



Imunizasaun Proteje Labarik

Quarterly Report: July-September 2012

Date: 22 October 2012

The Threshold Project on Immunization supports the Democratic Republic of Timor-Leste and its Ministry of Health to immunize all infants from vaccine preventable diseases. The project is made possible by the generous support of the American people through the Millennium Challenge Corporation (MCC) and the United States Agency for International Development (USAID).

CONTENTS

List of acronyms	1
Introduction	2
1. Major accomplishments.....	1
2. Activities Completed.....	3
3. Major Upcoming Activities	3
4. Challenges.....	5
5. Results, Monitoring/Measurement.....	6
6. Annual Financial Summary:	6

LIST OF ACRONYMS

CCT	: Clinic Café Timor
CCVM	: Cold Chain and Vaccine Management
CHC	: Community Health Center
DHS	: District Health Services
DPHO	: District Public Health Officer
DPT3	: Third dose of Diphtheria, Pertussis and Tetanus Vaccine
EPI	: Expanded Program on Immunization
GAVI	: Global Alliance for Vaccines and Immunization
HAI	: Health Alliance International
Hib	: <i>Haemophilus influenzae b</i>
HIP	: Health Improvement Project (local known as HADIAK)
HMIS	: Health Management Information System
HSS	: Health System Strengthening
IIP	: Immunization In Practice
JSI	: John Snow Inc.
MCC	: Millennium Challenge Corporation
MCH	: Maternal and Child Health
MCHIP	: Maternal and Child Health Integrated Program
MLM	: Mid-Level Management
MOE	: Ministry of Education
MOF	: Ministry of Finance
MOH	: Ministry of Health
MoU	: Memorandum of Understanding
NGO	: Nongovernmental Organization
PDSS	: <i>Plano Dezenvolvmento Saúde Suco</i> (Suco Health Planning)
PRA	: Participatory Rural Appraisal
PSF	: <i>Promotor Saúde Família</i> (Community Health Volunteer)
SISCa	: <i>Serviço Integrado da Saúde Comunitária</i>
SS	: Supportive Supervision
TAIS	: <i>Timor-Leste Assistência Integrada Saúde</i>
ToR	: Terms of References
UNFPA	: United Nations Population Fund
UNICEF	: United Nations Children's Fund
USAID	: United States Agency for International Development
WHO	: World Health Organization

INTRODUCTION

Since the Democratic Republic of Timor-Leste (RDTL) emerged from decades of turmoil in 2000, its Expanded Program on Immunization (EPI) has made significant progress. Nonetheless, it continues to report the lowest administrative and official immunization coverage in the WHO South East Asia Region. The Timor-Leste Demographic and Health Survey (TLDHS) 2009-2010 showed immunization coverage for one-year olds in Timor-Leste at 66.7% for completed diphtheria, tetanus and pertussis (DTP3) and 68.2% for measles. This puts the DTP3/measles average at 67.5%. A particularly alarming finding from the TLDHS 2009-2010 was that 22.7% of one-year-olds had never received a vaccination. This means that many infants and young children are seriously exposed to risks of preventable disease and death.

Funded by the Millennium Challenge Corporation (MCC) through USAID, the *Imunizasaun Proteje Labarik* (Immunization Protects Children) project intends to assist the RDTL in its efforts to increase DTP3 and measles immunization coverage rates nationally to 81.5%. The project targets seven districts (Ainaro, Baucau, Dili, Ermera, Liquiça, Manufahi, and Viqueque) where more than 75% of unreached Timorese children under the age of one reside. A complementary goal is to strengthen the EPI so it is able to sustain and expand the gains realized beyond this project.

Imunizasaun Proteje Labarik (IPL) assists the Ministry of Health (MOH) improve its ability to achieve the medium-term priorities set out in the comprehensive Multi-Year Plan (cMYP) for Immunization 2009-2013, and in turn to reduce child morbidity and mortality associated with vaccine-preventable diseases. To achieve the project's ambitious goals, IPL collaborates with the MOH to:

- Strengthen service delivery to identify and reach unimmunized children at least five times a year,
- Strengthen district and CHC-level program management capacity and technical skills among government health personnel,
- Strengthen SISCa as an effectively functioning community-based outreach mechanism for providing immunization and other health services, and
- Strengthen program monitoring and reporting through better collection of routine data and the routine analysis and use of data for decision-making and targeted action.

