



Annual Progress Report 2008

Submitted by
The Government of

ERITREA

Date of submission

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Please return a signed copy of the document to:

**GAVI Alliance Secrétariat,
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Switzerland**

And a soft copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

This report has been compiled by:

Full name: Mr. FILLI SAID FILLI

Position: EPI MANAGER

This report reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed.

For the Government of [*Name of Country*].....

Minister of Health:

Title:

Signature:

Date:

Minister of Finance:

Title:

Signature:

Date:

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

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 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
Mr. Berhane Ghebretensae	Director General Health Services		
Dr. Goitom Menrahtu	Director DPC MoH		
Dr. Berhana Haile	Family and Community Health MoH		
Mr. Filli Said Filli	EPI Manager MoH		
Mr. Tedros Yehdego	EPI Logistician MoH		
Dr. Aye Aye Mon	UNICEF		
Mr. Debessai Haile	UNICEF		
Dr. Zighe Icunoamlak	WHO		
Mr. Embaye Asfaha	WHO		
Ms Abeba Habtom	Ministry of Education		
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Comments from partners:

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

All comments will be treated confidentially

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HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. 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 HSCC 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

Comments from partners:

You may wish to send informal comment at: apr@gavialliance.org

All comments will be treated confidentially

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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

Number of	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS									
Births	128,958	132,827	136,812	140,916	145,143	149,497	153,982	158,601	163,359
Infants' deaths	8,511	8,766	9,028	9,298	9,576	9,862	10,158	10,463	10,777
Surviving infants	120,445	124,061	127,784	131,618	135,567	139,635	143,824	148,139	152,583
Infants vaccinated till 2008 (JRF) / to be vaccinated in 2009 and beyond with 1 st dose of DTP (DTP1)*									
Infants vaccinated till 2008 (JRF) / to be vaccinated in 2009 and beyond with 3 rd dose of DTP (DTP3)*									
NEW VACCINES **									
Infants vaccinated till 2008 (JRF) / to be vaccinated in 2009 and beyond with 1 st dose of DTP-Hep+Hib (<i>new vaccine</i>)	86,499	89,685	117,122	120,519	124,014	127,610	131,438	135,381	139,442
Infants vaccinated till 2008 (JRF) / to be vaccinated in 2009 and beyond with 3 rd dose of DTP-Hep+Hib (<i>new vaccine</i>)	81,477	83,629	111,655	118,456	122,010	125,672	129,442	133,325	137,325
Wastage rate till 2008 and plan for 2009 beyond*** (<i>new vaccine</i>)	5	5	5	4	4	4	3	3	3
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	40,108	39,042	71,918	79,110	87,021	95,723	105,295	114,771	125,100
Infants vaccinated / to be vaccinated with BCG	85,759	87,882	123,131	126,824	130,629	134,547	138,583	142,740	147,022
Infants vaccinated / to be vaccinated with Measles (1 st dose)	80,721	82,398	111,654	118,456	122,010	125,672	129,442	133,325	137,325

* 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 year

**** Insert any row as necessary

To be replaced by the same table as in the proposal for

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

[Explain] ISS fund was not requested in 2008, reward funds transferred in 2007 was received and registered in our account in January 2008. However, all remaining ISS and reward fund were reflected in the budget of MoH. This were registered and managed within the projects budget which have separate accountant and cashier, it is recorded and kept in a separate register book which shows in, out and balance for the funds received from different partners and NGOs including the GAVI fund for EPI.

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.

The ISS fund is allocated by the EPI Manager to the zones and for other required item line at central level. This will be reported to the Minister's office, DG of health services and to Director of Family and community Health Division. Debriefing will be made as needed to ICC during the quarterly meetings and it will be endorsed.

Problems encountered during receiving ISS fund, when approval and transfer is made by GAVI it is transferred by the name of UNICEF through City bank in New York. Hence, MoH accounting offices will not manage to sort out that it is GAVI's fund and there will be delay in receiving and allocating for use to zones.

EPI Unit should be aware and informed when transferring of ISS fund is made for follow up.

