



Partnering with The Vaccine Fund

7 June 2004

Progress Report

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

by the Government of

COUNTRY: Bosnia and Herzegovina

Date of submission: 7 June 2004.....

Reporting period: 2003 (Information provided in this report *MUST*
refer to the previous calendar year)

(Tick only one) :

Inception report ☐

First annual progress report ☒

Second annual progress report ☐

Third annual progress report ☐

Fourth annual progress report ☐

Fifth annual progress report ☐

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

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

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1. Report on progress made during the previous calendar year

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

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

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

No ISS Funds received by B&H.

1.1.2 Use of Immunization Services Support

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

Funds received during the reporting year _____
 Remaining funds (carry over) from the previous year _____

Table 1 : Use of funds during reported calendar year 20_ _ Not applicable

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:					
Remaining funds for next year:					

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

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

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

Problems encountered in relation to your multi-year plan

Bosnia and Herzegovina's application for the introduction of the HepB vaccine on birth was accepted and approved by the GAVI Secretariat in March 2002. The introduction of the HepB vaccine on birth in the two entities (the Entity of Republika Srpska and the Entity of the Federation of Bosnia and Herzegovina) and Brcko District (Bosnia and Herzegovina consists of two entities and Brcko District) started at different times due to the difficulties that occurred there. The Entity of Republika Srpska started with vaccination according to the developed plan. The neonatal HepB received from GAVI was introduced in January 2003.

- The Entity of the Federation of Bosnia and Herzegovina and Brcko District started introducing the HepB on birth in May 2004. The delay occurred due to the following problems:
 1. Great resistance by paediatricians to the introduction of the HepB vaccine with thiomersal on birth
 2. A strong media campaign conducted in 2002 against the introduction of the HepB vaccination on birth

Major activities conducted to strengthen immunization

Entity of Republika Srpska

- Eight training seminars for 160 health professionals (paediatricians, epidemiologists, nurses, family doctors) in cold chain management and immunization safety were organized. The seminars included 15 maternity clinics, health centres and vaccination sites.
- Vaccination promotional campaign (Materials for health professionals and parents were printed)

Entity of the Federation of Bosnia and Herzegovina

- The Independent Advisory Body for Immunization Programme Coordination and Promotion was established.
- Vaccination promotional campaign (Materials for health professionals and parents were printed)
- A symposium on immunization was organized for the Balkan region.

Brcko District

- A training seminar for 20 health professionals on the introduction of HepB at birth.
- Vaccination promotional campaign (Materials for health professionals and parents were printed).

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

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

YES ☐

NO ☒

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

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

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

Entity of Republika Srpska

- Cold chain control and monitoring (conducted by the Republika Srpska PHI)

Entity of the Federation of Bosnia and Herzegovina

- Cold chain and vaccine supplies control and monitoring (conducted by WHO RO)
- Immunisation Programme Management Review
- A management review of the immunization programme in the Federation of Bosnia and Herzegovina was conducted 2-10 June at the invitation of the Minister of Health of the Federation using a World Health Organization (WHO) protocol., a team of specialists from the WHO Regional Office for Europe, UNICEF (Bosnia and Herzegovina), Centres for Disease Control and Prevention (Atlanta, USA) (as well as consultation with a World Bank representative) was joined by local counterparts. The programme areas covered were: Management and Coordination; Immunization Policies; Immunization Coverage; Surveillance of Vaccine Preventable Diseases; Financing and Sustainability; Immunization Safety; Advocacy and Communication.(Please find attached report)

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

1.2.1 Receipt of new and under-used vaccines during the previous calendar year 2003

Start of vaccinations with the new and under-used vaccine: MONTH January. YEAR...2003....

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

The total quantity of HepB vaccine approved by GAVI for Bosnia and Herzegovina in 2003 was:

- HepB(10ds vial) 100 905 doses
- HepB (1 ds vial) 41 515 doses

Of this, the deliveries were:

- To the Republika Srpska 50,000 doses
- To Brcko District 3,300 doses

The vaccine was not delivered to the Federation of Bosnia and Herzegovina due to the prolonged introduction of HepB on birth. (Reasons for the delay with the HepB vaccination on birth are stated in the section "Problems encountered in relation to your multi-year plan" page 5) As agreed with Dr Abdallah Bchir and Dr Andrei Lobanov, the remaining quantity of HepB vaccines approved by GAVI will be requested in the next request to be sent to the UNICEF Supply Office in Copenhagen.