The sustainable approaches that IPL promotes to reach the desired immunization coverage for infants and children:

- Build on the existing Ministry policies, plans and delivery system, especially the SISCa;
- Rely on community-level identification and mobilization of families to bring children for immunization; and
- Improve health workers' ability to manage and monitor the immunization delivery system through use of coverage and other data.

1. MAJOR ACCOMPLISHMENTS

IPL has already demonstrated its capability of implementing evidence-based, immunization-centered, integrated health activities in partnership with MOH, its partners and communities. The program has achieved a high level of acceptance among stakeholders and beneficiaries at all levels of project implementation. As a result, IPL's experiences were highly valued during the development of Timor-Leste's GAVI Health System Strengthening (HSS) proposal and preparations for introducing pentavalent vaccine. The proposal cited findings from two IPL studies (the baseline assessment [available on <http://www.mchip.net/node/1298>] and the Dili study on reasons for under-immunization). It also mentions that the "main lessons learned from the program (as demonstrated in two published reports on baseline assessments and socio-cultural dynamics of communities) have been taken up into the program design (particularly with regards to community participation and management systems)". IPL provided technical assistance in developing different communication, advocacy, and training materials and the operational strategy paper related to introduction of pentavalent vaccine in Timor-Leste.

IPL facilitated micro-planning review meetings in 20 of 34 focus community health centers (CHCs) during the quarter of July-September 2012. Participating in this exercise were Ministry of Health (MOH) officials and health staff, community leaders, PSFs (community health volunteers), sub-district administrators, and relevant partners. The project supported 232 outreach sessions and 41 SISCAs. IPL supported the respective District Public Health Officers (DPHOs)/EPI to conduct EPI supportive supervision visits in 22 health facilities in 6 of 7 focus districts. Along with District Health Services (DHS) and CHC staff, IPL participated in 14 orientation sessions for 273 community leaders, such as suco council members, PSFs, teachers, religious leaders, and other volunteers. One suco in each of the seven focus districts introduced the Uma Imunizasaun tool, which facilitated the engagement of 109 community leaders in community mobilization and tracking. IPL started a partnership with the NGO Clinic Café Timor (CCT) to introduce the Uma Imunizasaun tool in the 68 aldeias in three districts where CCT worked.

Now, all CHCs in Dili, including private clinics, will offer immunization services (all antigens) daily (during working hours), as decided in the dissemination and planning workshop on the Dili study, titled "Understanding the socio-cultural dynamics of urban communities and health system factors influencing childhood immunization in Dili, Timor-Leste." IPL plans to submit an article on the study to an international journal.

IPL's efforts appear to be resulting in more children getting vaccinated. The MOH's health management information systems (HMIS) department has not published its report for January-September 2012 due to questions about the denominator (target population). Therefore, immunization coverage in this reporting quarter cannot be calculated; however, IPL carried out an analysis of immunization coverage by numerator only (i.e. number of under-ones vaccinated) in Timor-Leste between January to June of 2009-2012 using the MOH's HMIS reports. Figures 1, 2, and 3 clearly illustrate that for most antigens there have been increases in IPL districts and decreases in other districts where IPL is not implementing activities. The lack of an increase for measles vaccinations in IPL districts probably reflects the unusually high coverage (and possibly counting children of older ages) due to the national catch-up immunization activity in 2011. Other immunization partners appreciate the apparent impact of IPL support, UNICEF and WHO have agreed to support a similar package of interventions (micro-planning, supportive supervision, outreach, and support to SISCa) in the six non-IPL districts where coverage appears to have declined.