.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008	122,000
Remaining funds (carry over) from 2007	192,086
Balance to be carried over to 2009	251,412

Table 1: Use of funds during 2008*

Area of Immunization Services Support	Total amount In US \$ 62,674	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation		2,000			
Maintenance and overheads			10,900		
Training			25,174		
IEC / social mobilization			2,000		
Outreach			20,600		
Supervision			2,000		
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:	62,694				
Remaining funds for next year:	251,412				

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

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

Activities conducted to strengthen immunization

- Immunization in practice modular training were given to all health workers
- National DPT-HepB1-3 drop out rate less than 10% for past 3 years maintained
- An advocacy & Social Mobilization focal person is present in all zones
- Regular ICC and technical subcommittee meetings held
- Hib-Pentavalent vaccine introduced

Problems encountered in relation to implementing your multi-year plan

- Improving zonal vaccine coverage and reducing DPTHepBHib1 - Measles drop out rate.
- Limited fuel and transport facilities
- Vaccine management system and reducing vaccine wastage.
- Addressing EPI training gap for health workers in the country
- Restriction of fund release by partners

Attachments:

Three additional documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC
- b) Most recent external audit report (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred
- c) Detailed Financial Statement of funds spent during the reporting year (2008)
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.3 Immunization Data Quality Audit (DQA)

What were the major recommendations of the last DQA? In 2004

List major recommendations

- EPI Central should design AEFI report standard to be submitted together with monthly report
- Wastage report should be redesigned to include wastage calculation and implemented at all level
- Zones should monitor health facility vaccine wastage for up ward reporting (National level)
- Denominator should be harmonized for use at all level of reporting based on surviving infants
- There is a need to determine the number of infants per strategy for planning purpose
- The map of the country should be updated to show performance per zone
- Back up policy should be developed and documented (at short intervals is recommended)

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

☒

NO

☐

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

It is planned and designed in EPI annual action plan, also it is incorporated and well designed within the cMYP . All zones were encouraged to include in their Zonal EPI annual plan and implement it yearly. Also they were encouraged to include in their training to health workers in all facilities.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]

Please report on studies conducted regarding EPI issues during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

No studies have been made during the year 2008.

1.1.4. ICC meetings

How many times did the ICC meet in 2008? **Please attach the minutes from all the ICC meetings held in 2008.**

Are any Civil Society Organizations members of the ICC: **[Yes/No]**
if yes, which ones?

Two times were meet in the year 2008. The minute is attached with this report

In addition several EPI technical committee were meet during the year

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

1.2.1. Receipt of new and under-used vaccines during 2008

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)

[List new and under-used vaccine introduced in 2008]

DPT-HepB+Hib

[List any change in doses per vial and change in presentation in 2008]

NO change made during 2008. How ever Eritrea is requesting change to have liquid single dose vial DPT-HepB+Hib for the year 2010

Dates shipments were received in 2008.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DPT-HepB+Hib	2ds	250,800	01 July 2008	

Please report on any problems encountered.

No problem encountered, except the choice is to reduce number of syringe for reconstitution and burden of reconstituting Pentavalent vaccine.

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.

- ISS fund application to GAVI will be submitted in September 2009
- Rotavirus new vaccine application will be presented to ICC/Steering Committee for endorsement and will be submitted in March 2010

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

[List activities funded by GAVI and funds remaining by the end of 2008]

No fund were requested or reward given by GAVI in the year 2008

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in [No]

Please summarize the major recommendations from the EVSM/VMA

No vaccine management assessment was done in the last years. Though it was planned and requested for implantation no response got from WHO AFRO

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 and their implementation status.

- To introduce effective computerized vaccine management system
- Build capacity on the cold chain storage and stock management system
- Effective vaccine delivery system
- Use of multi dose vials policy effectively

The next EVSM/VMA* will be conducted in: [Tentatively Sep/Oct. 2009]

**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 (for relevant countries)

Was the support received in cash or supplies? ..Supply

Please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
BCG Syringes	158,600	February, 2008
AD Syringes 0.5 ml	300,200	February 2008
AD Syringes 0.5 ml	450,000	May 2008
Reconstitution Syringes for BCG	8,000	February, 2008
Reconstitution Syringes for Penta.	3,500	May 2008
Safety Box	29,404	May 2008

Please report on any problems encountered.

