

Annual Progress Report 2007

Submitted by

The Government of

The Republic of Tajikistan

Date of submission	
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Deadline for submission 15 May 2008

(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to: GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, rajkumar@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2008

Signatures Page for ISS, INS and NVS

For the Government of Tajikistan

Ministry of Health:		Ministry of Finance:			
Name: Aza	am Mirzoev	Name: Alan	nhon Naimi		
Title: Deputy Minister			Deputy Head of the Main directorate of et, Head of Investment Policy Directorate		
Signature:		Signature: .			
Date:		Date: .			

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excelsheet. 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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
A. Mirzoev – Deputy Minister	Ministry of Health		
M. Nazarhudoeva – secretary	Republican Centre for Immunoprophilaxis		
S. Kurbonov – Head of OOMUMD PS	Ministry of Health		
A. Naimi – Deputy Head of the Main directorate of State Budget, Head of	Ministry of Finance		
A. Azimov – Head of Sanitary- epidemioloogy department	Ministry of Health		
S. Jabirov – General Director	Republican Centre for Immunoprophylaxis		
S. Turkov – Deputy Gen. Director	Republican Centre for Immunoprophylaxis		
S. Kurbonov – Head of healthcare program	UNICEF		
S. Jaborov – Program officer	JICA		
N. Artikova – WHO Officer on communication with RT	WHO		
L. Kurbonmamadova – Healthcare program coordinator	AKF		
L. Rajabova -	ADB		

Signatures Page for HSS

For the Government of				
Ministry of Health:		Ministry o	f Finance:	
Title:		Title:		
Signature:		Signature:		
Date:		Date:		
Strengthening Programme. Signature financial (or legal) commitment on the Financial accountability forms an incountry performance. It is based or detailed in the Banking form. The HSCC Members confirm that the been audited and accounted for according to the strength of	re of endorse he part of the tegral part of 0 n the regular on the funds recei	ment of th partner ag GAVI Allian povernment ved from ti	is document does yency or individual, nce monitoring of r at audit requirement the GAVI Funding I	not imply any reporting of its as Entity have
Name/Title	Agency/Orgai	nication	Signature	Date

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

1. Report on progress made during 2007

1.1 <u>Immunization Services Support (ISS)</u>

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

In 2007 no funding for ISS was received.
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.

1.1.2 Use of Immunization Services Support

In 2007,	the following major area	s of activities have beer	n funded with the GAVI	Alliance Immunization	Services Support contribution.

Funds received during 2007	0		_
Remaining funds (carry over)	from 2007		0
Balance to be carried over to	2008	00	

Table 1: Use of funds during 2007*

A of l	Tatal amazontin	AMOUNT OF FUNDS			
Area of Immunization Services Support	Total amount in US \$	PUBLIC SECTOR		PRIVATE	
Services Support	03 \$	Central	Region/State/Province	District	SECTOR & Other
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'.

<u>Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds</u> were discussed.

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan. ISS - not received 1.1.3 Immunization Data Quality Audit (DQA) Next* DQA scheduled for *If no DQA has been passed, when will the DQA be conducted? *If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA *If no DQA has been conducted, when will the first DQA be conducted? What were the major recommendations of the DQA? Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared? YES NO If yes, please report on the degree of its implementation and attach the plan. Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC. Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

1.1.4. ICC meetings

How many times did the ICC meet in 2007? Please attach all minutes. Are any Civil Society Organizations members of the ICC and if yes, which ones?
5 ICC meetings were held.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Нер В	1 dose	157,200	2002	21.01.2007
Hep B	10 dose	342,000	2002	21.12.2006

Hep B	10 dose	342,000	2002	21.12.2006			
Please report on any problems encountered.							
No problems were e	No problems were encountered						
1.2.2. Major activit	ties						
Please outline major phasing-in, service s			ndertaken, in relation lems encountered.	to, introduction,			
Hep B vaccine was i	introduced in full. N	- √Io problems were ε	encountered				
1.2.3. Use of GAVI	funding entity su	apport for the intro	oduction of the new	vaccine			
These funds were re	eceived on:						
Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.							
No funding from GA	VI funding entity w	as received in 2007	7.				

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in _____

- Improving ventilation of the premises by installing 5 extra-strong pull-ventilation units in cold storage rooms.
- Installing stand-by generator for emergency situations.
- Installing electronic, automatic control mechanism of temperature in cold storage rooms.
- Ensuring high quality technical service of refrigerator equipment.
- Personnel training.

Was an action plan prepared following the EVSM/VMA: Yes/No

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

- The issue of temperature computer surveillance in cold storage rooms was resolved.
- 5 extra-strong pull-ventilation units were installed.
- Generator was repaired; the purchase of second stand-by generator is being discussed.
- Hire a qualified refrigerator equipment engineer.
 - Three specialists were retrained on vaccine store management.