FIGURE 1: BCG VACCINE DATA ANALYSIS (JANUARY TO JUNE OF 2009-2012), DATA SOURCE: HMIS, MOH

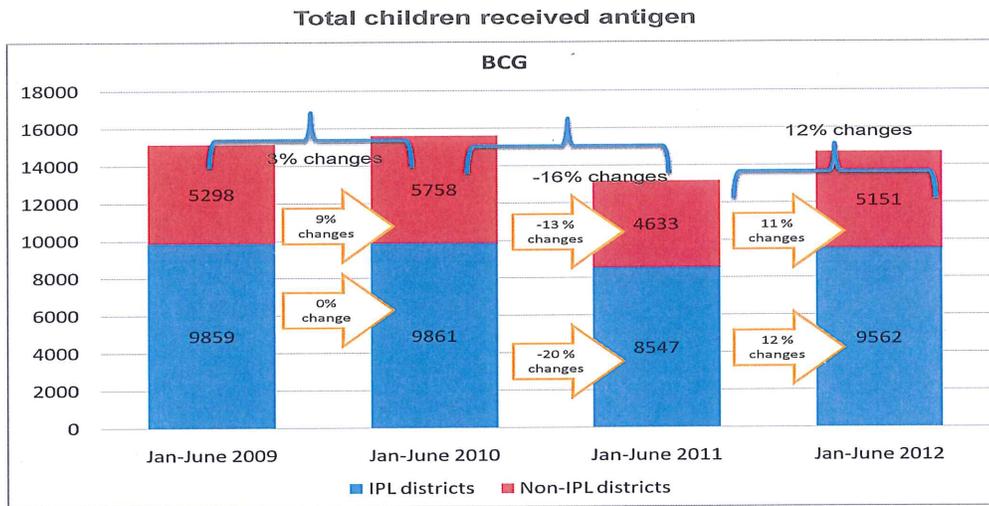


FIGURE 2: DPT3 VACCINE DATA ANALYSIS (JANUARY TO JUNE OF 2009-2012), DATA SOURCE: HMIS, MOH

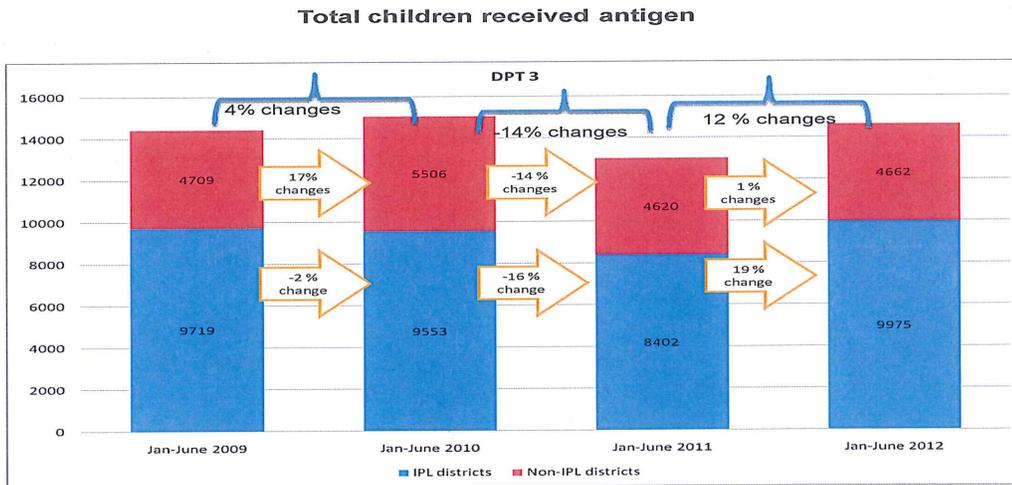
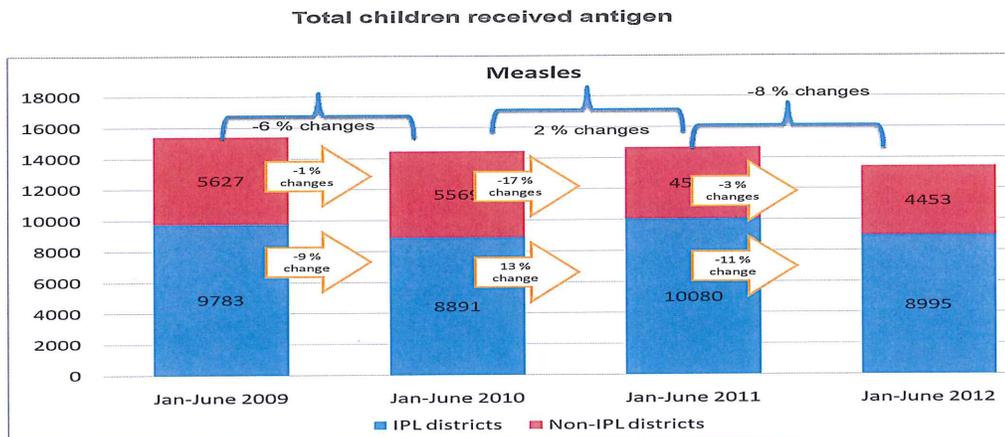


