

Annual progress report 2007

Presented by

The Government of

UNION OF COMOROS

to



Presentation date: ____MAY 2008 ____

Deadline for presentation: May 15, 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, raj कुमार@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 2009)

Signatures Page for ISS, INS and NVS

On behalf of the Government of the [UNION OF COMOROS](#)

Ministry of Health: [Ikililou Dhoinine](#)

Ministry of Finance: [Mohamed Ali Soilihi](#)

Title: Vice President in Charge of Health

Title: [Minister of finance and budget](#)

Signature:

Signature:

Date:

Date:

We, the undersigned members of the Inter-Agency Coordinating Committee endorse this report, including the attached Excel spreadsheet. 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
Dr Ikililou Dhoinine	Vice President's Office in charge of health		
Mohamed Ali Soilihi	Ministry of finance		
Ms. Soifiat Tadjidine	Plan Commissariat		
Dr El Badaoui Mohamed	PNAC (National Autonomous Pharmacy of Comoros)		
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Ms. Wardat Oussene	DEPSSAS		
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Dr. Ahamada Aly Goda	DGS Ngazidja (Directorate general of health)		
Dr. Kassankogno Yao	WHO		
Ms. Josefa Marrato	UNICEF		
Mr. Mamadou Boinamaecha	UNFPA		

Signature page for HSS support

On behalf of the Government of

Ministry of Health:

Title:

Signature:

Date:

Ministry of Finance:

Title:

Signature:

Date:

We the undersigned, members of the National Health Sector Coordinating Committee (HSCC) (insert names) endorse this report on the Health Systems Strengthening Programme. Signature of the endorsement page of the present document does not imply any financial (or legal) commitment on the part of the partner institution or individual.

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Name/Title	Agency/Organisation	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 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): **Yes**

If yes, explain in detail in the box below how they appear in the budget for the Ministry of health. If not, explain why not and whether there is an intention to get them on-budget in the near future?

During the 2007 year, no ISS funds were received. A budgetary line of 20 million exists and was created by the 2006 finance law for EPI and other social activities. 4 million were able to be released from this budget to support the measles immunization campaign.

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 (IACC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The funds are managed by the Office of the Vice President in charge of health, in collaboration with the members of the IACC. The signature panel is comprised of four persons, namely the National Director of Health, the National Coordinator for EPI, the Health Coordinator for the Comoran Red Crescent, and the WHO Representative to Comoros. The account functions with a triple signature and the GAVI check book is kept by the National Coordinator's office for the Expanded Program on Immunization.

Each disbursement of funds is preceded by a request submitted to the IACC by the National Coordinator's office for EPI. After approval by the IACC, the funds are released and utilized directly by the National Coordinator's office for EPI in concert with the Directors General of Health at the island level.

Documentation is kept at the EPI office after verification. The funds are utilized directly from the GAVI-Comoros account. A financial report is required after the conduct of each activity and at the end of the year. This report is presented to the members of the IACC during regular meetings (quarterly).

An annual plan of work has been developed by the National Coordinators office for the Expanded Program on Immunization with the activities to finance by the partners and the GAVI Fund.

1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007: 0 \$

Balance (carryover) from 2006: 90 090 \$

Balance to carryover in 2008: 46 918 \$

Table 2: Use of funds in 2007*

Immunization support services sector	Total amount in USD	FUND AMOUNT			
		PUBLIC-SECTOR			PRIVATE SECTOR & Others
		Central	Region/State/Province	District	
Vaccines					
Injection materials					
Personnel					
Transport					
Maintenance and overhead	1 738 \$	1 738 \$			
Training	2 693 \$			2 693 \$	
IEC/societal mobilization					
Outreach to remote groups					
Supervision					
Monitoring and evaluation					
Purchase of portable computer	1 681 \$	1 681 \$			
Others (equipment for incinerator operators)	3 573 \$			3 573 \$	
Others (supplement for incinerators)	33 186 \$			33 186 \$	
Total:	42 871 \$	3 419 \$		39 452 \$	
Balance of funds for the following year:	46 918 \$	15 794 \$	10 374 \$	15 400 \$	

Note: exchange-rate utilized: 1\$= 342 KMF

* If no information is available because block grants have been paid, please list the amounts in the boxes reserved for the “others” sectors of support.