The next EVSM/VMA* will be conducted in: not scheduled

*All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received
Syringes 0.5	360,000	17.05.2007
Safety boxes	4,175	17.05.2007

Please report on any problems encountered.

No problems were encountered		

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

If support has ended, please report how injection safety supplies are funded.

Support has ended. Remaining AD syringes (0.5 ml) were received as agreed which cover the need until the IV quarter of 2008. Following purchases will be funded by the state.

Please report how sharps waste is being disposed of.

In accordance with the National policy, injection materials are destroyed in the following manner:

- · Burning in incinerators.
- Burning in open pits with following burial.

Currently, a unified policy on destroying medical wastes in accordance with the common international norms (Stockholm treaty) for the Republic of Tajikistan is being developed with the help from international organizations.

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

- Health facilities are inadequately supplied with the reconstitution syringes.
- Shortage of incinerators.
- Problems with collecting filled safety boxes for centralized destruction.
- The absence of unified Legislative base in RT on the destruction of medical wastes.

1.3.3.	Statement on use of GAVI Alliance injection safety support in 2007 (if received in
	the form of a cash contribution)

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

No cash was received.		

Vaccine Co-financing, Immunization Financing and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

Note: Support of GAVI within the Phase 2 includes co-financing of new vaccines introduction from that phase by all countries (except for inclusion of second dose of measles vaccine into immunization schedule). The Annual Performance Report template was changed to help conduct country experiences on implementation of new GAVI policy on co-financing of vaccine purchases. Countries are suggested to fill out three new information tables and provide answers to questions on acquired experience.

The purpose of Table 2 is to provide general information on trends in the context of general expenditures on immunization and funding. It includes main updated data on Immunization schedule by years.

The purpose of Table 3 is to help GAVI understand broad trends in MIC expenditures and financing flows.

The purpose of Table 4 – is to understand processes on the country level related to integrating cofinancing requirements into the National planning and budgeting processes.

Table 2: General expenditures and funding trends, \$US.

Expenditures by Category	2006	2007	2008	2009	2010
, , , ,					
Immunization expenses	1590,156	1794,164	2868,144	3874,458	4,045763
Vaccines	725127	792214	1,893160	2,817903	3,008642
Injection supplies	167,214	253428	275,670	305,047	322,743
Personnel	77578	83,010	88820	95037	101690
Other current expenses	509,457	526034	335,700	343,835	341,277
Cold Chain equipment	52146	54,533	169,997	120,369	105,676
Transportation	58,634	84,945	104,797	157,257	165,735
Other	7451	6503	25000	35000	39000
Total immunization expenses	1,597,607	1,800,667	2889,144	3,909458	4075763
Financing by Source	2006	2008	2009	2010	
Government (incl. WB loans)	121,671	614,822	593,357	617,169	
GAVI Fund	368,131	1,694,048			
UNICEF	270,975	111486	172,000		
WHO	117,000	160,000			
JICA	225.303	382908			
Other (please specify)	91.567				
Sub-National	117398	140,169	168992	154,468	
Total Financing					

Table 3a: Co-financing of	vaccine purch	ases by the cou	ntrv. US \$	НерВ.	
For the 1st GAVI awarded v			j , 00 ţ		
Actual and expected co-financing by the country	2006	2007	2008	2009	2010
Total number of doses co-financed by the country					
Total amount co- financed by the country					
Including:					
By Government					
From joint fund					
Other (specify)					
Other (specify)					
Other (specify)					
Total amount of co- financing					

Table 3b: Co-financing of For the 2nd GAVI awarded		iases by the cot	ilitry, US \$	DTP, Hib, HepE).
HepB	vaccine.				
Actual and expected co-financing by the country	2006	2007	2008	2009	2010
Total number of doses co-financed by the country			24.496	49.505	44.311
Total amount co- financed by the country			92,298	185.072	177.575
Including:					
By Government					
From joint fund					
Other (specify)					
Other (specify)					
Other (specify)					
Total amount of co- financing					

Table 4: Issues regarding implementation of requirements of co-financing for vaccine purchases

Q 1: What mechanism is used by the MOH in your country to procure RIP vaccines?							
Mark if "Yes" List vaccines Source of funding							
Government purchases – international tenders							

Government purchases – other		DT,	Government
UNICEF	Yes	DTP, BCG, OPV, Measles, HepB	JICA, GAVI,TIKO
PAHO	103	Measies, Fiepb	JIOA, GAVI, TIKO
Donations			
Other (specify)			

Q 2: How suggested payment terms differ from the actual ones in the reporting year?								
Payment schedule under co-financing Suggested payment terms Real payment terms in the reporting year Delays in payment								
	(mo/year)	(day/mo.)	(days)					
ГВ-								
1 st vaccines provided by GAVI	VI.2008	VII.2008r	+15 days					
2 nd vaccines provided by GAVI	VI.2009	VII.2008r						
3 rd vaccines provided by GAVI								

Q 3: Were the co-financing requirements included in the next national planning and budgeting systems?						
	T					
	Mark if "Yes"	List vaccines				
Budget item for vaccine purchases	Yes	DT, measles, penta-valent				
National Plan for health care sector						
development	Yes	All				
National health care budget	Yes	All				
Structure of mid-term payments	-					
General approach to financing industry sectors						
in the country	-					
Mass immunization campaign (MIC)						
expenditure and funding analysis	Yes	All				
Annual immunization plan	Yes	All				
Other		·				

3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

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. Targets for future years **MUST** be provided.

