first train their staff who will train other people interested in the ITM vaccination course. Training programs on ECF vaccination should be embedded into national/country-wide programs. It was noted that courses are designed as part of the CPD programs, therefore they should be targeting those with educational qualification as required for accredited vaccinators

- LITA can introduce ECF and ITM content to graduates but can only offer the ITM vaccinator training to graduates, because non graduates are not allowed to vaccinate before graduation.
- Students undertaking diploma in animal health and with an interest in ECF vaccination can be offered a short course on ITM vaccinations.
- LITA will also incorporate ITM business entrepreneurship skills, in the curriculum.

## Presentations by Zonal Veterinary Councils

The Zonal veterinary councils presented on the history of ECF vaccinations in Tanzania, the current progress and available infrastructure to facilitate the success of the vaccinations. Dr. Nong'ona gave a background on the progress of the ITM ECF vaccinations in Iringa. Part of the current implementation plans include farmer sensitization, training of vaccinators and disease surveillance. The above activities will be carried out at council level under coordination of ZVC/TVLA through; provision of transport (motorcycles for field work), financial support, equipment and personnel. This will also greatly rely on the existing opportunities including; Livestock Field Officers, liquid nitrogen plants (Hali Project, Sao Hill Farm, Uyole Research Institute) and liquid nitrogen agencies. Presentation is available [here](#)

### Opportunities identified for collaboration:

- LGAs- local government authorities
- VICs- are divided into two: zonal vet centres (ZVC) and Tanzania vet labs ([www.tvla-tz.org](http://www.tvla-tz.org) Dr. Mwagisha)
- SUA can also offer training services

It was agreed that serological tests should be done on need basis given the high costs associated with it. It was also noted that serology is not a definite indication of protection. It was noted that there is need to strengthen TVLA to respond to any complaints received

## Outlook for remaining project period

This session was moderated by Henry Kiara of ILRI. The aim was to discuss the remaining activities during the project period, who is in charge of the activities, what needs to be done and the timelines for achieving the results.

Activity	Who/ What	Timeline
Sensitization <ul style="list-style-type: none"> <li>Fliers</li> <li>Video</li> <li>posters</li> </ul>	Dorine to give the flier content Dr. Ruheta will translate to Swahili Dorine and Beatrice to edit and circulate the current videos Dr. Ruheta will distribute the posters in his office to the distributors as more posters are produced.	15 <sup>th</sup> November, 2016
Mobilization	They currently have all the required facilities Use the van. Sensitization will help especially local vaccinators. If villages knew who their local vaccinators are, this will to curb fraudulent vaccinators. The distributors will record the names of the persons mobilized in the various villages in the village mobilization sheet.	
Getting vaccinator trainees	Distributors have to strategically select the trainees with a special focus on vaccinators who want to take up ITM vaccination as a business. For example they can compile a list of the private vets from the DVO, or go to the districts to talk to the farmers and get the right people who will be willing to take up ITM vaccination as a business, then confirm with the DVO if they are qualified to be vaccinators.	
Vaccine purchase	Each distributor is supposed to be assigned a distinct ear tag colour. However, while waiting for the imports, they will purchase ear tags locally from colleagues, register the serial numbers with DVO as they plan to import their specific colors. The process will entail a Permit-attach profoma invoice and a letter from the DVS.	
Liquid Nitrogen	Mr. Bwana will engage the PAID project on their plans to provide liquid nitrogen for the AI programme to see if the ITM could benefit from this.	
	Abdallah to discuss with Nathaniel Makoni of African Breeders Service (ABS) on the possibility of selling a medium sized liquid nitrogen plant from Kenya to a buyer in Tanzania	
Tax exemption	Distributors using the minutes of this meeting to write a letter for ear tag tax exemption/ reclassification- remove the tariff number from the earrings to a different one	
Circulation of project planning meeting notes	Dorine to compile the report for circulation to all participants	4/11/2016
TFDA registration	Abdallah to follow up on this discussion to ensure the current vaccine product is registered	End of November, 2016
Serological tests	TVLA to backstop the process since it is quite expensive	
LITA	ILRI and GALVmed to find out their specific requirements to train their staff, to be trainers. And discuss how best they can support.	
Provision of receipts to farmers	Distributors should be aware that they should provide receipts to farmers after vaccinations.	
Analysis of oxytetracycline	TFDA do the tests. The antibiotic used after vaccinations should be 30% to minimize reactors. Buy the antibiotics from a reputable company	
Time	The project has very limited time	

## **Beyond ITM2SCALE project**

Nils Teufel facilitated a discussion on ITM sustainability beyond the ITM2SCALE project.