FIGURE 3: MEASLES VACCINE DATA ANALYSIS (JANUARY TO JUNE OF 2009-2012), DATA SOURCE: HMIS, MOH



2. ACTIVITIES COMPLETED

ACTIVITY	DATE	COMMENTS
<ul style="list-style-type: none"> • Meetings with USAID: Met with the USAID Health Team Leader regularly to provide program updates, successes, challenges, and review the detailed implementation plan (DIP). • Meetings with MOH, Ministry of Education (MOE), and partners: The IPL team participated in various management and coordination meetings, workshops, and other events with partners. Meetings IPL contributed included: National Health Sector Coordination Committee meetings; EPI working group meetings; pentavalent vaccine introduction planning meetings; the former Minister and Vice-Minister of Health's farewell ceremony; the MOH mid-year program review; training system development meeting at INS; budget meetings with development partners; PDSS (suco health planning) strengthening meetings; coordination meetings with the Health Improvement Project(HIP) COP; meetings with CCT on strengthening collaboration; partner coordination meetings at the DHS; and consultation meetings for the GAVI HSS proposal. • Dr. Ruhul Amin, Chief of Party traveled to Washington, DC to participate in the JSI 2012 International Division meeting and present study findings on understanding the socio-cultural dynamics of urban communities and health system factors influencing childhood immunization in Dili, Timor-Leste. During Dr. Amin's trip, he also met with staff from MCHIP and JSI, receiving a complete orientation on the MCHIP project, and JSI. He also worked with MCHIP program staff to review program progress, the program budget and finalized program policies and guidelines. • IPL organized a two-day review meeting with its staff with the objectives of reviewing the current DIP, analyzing progress to date, and discuss lessons learned, success stories, challenges, and the revised DIP and budget for 2012. • IPL worked with focus districts to identify program activities that will integrate with the MOH 2013 annual plan. This included providing a six month program budget (Jan to June 2013) of financial contributions to these activities. • IPL recruited one Field Admin Support Officer, one Admin and Account Assistant, one Technical Officer (temporary) and one driver this quarter. All new staff have been oriented. A candidate for Operations Manager has been identified. • IPL procured 21 new motorcycles for supporting outreach activities and has been arranging their registration, insurance, vaccine carrier boxes, repair facilities at district level, orientation plans etc. • Visitors: <ul style="list-style-type: none"> - Adam Schumacher, Deputy Director Office of East Asia Affairs, Asia Bureau, USAID/Washington DC, along with Kimberly Bostwick from the USAID Mission, visited Maubese, Ainaro to see IPL-supported activities and training on the Uma Imunizasaun tool for CCT staff. - Mike Favin, Senior Technical Adviser, MCHIP, visited Timor-Leste in order to provide technical support to IPL, particularly on the community monitoring tool, promotion of immunization in schools, and introduction of pentavalent vaccine. - IPL received the visit of Roger Carlson, USAID General Development Officer, and briefed him on the project's achievements and challenges. - Derek Joseph Licina from George Washington University, USA visited IPL to seek support to carry forward his PhD study, titled "Rendering Mercy in Timor-Leste: The role of US Navy Hospital Ships in Strengthening Partnerships." - A team of 15th U.S. Marine Expeditionary Unit visited IPL and USAID asked IPL to guide and support its health team. 	<p>July-September 2012</p> <p>July-September 2012</p> <p>July 7-21, 2012</p> <p>30-31 July 2012</p> <p>August 2012</p> <p>September 2012</p> <p>July-September 2012</p> <p>August 21, 2012</p> <p>August 29-September 8, 2012</p> <p>August 9-12, 2012</p> <p>August-September 2012</p>	<p>Revised DIP: Annex A</p> <p>Trip report: Annex B</p> <p>Trip report: Annex C</p> <p>Plan of outreach activities: Annex D</p>
<p>Objective 1: Strengthen service delivery to identify and reach unimmunized children at least four times a year</p>		
<p>IPL facilitated program review and micro-planning sessions at CHC level, carried out in 20 of 34 focus CHCs. Sessions included health staff, sub-districts community leaders, PSFs and relevant partners.</p>	<p>July-September 2012</p>	<p>HAI shared cost of a micro-planning in Hatu-Udo CHC, Ainaro</p>