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.

Currently, the data of the State statistics committee on the number of population is used, and on child population in particular. Target groups are determined for the following years. Information on them is provided below in the WHO/UINCEF joint report.

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

N. J. C				Α	chievements	and target	:s			
Number of	2005	2006	2007	2008	2009	2010	2011	2012	2013	
DENOMINATORS										
Births	184,959	188,991	193,054	197,205	201,445	205,776	209,034	212,792	216.970	
Infants' deaths	12022	12,285	12,607	11,583	10,475	10,083	9800	9450	9130	
Surviving infants	172,937	176,706	180,447	186,161	190,970	195,693	199 234	203.342	207.840	
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*	150,543	152,384	158.284	163.821	168.053	172.209	179.310	187.074		
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*	145,321	146,949	155.050	160.098	164.234	168.295	175.325	178.940		
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)* (new vaccine)	150,341	152,138	159664	165637	173482	175.540	179.200	186.410		
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of (new vaccine)	154244	147140	152616	156833	164.284	168.295	175.525	178.940		
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)	1,18	1,18	1,18	1,05	1,05	1,05	1.05	1.05		
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT										
Infants vaccinated / to be vaccinated with BCG										
Infants vaccinated / to be vaccinated with Measles (1st dose)										

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

^{**} Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced *** Indicate actual wastage rate obtained in past years

^{****} Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

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

After introduction of pentavalent vaccine, the process of purchasing vaccines through UNICEF was continued. All vaccine purchase issues are discussed with the UNICEF and UNICEF Supply Division.

Table 6: Estimated number of vaccine doses

Table of Estimated Hamber of	Tuccinio ucco		
Vaccine:	2009	2010	2011
Total number of doses	195,000	198,000	201,000
Number of doses, financed by GAVI	-	-	-
Number of doses, financed by the country	195,000	198,00	201,000
Size of the co-financing by the country, US\$*	-	-	-
Total amount of co-financing	-	-	-

^{*} in accordance with GAVI co-financing policy, distribution of countries by groups and order of vaccine introduction

Remarks

- <u>Phasing:</u> Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- Wastage of vaccines: Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.
- Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement
- Anticipated vaccines in stock at start of year 2009: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- <u>AD syringes:</u> A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines.
- Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines.
- <u>Safety boxes:</u> A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: 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

3.3 Confirmed/revised request for injection safety support for the year 2009

Table 8: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
	Target if children for Vaccination (for TT: target of			
Α	pregnant women) (1)	#		
	Number of doses per child (for TT: target of pregnant			
В	women)	#		
С	Number ofdoses	AxB		
	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock (2)	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	Either 2 or 1.6		
	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

tity of current request diffe ation for that difference.	ers from the GAVI	letter of approval,	please present	the

4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in:						
Current Health Systems Sup	port will end in:					
Funds received in 2007:	Yes/No If yes, date received: If Yes, total amount:	US\$				
Funds disbursed to date: Balance of installment left:	,	US\$				
Requested amount to be dis	bursed for 2009	US\$				
Are funds on-budget (reflected from the first from						
Please provide a brief narrat whether funds were disburse (especially impacts on health encountered and solutions for would like GAVI to know about were implemented according	ed according to the imply and imply and imply and important, no cound or proposed, and out. More detailed infor	plementation plan, n tably the immunizati any other salient int mation on activities :	najor accomplishments on program), problems ormation that the country such as whether activities			

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?
In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 (In case there is a
change in the 2009 request, please justify in the narrative above)

Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activ	Table 10. HSS Activities in 2007				
Major Activities	2007				
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Activity 1.3:					
Activity 1.4:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Activity 2.3:					
Activity 2.4:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Activity 3.3:					
Activity 3.4:					

Indicator	Data Source	Baseline Value ¹	Source ²	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

 $^{^{\}rm 1}$ If baseline data is not available indicate whether baseline data collection is planned and when $^{\rm 2}$ Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	20. 05.2008	
Reporting Period (consistent with previous calendar year)	2007	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	-	
DQA reported on	-	
Reported on use of Vaccine introduction grant	-	
Injection Safety Reported on	-	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	-	
HSS reported on	-	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	-	

6. Comments

ICC/HSCC comments:

No comments	