ENTITY	2003	2004	2005
Republika Srpska	HepB on birth introduced	Vaccination carried out	Continuation expected with HepB from GAVI
Federation of Bosnia and Herzegovina	No dose of the HepB vaccine was received	In order to overcome the problem explained on page 5, the Federation MoH chose a compromise solution and the intervention funds were used to purchase the thiomersal-free HepB vaccine, the monodose one given only on birth. The second and third doses of HepB were received from GAVI.	it is expected that GAVI will approve all the three doses of HepB. This plan has been approved by the ICC.
Brcko District	HepB vaccination on birth was not introduced for the same reasons as in the Federation of Bosnia and Herzegovina	HepB on birth introduced, and the HepB vaccine received from GAVI	GAVI support is expected for the continuation of HepB vaccination.

1.2.2 Major activities

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

Major activities in the Entity of Republika Srpska

- Eleven training seminars on the introduction of HepB on birth were organized for 156 health professionals (doctors, nurses, family doctors) from 8 maternity clinics and 30 vaccination sites.

Major activities in the Entity of Federation of Bosnia and Herzegovina

Due to the described difficulties occurring in the Federation of BiH that caused a delay with HepB on birth (explanation given on page 5), as of May 2004 the Federation of Bosnia and Herzegovina will start using funds according to the formulated plan to train health professionals in the Federation of Bosnia and Herzegovina.

- In order to overcome these difficulties in the Federation of BiH, the Federation government, with the assistance of WHO, held and financed 14 seminars for around 370 health professionals (paediatricians, neonatology specialists, epidemiologists and nurses).
- Cold chain control and additional training of health professionals in 12 major maternity clinics

Major activities in District Brcko

- In December 2003 one seminar was organised for 30 doctors and nurses from health centres and the maternity ward.

The seminars addressed the following topics:

- Introducing Hepatitis B Vaccines and Auto-Disable (AD) Syringes,
- Immunization Safety for Health Workers
- Storing and Transporting Hepatitis B; Injecting Hep B
- Monitoring adverse events following immunization (AEFI)

Problems encountered

A further problem had to do with the transfer of money, as a result of a very complex administrative structure in the country (powers were transferred from the Foreign Ministry to the Ministry of Civil Affairs). This made the implementation of activities more difficult and slowed it down.

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

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

The ICC drafted a plan for the distribution of the 100,000 US\$ approved by GAVI in the following way:

- Entity of Republika Srpska 44 %
- Entity of Federation of Bosnia and Herzegovina 52%
- Brcko District 3 %
- Bank charges 1%

Republika Srpska used 12,600 US\$ for the seminars described in section 1.2.2.

Because of delay in introduction of HepB birth vaccination the Federation of B&H did not use any funds in 2003, That was also in accordance with the recommendations given in the Immunisation Management Review Report.

Activities planned for strengthening the immunisation programme when introducing the new vaccine will utilise the remaining funds during the year 2004 in RS, F-B&H and the District Brcko.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

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

Since the Bosnia and Herzegovina still did not submit the application for the injection safety support, no support received for this topic. The Injection Safety application for Bosnia and Herzegovina will follow after a decision to be approved and defined by the ICC.

In the Entity of the Federation of Bosnia and Herzegovina, this application should be approved by the Independent Advisory Body for the Immunization Programme.

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

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

Not applicable

Indicators	Targets	Achievements	Constraints	Updated targets

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

Not applicable

2. Financial sustainability

Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

First Annual Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

The governments of Bosnia and Herzegovina have the obligation to submit the requested Financial Sustainability Plan by the end of 2004. In order to meet that deadline we hope that local experts will receive needed training (to substitute for the cancelled training sessions in Moscow, April 2004), and that international technical assistance will be provided for the country.

The financial sustainability plan will be very useful tool which is going to contribute to the improvement of immunisation programme in the country. Procurement in two entity and district Brcko has occurred without appropriate planning and forecasting and without full financial implications. These ways of procurement are very possibly unsustainable for the long-term. The current practice of budgetary allocations for procurement of vaccines has been associated with disruptions in vaccine supply.