ACTIVITY	DATE	COMMENTS
IPL supported 232 mobile clinics and outreach sessions, as per micro-plans, in all focus districts(26 in Ainaro, 23 in Manufahi,6in Ermera, 54 in Liquica, 88in Dili,27 in Baucau and 8 in Viqueque) in order to reach unreached children .A few outreach centers had to be reached on foot, horseback, or by boat. IPL produced a video on supporting one outreach in Baucau district and submitted it to USAID for editing.	July-September 2012	All outreach sessions and mobile clinics offered integrated MCH services.
IPL engaged 273 community leaders to update the community-based tracking and mobilization tool, namely Uma Imunizasaun, in seven sucos in focus districts. IPL reviewed the implementation of the Uma Imunizasaun tool and agreed on plans for modifications or expansion.	April-June 2012	The assessment report is finalized. See annex: E
IPL commenced a partnership with the NGO CCT (Clinic Café Timor) to introduce the Uma Imunizasaun tool in the 68 aldeias in three districts where CCT works. <i>Clinic Cafe Timor</i> is the primary health service of <i>Cooperative Cafe Timor</i> (CCT), the East Timorese organic coffee farmers cooperative. It mainly works in three districts namely, Ermera (except Railaco & Hatulia Sub-district), Ainaro (Maubese Sub-district) and Manufahi (Turiscaí Sub-district) which overlaps with IPL. CCT's community program currently consists of 11 <i>Facilitador Saude</i> (FS) teams (2 FS in each team) in these three districts. FS takes part in community mobilization through mapping of their catchment area and following up the population at risk including infants. IPL has already trained 59 CCT supervisors and community facilitators on September 19 and 21, 2012 and provided the actual tools (large versions for the suco house, small ones for the facilitators) for use by CCT. This partnership would demonstrate a sustainable implementation of this tool even though IPL is closed out.	August-September 2012	CCT and IPL have made a follow-up plan.
Objective 2: Strengthen district and CHC-level program management capacity and technical skills among government health personnel.		
IPL and the respective DPHOs/EPI conducted EPI supportive supervision (SS) in all 6 CHCs and 1 HP in Baucau,4 CHCs in Manufahi ,2CHCs in Ermera, 5 CHCs Viqueque and 3 CHCs and 1 HP in Dili. Although significant improvements in vaccinator skills were observed, poor cold chain and vaccine management, inadequate counseling, and stock-outs of vaccine, syringes, cotton, and gas were also found during SS visits.IPL developed a supportive supervision data entry spreadsheet to monitor the progress of supervision visits over the period and submitted it to the EPI Working Group for final approval, which should take place after the introduction of pentavalent vaccine scheduled for 25 October 2012.	July-September 2012	Stock out of BCG vaccine is yet to be addressed. Most of the supervision visits were integrated with other MCH programs
IPL, along with UNICEF and WHO, supported the MOH in planning and preparations for the introduction of pentavalent vaccine. IPL drafted different communication, training and advocacy materials. Pentavalent vaccine is anticipated to be introduced October 2012.	July-September 2012	Draft materials: Annex F
IPL and MOH staff repaired and converted refrigerators in four CHCs to shift these from gas to electricity and in one HP from gas to solar systems.	August 2012	
IPL staff received in-service training on Immunization in Practice, Cold Chain and Vaccine Management, using the monitoring graph, supportive supervision, leadership, and COMBI (Communication For Behavioral Impact).	July 2012	Dr. Sherin, Health Specialist of UNICEF facilitated a day-long session on leadership and COMBI.
Objective 3: Strengthen SISCa as an effectively functioning community-based outreach mechanism for providing immunization and other health services.		
IPL supported Baucau district in the organization and facilitation of the National PSF Day Celebrations, to which around 300 PSFs participated. Group discussions resulted in recommendations for the PSF program, which will be addressed to the MOH. Program photos are available: https://www.facebook.com/IPLRDTL?ref=hl	26-27 September 2012	