### **Discussion points:**

- The meeting noted that it is important to define realistic targets towards adoption of ITM. Participants agreed that the focus should be on calves, targeting 2 million calves per year
- In the ITM2SCALE project, the target is 320, 000 doses per year, 1000 doses per vaccinator
- Currently there are 300 active vaccinators
- Following assumption in estimating demands and on the current adoption rate (a study in the Arusha region shows adoption rates at 80% of farmers), in year 2 this is expected to double to 600,000 doses and to 1 million in year 3, as a result of snowball effect
- The key issue that urgently needs to be addressed is registration of vaccine in Tanzania and guaranteed supply from CTTBD

### **Closing remarks**

In his closing remarks, Dr. Masuruli reiterated that the livestock sector contributes about 24% of national GDP, and 40% to the agricultural GDP. He articulated that if ITM is widely and successfully up-scaled, the 40% contribution to agricultural GDP will not only double, it will also have multiplying effects at household level leading to healthier cattle, more milk and meat, better child nutrition increased household income and increased exports. Dr. Masuruli expressed his appreciation of the ILRI and GALVmed's initiative and echoed that farmers' testimonies

## Programme

Day 1: 27<sup>th</sup> October 2016

**Session Chair: Dr Abdallah Twahir**

Time	Activity	Responsible
08:30 – 09:00	Registration	B. Liundi
09:00 – 09:15	Welcome	DVS
09:15 – 09:30	Recap project objectives and goals	H. Kiara
09:30 – 10:00	ToC review	I. Baltenweck
10:00 – 10:30	Work-plan activities (30 min)	H.Kiara
10:30 – 11:00	Tea Break	
<b>Session Chair: Dr Abdu Hayghaimo</b>		
11:00 – 12:00	Distributor reports (15 min each) Progress on training, mobilisation, awareness, vaccinations	N. Ngowi L. Mwakalukwa C. Dulle H. Mbwille
12:00 – 13:00	Institutional reports (15 min each)	
	Regulatory framework	B.Masuruli
	Towards centralized training of ECF vaccinators	DVS
	Vaccine Supply	G.Chaka
	ITM roll-out and demand estimates	H.Tindih
13:00 – 14:00	Lunch	
Time	Activity	Responsible
<b>Session Chair: Dr Amos Omoro</b>		
14:00 – 15:00	Achievement of donor indicators (30 min)	N. Teufel
	Discussion on other indicators “What is working?”	
15:00 – 16:00	Monitoring reports	
	Report on vaccination records	H.Tindih
	Report KAP survey	N. Teufel
	Report on Baseline / meeting reports	E. Kihoro
	Discussion on monitoring reports	
16:00 – 16:30	Tea Break	
16:30 – 17:30	Achievement of project aims (highlight challenges and opportunities) <ul style="list-style-type: none"> <li>• ITM demand (retail cost)</li> <li>• Vaccination volume (FtF?)</li> <li>• Regulatory framework (FtF?)</li> <li>• Business establishment / orientation</li> <li>• Record keeping -&gt; documentation, research</li> <li>• Communication / collaboration</li> <li>• Opportunities beyond project</li> </ul>	



Day 2: 28<sup>th</sup> October 2016

Time	Activity	Responsible
<b>Session Chair: Dr Bedan Masuruli</b>		
09:00 – 09:45	Plans (activity plans based on agreements, travel plans), by distributor / group	Groups
09:45 – 10:15	Brief reports on plans	
10:15 – 11:00	Business development; plans / involvement	J. Rao
11:00 – 11:30	Tea	
<b>Session Chair: Dr Furaha Mramba</b>		
11:30 – 12:15	Implementation of central training	LITA representative
12:15 – 12:45	Opportunities for collaboration with other projects (EADD, Heifer, VIC, Farmer reps) in groups	Groups
13:00 – 14:00	Lunch	
<b>Session Chair: Dr H.Tindih</b>		
14:00 – 14:30	Outlook for remaining project period (synthesis of work-plans)	H.Kiara
14:30 – 15:30	Discussion: Beyond Itm2Scale – future of ITM, what could be the steady-state demand – would that match the vaccine supply, vaccinator density, business opportunities, training capacity, how long will it take to reach steady state	H.Kiara/A.Twahir
15:30 – 16:00	Wrap-up, departure	

## Participants

Participant	Organization	Designation	Telephone	E-mail
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