[List problems]

Some of the Plunger for reconstitution Syringes will be ejected and broken during operations, these were observed during measles campaign 2009

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

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

[List sources of funding for injection safety supplies in 2008] GAVI and UNICEF

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

All facilities collect their sharps in safety box and they burn in a pit hall and over fill. In hospitals and few health centres, they have incinerators built they use to incinerator it.

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

[List problems] No problems encountered

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (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:

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

No fund received for Safety support of EPI activities during 2008

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient. In US\$

	Reporting Year	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines	177,000	117,000	156,600
New Vaccines	438,900	383,500	404,300
Injection supplies	425,233	607,475	635,900
Cold Chain equipment	23,520	33,600	43,680
Operational costs	70,000	50,000	65,000
Other (please specify) Printing	40,000	10,000	13,000
Training	70,666	14,600	18,980
Monitoring & Evaluation	20,000	45,000	58,500
Total EPI	1,265,319	1,261,175	1,395,480
Total Government Health			

NB. Eritrea requests GAVI to have pentavalent vaccine single **dose liquid** form for 2010.

Exchange rate used	1USD= 15.00 Nfa
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps.

Table 2.2: Future Country Co-Financing (in US\$)
Same tables as NVS proposal form co-financing

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine DTP-HepB	Reporting Year	Reporting Year + 1	Reporting Year + 2
	Planned	Planned	Planned
Co-financing amount in US\$ per dose			
<i>Total Amount Co-financed in US\$</i>	0	0	0
<i>Total Amount Co-financed in Doses</i>	0	0	0

For 2nd GAVI awarded vaccine. Please specify which vaccine: DTP-HepB+Hib	Reporting Year	Reporting Year + 1	Reporting Year + 2
	2008	2009	2010
Co-financing amount in US\$ per dose			
<i>Total Amount Co-financed in US\$</i>		5,850	6,062
<i>Total Amount Co-financed in Doses</i>		1,603	1,799
For 3rd GAVI awarded vaccine. Please specify which vaccine: XXXXXX (ex: DTP-HepB)	Reporting Year	Reporting Year + 1	Reporting Year + 2
	Planned	Planned	Planned
Co-financing amount in US\$ per dose			
<i>Total Amount Co-financed in US\$</i>	No	No	No
<i>Total Amount Co-financed in Doses</i>	No	No	No

Table 2.3: Country Co-Financing in the Reporting Year

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in Reporting Year
	(month/year)	(day/month)
1st Awarded Vaccine ((DPT-HepB)	2006/07	2007 through JICA
2nd Awarded Vaccine (DPT-HepB+Hib)	2008	Pending payment through JICA
3rd Awarded Vaccine (specify)	No	No
Q. 2: How Much did you co-finance?		
Co-Financed Payments	Amount in US\$	Amount in Doses
1st Awarded Vaccine (DPT-HepB)	57,405	44,500
2nd Awarded Vaccine (DPT-HepB+Hib)	197,000	54,000
3rd Awarded Vaccine (specify)	No	No

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. It is planned in the cMYP but delayed in implementation
2.
3.
4.

If the country is in default please describe and explain what steps the country is planning to come out of default.

Eritrea is not in default, and no plan for defaulting

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

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.

[Provide justification for any changes] No change made on the immunization targets it is constant by increasing 3% growth rate yearly.

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

Are you changing the presentation of the vaccine or increasing your request?

YES

☐

NO

☒

Has the UNICEF supply division assured the availability of the new quantity/presentation of supply?

Comments: Yet not shared with UNICEF supply division. Request for additional new vaccine will be done and will be shared in the next application period for GAVI, after endorsed by ICC/Steering committee.