ACTIVITY	DATE	COMMENTS
14sessions to orient community leaders on immunization, vitamin A and de-worming were organized in suco offices and facilitated by health staff from CHCs and DHS's.273 community leaders, including suco council members, PSFs, teachers, religious leaders, and other volunteers, participated actively. Some sessions were facilitated in local languages. At the end of the training, facilitators provided PSFs with a small version of the Uma Imunizasaun tool to identify dropout and missing infants by aldeia.	July-September 2012	
IPL gave up-to-date information related to immunization to 200students in one school in Viqueque and two in Ermera; students were expected to disseminate the information to their families and communities. Most of the sessions were integrated with other health issues.IPL developed an orientation package and related job aids on immunization for the school orientation for junior high school. Project staff also held a meeting with the MOE staff in charge of school health, the EPI manager, and the head of the MOH's health promotion unit to discuss the development of orientation package and materials. All were happy to work with IPL to develop an educational plan as well as proposing immunization-related activities that students could carry out in their communities. At present the school health program is still in the planning stage. Limited implementation is due to a lack of funds.	August 2012	See draft orientation module: annex G
The team supported 41SISCAs in 6 of7 focus districts (8 in Ainaro, Ermera, and Manufahi each, 7 in Liquica and Viqueque each, and 5in Baucau). Many SISCAs did not take place as outlined in the micro-plans due to heavy rain and lack of funding from the MOH.	July-September 2012	The Ministry of Health will review the SISCa program.
IPL organized an immunization film show in two sucos in Ainaro district to inform communities on the benefits of vaccination and motivate them to immunize their children.	September 2012	
Objective 4: Strengthen program monitoring and reporting through better collection of routine data and the routine analysis and use of data for decision-making and targeted action		
IPL presented and submitted to the MOH for finalization a reporting system for the Dili DHS to track children vaccinated outside the catchment area.	August 2012	Needs follow-up
IPL participated in the first HMIS working group meeting and received a briefing on new HMIS reporting systems from Joao da Silva, Head of the HMIS Department, MOH.	August 1, 2012	

3. MAJOR UPCOMING ACTIVITIES

ACTIVITY	DATE	COMMENTS
Staff recruitment: A candidate for the Operations Manager will be hired.	October 2012	
Office shifting: Currently, both the Health Improvement Project and IPL are co-locating. Both projects have increased staff, outgrowing the current space that is no longer sufficient. As a result, IPL will shift to a new office space.	October 2012	Meeting with DG-Health to seek a space in the MOH
A high-level team from the MOH, Indonesia will visit Timor-Leste to assess the performance of midwives who were recruited in early 2012.	15-17 August 2012	
IPL will continue to provide technical assistance in planning, training, advocacy, and monitoring the activities related to pentavalent introduction. The project will likely support the national launch of pentavalent vaccine in October 2012.	October-November 2012	The National Launching Ceremony is planned on 25 October 2012. H.E. First Lady and H.E. Health Minister will inaugurate the event.

ACTIVITY	DATE	COMMENTS
Elena Kanevsky, MCHIP Finance and Administration Manager will travel from Washington, DC to Dili, Timor-Leste on/about Nov 6 - November 17, 2012. The purpose of the travel will be to provide financial and administrative assistance for MCC Threshold Program on Immunization.	November 6 - November 17, 2012.	
Objective 1: Strengthen service delivery to identify and reach unimmunized children at least five times a year		
Participate in quarterly micro-plan reviews at CHCs with partners, community leaders, and PSFs	October-December 2012	
Meet quarterly with suco councils of the focus sucos to discuss the progress of immunization coverage and make plan for mobilizing their respective communities.	October-December 2012	
Distribute motorcycles to respective CHC directors following an orientation session on vehicle use policy, including use of a log book and proper maintenance	October 2012	
Continue updating the Uma Immunization tool in seven selected sucos and expand to new sucos based on review of current implementation. Support CCT on using the tool in their catchment areas.	October-December 2012	
Support DHSs and CHCs to execute mobile clinics and EPI outreach planned in the micro-planning sessions at CHC level to reach the children in hard-to-reach areas	October-December 2012	
Carry forward health activities, including immunization, in hard-to-reach communities, along with the US 15th Marines Expeditionary Unit, USAID, and MOH Ainaro, Manufahi, Ermera, Baucau and Viqueque	10-15 October 2012	Mobilize the community and meet MOH key personnel
Objective 2: Strengthen district and CHC-level program management capacity and technical skills among government health personnel.		
Train DHS and CHC staff and partners on MLM training modules.	December 2012	Funded by UNICEF
Train relevant MOH and partner staff on IIP and CCVM(cold chain and vaccine maintenance)	October-December 2012	
IPL will send one staff, to join three other MOH staff for training in Indonesia on cold chain maintenance and repair.	November 2012	MOH staff will be funded by UNICEF
Facilitate the trainings on cold chain and vaccine repair at CHC level	December 2012	
Print and disseminate the supportive supervision checklist and data entry sheet	November 2012	
Though SS, provide updates and coaching for district and selected CHC staff on effective vaccine supply and cold chain management	October-December 2012	
Objective 3: Strengthen SISCas as an effectively functioning community-based outreach mechanism for providing immunization and other health services.		
Facilitate inter-sectoral group/meetings at district and sub-district levels	October-December 2012	
Orient community leaders (suco council, PSFs, teachers, catechists, and health workers) on the importance of immunization, communication skills and community mobilization	October-December 2012	
Supervise and support SISCAs as per micro-plans	October-December 2012	Project team will coordinate with partners to share resources for supporting SISCAs.
IPL will work with the MOH and MOE to finalize the school health orientation materials and job aids.	November - December 2012	