Please attach the minutes of the ICC meeting(s) in which 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.

1.1.3 Immunization Data Quality Audit (DQA) N/A

Next* DQA planned for _____

** If no DQA had a positive outcome, when was the DQA conducted?*

**If the DQA had a positive outcome, the next DQA will take place five years after the positive DQA .*

**If no DQA was conducted, when will the first DQA be conducted?*

What were the primary recommendations from 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 include the minutes from the ICC meeting in which the ICC examined and adopted the plan of action for the CQD.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

1.1.4. Meetings of the ICC

*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?

The IACC met four times during the 2007 year.

Among the members of the IACC, we have one representative of the Comoran Red Crescent.

1.2. GAVI Alliance New and Under-used Vaccines support (NVS)

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

When was the new or under-used vaccine introduced? Please include any change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates vaccine shipments were received in 2007.

Vaccine	Size of vials	Doses	Introduction date	Receipt date (2007)
DTP Hep B	10	12 700	June 2005	July 3, 2007

Please report on any problems encountered.

N/A

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.

- *Introduction of the RED strategy in the three districts of the island of MOHELI, by conducting the micro-planning workshop.*
- *Evaluation of the RED strategy in the Big Island district which was introduced in 2006.*
- *Support of districts for the advanced strategies (fuel, vehicles)*
- *Introduction of the RED strategy in the districts of ANJOUAN and Grande Comore planned for 2008.*
- *MLM training planned*
- *Purchase of IT equipment for Island EPI managers*
- *Reinforcement of societal mobilization*

1.2.3. Use of the financial support from the GAVI Alliance to introduce a new vaccine

These funds were received on: _____2003_____

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

These funds were used for:

- *training incinerator operators*
- *paying the balance due on incinerators built*
- *inaugurating these incinerators*
- *purchasing the necessary equipment for the incinerator operators*
- *central administration telecommunications invoices for the entire year*
- *purchasing a portable computer for the central administration*

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted from [February 27 to March 29, 2007](#) during a supervision.

Please summarize the major recommendations from the EVSM/VMA.

- [Display a list of actions to perform in the event of a breakdown](#)
- [Revise and implement PS and CSD management tools](#)
- [Adhere to the formulas for estimating needs and ordering vaccines and inputs](#)
- [Comply with the OVP \(open vials policy\), VVM \(vaccine vial monitor\) and the taking of t° twice daily.](#)
- [Follow the formula for loss levels](#)
- [Report the doses utilized per antigen in the monthly report](#)
- [Have a box in the refrigerator containing files that have been started and writing the opening date.](#)

Was an action plan prepared following the EVSM/VMA: [NO](#)

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

The next EVSM/VMA* will be conducted in: [June 2008](#)

**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 (IS)

1.3.1 Receipt of injection safety support N/A GAVI stopped in 2005

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

Please report on any problems 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.

Currently the injection safety material is completely paid for by UNICEF.

Please report on how sharps waste is being disposed of.

The sharps waste is placed in receptacles and burned either in open air, or in incinerators for districts that have them.

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

Since 2002, the policy of single use syringes has been introduced in all departments offering vaccination. No problem has been encountered to date with respect to the application of this policy.
The only problem remains the completely safe management of sharps waste as certain districts have neither incinerators nor vehicles to transport this waste to those districts that have incinerators.

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:

Training of the operators of incinerators was conducted in 2007 and the necessary equipment was purchased for those districts that have received incinerators in order to facilitate the operators' task.

2. Vaccine Co-financing, Immunization 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 a comprehensive multiyear plan (cMYP), updated for the reporting year would be sufficient.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines	???	142 825	123 046	188 874
Injection materials	???	21 349	24 188	27 188
Cold Chain Equipment	???	31 425	31 997	33 066
Operational costs	138 110	149 440	228 939	242 444
Others (campaign)	327 633	327 633	601 033	0
Financing by source				
Government (including World Bank loans)	90 880	90 880	114 762	110 798
GAVI Fund	????	126 870	125 428	193 393
UNICEF	????	312 918	470 097	99 914
WHO	????	130 488	287 400	75 951
AIFO	3 200	3 200	3 200	3 200
CARITAS	8 316	8 316	8 316	8 316
Total expenditures		1 334 054	1 009 203	491 572
Total financing				
Total funding gaps				

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 —growing expenditures in certain budget lines, loss of sources of funding, a combination...