4. Health Systems Strengthening (HSS) Support

This section only needs to be completed by those countries that have received HSS funding.¹

4.1 Reporting period: [mm/yyyy – mm/yyyy]

Fiscal year: [mm/yyyy – mm/yyyy]

Duration of current National Health Plan:

Duration of current cMYP:

4.2 Overall support breakdown financially

Summary of GAVI Health Systems Support budget, expenditure and funding requests by year (US\$):

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Approved funding by year	[US \$]								
Month funds arrived	[mm]								
Amount spent	[US \$]								
Balance	[US \$]								
Amount requested	[US \$]								

Amount spent in 2008: [US \$]

Remaining balance end of 2008: [US \$]

Amount requested for 2009: [US \$]

Amount requested for 2010: [US \$]

4.3 Programme implementation for reporting year:

Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

[Describe major accomplishments in 2008]

¹ Annual Progress reports will not be reviewed or approved by the Independent Review Committee without sufficient reporting on GAVI HSS supported activities. The reporting on GAVI funded activities in 2008 will form the basis for the approval of HSS funding for 2010.

*Are any Civil Society Organizations involved in the implementation of the HSS proposal? [Yes/No]
If yes, describe their participation? For those pilot countries that have received CSO funding,
please explain how this support complements the other support GAVI provides (HSS, ISS).*

[Describe CSO participation]

[Describe complementary effect of GAVI CSO support]

Table 4.4. HSS Activities in reporting year (ie.January - December 2008)			
Major Activities	Planned Activity for reporting year	Achieved Y/N	Explanation of differences in activities and previously approved adjustments
Objective 1:			
Activity 1.1:			
Activity 1.2:			
Objective 2:			
Activity 2.1:			
Activity 2.2:			
Objective 3:			
Activity 3.1:			
Activity 3.2:			
Support Functions			
Management			
M&E			
Technical Support			

Table 4.5. Planned HSS Activities for current year (i.e. January – December 2009) and emphasise which have been

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009
Objective 1:		[US \$]	[US \$]	[US \$]
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3:				
Activity 3.1:				
Activity 3.2:				
Support costs				
Management costs				
M&E support costs				
Technical support				
TOTAL COSTS				(This figure should correspond to the figure shown for 2008 in table 4.2)

Table 4.6. Planned HSS Activities for next year (i.e. January – December 2010)				
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010
Objective 1:		[US \$]	[US \$]	[US \$]
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3:				
Activity 3.1:				
Activity 3.2:				
Support costs				
Management costs				
M&E support costs				
Technical support				
TOTAL COSTS				

4.7 Financial reporting 2008²:

Were the funds received for HSS on-budget in 2008? (reflected in Ministry of Health and Ministry of Finance budget): **[Yes/No]**

If yes, please explain in detail how the GAVI Alliance HSS funding was reflected in the MoH/MoF budget in the box below.

If no, please explain why the GAVI Alliance HSS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the HSS funding on-budget in the near future?

Explain

² Annual Progress reports will not be reviewed or approved by the Independent Review Committee without sufficient financial reporting on GAVI HSS supported activities.

Table 4.8. GAVI HSS Expenditure in reporting year (US \$)			
Area for support	Reporting year 2008 (Available)	Reporting year 2008 (Expenditure)	Carried forward into 2009 (Balance)
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL			

4.9 General overview of targets achieved

Table 4.9. Progress on Indicators included in application							
Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline

4.6 Attachments

Four additional documents are required as a prerequisite for continued GAVI HSS support in 2010:

- a) Signed minutes of the HSCC meeting endorsing this section of the Annual Progress Report for 2008
- b) Latest Health Sector Review report
- c) Most recent external audit report (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI HSS funds are transferred
- d) Detailed Financial Statement of funds spent during the reporting year (2008)
- e) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the HSCC, as indicated below:

**Financial Comptroller Ministry of
Health and/or Ministry of Finance:**

Name:

Title / Post:

Signature:

Date:

Chair of HSCC:

Name:

Title / Post:

Signature:

Date:

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	
Government signatures	X	
ICC endorsed	X	
ISS reported on		
DQA reported on		2004 Recomm.
Reported on use of Vaccine introduction grant	X	
Injection Safety Reported on	X	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached	X	Coo financing not included
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report	X	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

6. Comments

ICC/HSCC comments:

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.

~ End ~