ACTIVITY	DATE	COMMENTS
Objective 4: Strengthen program monitoring and reporting through better collection of routine data and the routine analysis and use of data for decision-making and targeted action		
Assist respective DPHOs to conduct quarterly supervision visits to CHCs to improve the accuracy and timeliness of monthly HMIS, EPI and SISCa reports in all focus districts	October-December 2012	
Orient and assist CHCs to fill in the EPI registers and LISIOs correctly and report monthly on EPI by suco in all focus districts		
Follow up the actions agreed to during the Dili research dissemination meeting		
Finish preparing an article on the Dili the research and submit it to an international journal for publication.	November 2012	
Establish/strengthen monitoring and reporting systems that improve communication within and between the levels of service and with the community	October-December 2012	
Assist the Dili DHS to develop a reporting and tracking system by suco for those children who receive vaccination outside their home suco		
Advocate for, and assist in development of, a tracking system to identify unreached and drop-out children and implementation of the family health register to separately list children under one		Use it as a basis for tracking, follow-up and suco-level coverage of all target children for EPI.
Advocate to the MOH HMIS department to review and rationalize EPI-relevant data-collection tools and processes to be as efficient and useful as possible		

4. CHALLENGES:

- Knowing what denominator to use remains a problem. Neither the population projection based on population census of 2004 nor the population census of 2010 represents actual populations, according to most of the chefe sucos and CHC managers. The national statistics department has yet to publish the official denominators for 2012; therefore, the MOH has not yet published its routine reports for the first, second, and third quarters of 2012. In addition, not all districts report coverage by suco.
- Two rounds of Presidential and the National Parliamentary elections hampered different project activities. Moreover, the post-election conflict stopped many planned activities in July 2012.
- Changes in the MOH, especially in the key positions and restructuring of MOH's organogram and departments hindered decisions on how strengthen the health system. Moreover, the EPI department and other partners were engaged in developing a proposal for GAVI HSS, and now they are busy with introduction of pentavalent, so many routine activities were postponed or deferred.
- The allocation from the total state budget to Health Sector has declined in the past years and the fiscal envelope for 2013 is currently set for 2.49% of the total state budget. This gives a sense that in the calendar year 2013, the MOH will have a great deficit and will not be able to carry forward many planned activities.
- The implementation of IPL activities has contributed to creating community demand for vaccination through different community mobilization approaches; however, frequent stock out of vaccines, syringes and cotton and irregular supply of gas sometimes demotivate the community and health staff as well.

- Executing the micro-plans and IPL's Detailed Implementation Plan properly will require more human resources than originally proposed. Moreover, inadequate logistical support, due mainly to a delay in procuring motorcycles, is hindering the smooth implementation of plans.
- USAID has yet to negotiate with the MOH and Government an agreement on the MOH-imposed increased per-diem for its staff. It is very difficult to organize any event at the national level involving government health staff. Moreover, most DHSs have recently increased transport and food allowances for participants of any meeting or training organized at DHS level, which is compelling the project to defer many activities.
- Continuous heavy rain resulted in calling off many planned activities and making it difficult or impossible for IPL and health staff to reach many project areas. This could threaten routine immunization coverage during this period.
- The project has an ambitious goal that requires a huge community mobilization for childhood immunization. PSFs are the frontline health workers who are supposed to play the most significant role in mobilizing the community; however, they are not receiving their incentive regularly, so it has been challenging to engage them in mobilizing their communities. Furthermore, some health workers are poorly motivated and have limited interest in executing outreach activities as per their micro-plan. During supervision visits many vaccinators were found to have deficient knowledge and skills about how to administer an immunization and how to keep vaccine in refrigerator.

5. RESULTS, MONITORING/MEASUREMENT

See Annex H (PMP)

6. ANNUAL FINANCIAL SUMMARY:

See Annex I