La différence existant au niveau des dépenses opérationnelles pour l'année 2007, est due au fait que il n'y a pas eu d'activités de mobilisation sociale effectuées, ainsi que celles relatives à l'introduction de l'approche RED prévues dans les 17 districts.

Table 2.2: Country Co-Financing (in US\$)

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-Hib)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				5 500 \$
Other sources (please specify)				
Total co-financing (US\$ per dose)				5 500 \$

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

For 2 nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-hepatitis B)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total co-financing (US\$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

Table 2.3: Co-Financing by your Country (in US\$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding (ICB)			
Government Procurement- Other			
UNICEF	X	ALL	Unicef and GAVI
PAHO Revolving Fund			
Donations			
Other (specify)			
Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?			
N/A			
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007	
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?			
	Enter Yes or N/A if not applicable		
Budget line item for vaccine purchasing	YES		
National health sector plan			
National health budget			
Medium-Term Expenditure Framework			
SWAp			
cMYP Cost & Financing Analysis	YES		
Annual immunization plan	YES		
Others			
Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?			
1.			

2.	
3.	
4.	
5.	

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. Updated 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.

Previously, the demographic data utilized were based on the estimates and projections of the 1991 General Census of Population and Habitat.
The IACC decided to use the GCPH 2003 productions, reviewed and corrected in 2007, as a denominator starting in 2008.

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the WHO/UNICEF onwards.

Number of	Achievements and targets					
	2006	2007	2008	2009	2010	2011
DENOMINATORS						
Births	18 593	19 070	19 566	20 080	20 612	21 161
Infants' deaths	1 543	1 583	1 624	1 667	1 711	1 756
Surviving infants	17 050	17 487	17 942	18 413	18 901	19 405
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*						
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*						
NEW VACCINES **						
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of combined DTP-HepB1 (new vaccine)	14 808	15 298	15 968	16 755	17 577	18 434
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of combined DTP-HepB3 (new vaccine)	13 080	14 446	15 250	16 203	17 010	18 046
Wastage rate till 2007 and planned rate for 2008 and beyond*** for the combined DTP-HepB (new vaccine)	Not avail.	15%	25%	20%	20%	20%
INJECTION SAFETY****						
Pregnant women vaccinated / to be vaccinated with TT	6 748	15 635	17 283	19 075	20 955	22 924
Infants vaccinated / to be vaccinated with BCG	15 886	14 903	15 609	16 571	17 388	18 434
Infants vaccinated / to be vaccinated with Measles (1 st dose)	12 498	12 539	13 815	14 730	15 687	16 494

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

** Use three 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 the event that 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. N/A

Please provide the duly completed Excel sheet for calculating the vaccine request.

Remarks
▪ Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for HepB3 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 a 10 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: this number 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. ▪ AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: 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 **N/A**

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	For 2008	For 2009
A	Target number of children for immunization (for TT: target of pregnant women) (1)	#		
B	Number of doses per child (for TT: target of pregnant women) (1)	#		
C	Number of doses of....	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock (2)	C x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	2 or 1.6		
I	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. Write zero for other years.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and yellow fever.

4 Only for lyophilized vaccines. Write zero for other vaccines.

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

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: _____ (date)

Current Health Systems Support will end in: _____ (date)

Funds received in 2007: Yes/No
If yes, date received: (dd/mm/yyyy)
If Yes, total amount: US\$ _____

Funds disbursed to date: US\$ _____

Balance of instalment left: US\$ _____

Requested amount to be disbursed for 2009 US\$ _____

*Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not? How will it be ensured that funds will be on-budget?*

Please provide details. Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, 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. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation.

In the event 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. A 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 to which the HSS funds are being transferred. 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 the event 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 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	

Table 11. Baseline indicators						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Objective	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.						

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² The source is important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
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)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:

~ End ~