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

(Table 2) : Sources (planned) of financing of new vaccine Not applicable (specify)

Proportion of vaccines supported by	Annual proportion of vaccines*									
	2003..	2004..	2005..	2006..	2007..	2008..	2009..	2010..	2011..	2012..
Proportion funded by GAVI/VF (%)	100	70	100	100	100	100	100	100	100	100
Proportion funded by the Government and other sources (%)	-	30*	0	0	0	0	0	0	0	0
Total funding for (new vaccine) *	100	100	100	100	100	100	100	100	100	100

- Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine
- *Federal Ministry Of Health bought first dose of HepB with no thiomersal on exceptional basis
- ***This table will be updated after development of Financial Sustainability Plan for Bosnia and Herzegovina***

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

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

3. Request for new and under-used vaccines for year2005..... (indicate forthcoming year)

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

3.1. Up-dated immunization targets

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

Table 3 : Update of immunization achievements and annual targets, Future year-updates based on Joint Reporting Form for 2003

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS Births B&H ¹	40030	38586	38861	37180	35693	34266	33408	32573	31759
Of which Births F-B&H			24127	23078	22155	21269	20737	20219	19713
“ Republika Srpska			13754	13204	12676	12169	11865	11568	11279
“ District Brcko			980	898	862	828	807	787	767
Infants' deaths	442	329	375	322	309	297	289	282	275
Surviving infants	39588	38256	38486	38065 ²	36542	35081	34204	33349	32515
Infants vaccinated / to be vaccinated with 1st dose of DTP (DTP1)*				35705	34715 ³	34028	33178	32348	31539
Infants vaccinated / to be vaccinated with 3rd dose of DTP (DTP3)*	30712	29603	30207	33186 (87.1%)	32888 ⁴ (90%)	32274 (92%)	31810 (93%)	31681 (95%)	30889 (95%)
NEW VACCINES									
Infants vaccinated / to be vaccinated with 1st dose of Hep B vaccine				11091 (84%)	22362*** (88%)	30839 (90%)	30735 (92%)	30944 (95%)	30806 (97%)
Infants vaccinated / to be vaccinated with 3rd dose of Hep B vaccine				10126 (76.7%)	22870 (90%)	32274 (92%)	31810 (93%)	31681 (95%)	30889 (95%)
Estimated wastage rate of Hep B vaccine, mono-d				5%	5%	5%	5%	5%	5%
Estimated wastage rate of Hep B vaccine, ten-d				25%	25%	25%	25%	20%**	20%**
INJECTION SAFETY									
Infants vaccinated / to be vaccinated with BCG	39192	37873	35022	34547 (92.9%)	33908 (95%)	32553 (95%)	32740 (98%)	32247 (99%)	31441 (99%)

* Actual number of children vaccinated in past years and updated targets ¹ Estimated decline of annual birth rate by 4% in 2005-2006, and by 2.5% in 2006-2008

² Surviving infants 2003 include estimated 1207 births outside F-B&H; ³ new targets after Hep B introduction, that fact is relevant for all coming years.

⁴ New targets after Hep B introduction: estimated coverage 2004 90%, 2005 92%, 2006- 93%. ⁵ Hep B was introduced in F-B&H in May 2004. ⁶ Wastage not known for 2003

**Wastage rate is going to be reduced because monitoring of wastage rate on the monthly bases is introduced, also changes in vial presentation (instead of HepB in 10doses country will request more mono doses and 6 doses vaccines) will contribute to the reduction of wastage rate

*** Since the introduction of HepB vaccines on birth started in May 2004 in Federation of Bosnia and Herzegovina only half of annual birth cohort will be vaccinated in year 2004.

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

** Use 3 rows for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

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

Actual number of children vaccinated in past years and updated targets ¹ Estimated decline of annual birth rate by 4% in 2005-2006, and by 2.5% in 2006-2008

Surviving infants 2003 include estimated 1207 births outside F-B&H; ³ new targets after Hep B introduction

New targets after Hep B introduction: estimated coverage 2004 90%, 2005 92%, 2006- 93%. ⁵ Hep B was introduced in F-B&H in May 2004. ⁶ Wastage not known for 2003

Wastage rate is going to be reduced because monitoring of wastage rate on the monthly bases is introduced, also changes in vial presentation (instead of HepB in 10doses country will request more mono doses and 6 doses vaccines) will contribute to the reduction of wastage rate

Since the introduction of HepB vaccines on birth started in May 2004 in Federation of Bosnia and Herzegovina only half of annual birth cohort will be vaccinated in year 2004.

Explanation of the change of vial presentation from 10 doses to 6 doses of HepB, and increase in monodoses of HepB

In order to increase the coverage and reduce wastage of the HepB vaccine, a change is requested and an increase in the percentage of monodose Hep B (for the first and second doses) and replacement of the 10-dose HepB with 6-dose HepB.

Due to the large number of vaccination centres in the field with a small number of children scheduled for vaccination in order to save vaccines, the possibility exists that a certain number of children will not be immunized with the HepB vaccine. With this change, we would comply with the WHO recommendation to use every opportunity to immunize children, within a strictly defined period (the interval between the first and second dose of the HepB vaccine strictly 30 days).

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

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

Tables 4a and 4b give the revised requests for neonatal and infant doses of hepatitis B vaccines in mono-dose and 6-dose vials, respectively.

The tables also show how the requested vaccines will be allocated to the different parts of the country – taking into account that the programme has been running from 2003 in RS, and from May 2004 in F-B&H and District Brcko.

Note that the country requests 100% support in 2005.

2004 was an exceptional year when the programme was geared by actions taken to resolve the immunisation crisis precipitated in the F-B&H in 2002-03 and the F-MoH decided to use thiomersal free neonatal Hep B vaccines in 2004, see also section 1.2.2 -3.

In summary, GAVI reduced the country request with the whole amount of buffer stocks in the whole country, and in addition changed the expected coverage for Hep B dose 2 and 3 to that of DTP1 and DTP3 in 2002 – a year with exceptionally low coverage. The 2003 coverage of DTP1-3 is already at about 87% (table 3), corresponding to the estimate used in our request for vaccine supplies in 2004.

Table 4a: Estimated number of doses of Hep B vaccine in mono-dose vials (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of Hep B vaccine, mono-dose		35081(surviving infants)
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		2(birth and second dose)
D	Number of doses	$A \times B/100 \times C$	70 162
E	Estimated wastage factor	<i>(see list in table 3)</i>	1.05
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	73670
G	Vaccines buffer stock	$F \times 0.25$	18 493
H	Anticipated vaccines in stock at start of year 2005.		5000
I	Total vaccine doses requested	$F + G - H$	87163
J	Number of doses per vial		1
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	92857
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	NA
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	1030

Table 4b: Estimated number of doses of Hep B vaccine in six-doses vials *
Explanation for changing vial presentation provided on page 13.

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 2 nd and 3 rd doses of Hep B vaccine, ten-dose vials		35081(surviving infants)
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		1
D	Number of doses	$A \times B / 100 \times C$	35081
E	Estimated wastage factor	<i>(see list in table 3)</i>	1.25
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	43851
G	Vaccines buffer stock	$F \times 0.25$	10962
H	Anticipated vaccines in stock at start of year 2005.		10000**
I	Total vaccine doses requested	$F + G - H$	44813
J	Number of doses per vial		6
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	40000
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	444

**** quantity of HepB in 10 doses expected in stock on the beginning of 2005**

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

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

3.3 Confirmed/revised request for injection safety support for the year **2005 and 2006.....** (*indicate forthcoming year*)

Table 6: Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	For year 2005	Year 2005,	For year 2006
A	Target of children for BCG vaccination	#			
B	Number of doses per child	#			
C	Number of BCG doses	A x B			
D	AD syringes (+10% wastage)	C x 1.11			
E	AD syringes buffer stock ¹	D x 0.25			
F	Total AD syringes	D + E			
G	Number of doses per vial	#			
H	Vaccine wastage factor ⁴	Either 2 or 1.6			
I	Number of reconstitution ² syringes (+10% wastage)	$C \times H \times 1.11 / G$			
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$			

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

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

NOT DONE

Indicators	Targets	Achievements	Constraints	Updated targets

¹ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

² Only for lyophilized vaccines. Write zero for other vaccines

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

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	Yes	
Reporting Period (consistent with previous calendar year)	Yes	
Table 1 filled-in	No	Not applicable
DQA reported on	No	Not applicable
Reported on use of 100,000 US\$	Yes	Most funds to be used in 2004
Injection Safety Reported on	No	Not applicable
FSP Reported on (progress against country FSP indicators)	No	Not applicable
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	Meeting 12 May 2004

6. Comments

→ ICC/RWG comments:

7. Signatures

For the Government of Bosnia and Herzegovina Minister of Civil Affairs.....

Signature:

Title:

Date:

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

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
PHIRS							
PHI FB&H							
UNICEF B&H							
WHO B&H							

~ End ~