



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Kyrgyzstan Republic

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 09.06.2011 08:10:43

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at http://www.gavialliance.org/performance/country_results/index.php

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

- Accomplishments using GAVI resources in the past year
- Important problems that were encountered and how the country has tried to overcome them
- Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners
- Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released
- How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB, 1-dose/vial, liquid	DTP-HepB-Hib, 10 doses/vial, liquid	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2011
ISS	2010

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

By signing this page, the Government of Kyrgyzstan Republic hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Kyrgyzstan Republic

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	S.A.Dzhumabekov	Name	Z.D.Nazarova
Date		Date	
Signature		Signature	

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Zh. S. Kalilov	Head of the Republican Centre for Immunoprophylaxis of the Ministry of Health of the Kyrgyzstan Republic	0996(312)323011		
O. V. Safonova	Deputy Head of the Republican Centre for Immunoprophylaxis of the Ministry of Health of the Kyrgyzstan Republic	0996(312)323127	olgarci@elcat.kg	

2.2. ICC Signatures Page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS), and/or New and Under-Used Vaccines (NVS) supports

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), 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.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
S. T. Abdikarimov – Deputy Minister of Health	Ministry of Health			
D. Z. Saginbaeva – Head of the Department of Organization of Medical Aid	Ministry of Health			
A. S. Sydykanov – Head of the Department of Public Health	Ministry of Health			
T. B. Isakov – Director General of the Department of State Sanitary and Epidemiological Control	Ministry of Health			
R. A. Kurmanov – Director General of the Department of Medicine Provision	Ministry of Health			
Zh. S. Kalilov – Head of the Republican Centre for Immunoprophylaxis	Ministry of Health			
G. T. Aitmurzaeva – Director of the Republican Centre for Health Promotion	Ministry of Health			
O. V. Safonova – Deputy Head of the Republican Centre for Immunoprophylaxis	Ministry of Health			
A. S. Adzhaparova – component technical coordinator	Ministry of Health			
T. R. Buteshov – epidemiologist of the Republican Centre for Immunoprophylaxis	Ministry of Health			

Name/Title	Agency/Organisation	Signature	Date	Action
O. Moldokulov – Head of the WHO Bureau in Kyrgyzstan	WHO			
Ch. Imanlieva – Health Program Coordinator	UNICEF			
A. Sargaldakova – project expert	World Bank			
D. Biybosunova – project coordinator	USAID			
A. Bolotbaeva – project coordinator	Soros Fund - Kyrgyzstan			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

2.3.1. HSS report endorsement

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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This APR reports on *Kyrgyzstan Republic's* activities between January - December 2010 and specifies the requests for the period of January - December 2012

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	141,725	138,043	139,355	140,679	142,015	143,364
Total infants' deaths	3,469	3,313	3,205	3,095	2,982	2,867
Total surviving infants	138,256	134,730	136,150	137,584	139,033	140,497
Total pregnant women	165,200	169,200	173,000	177,000	181,000	184,000
# of infants vaccinated (to be vaccinated) with BCG	139,377	135,282	136,568	137,865	139,173	140,497
BCG coverage (%) *	98%	98%	98%	98%	98%	98%
# of infants vaccinated (to be vaccinated) with OPV3	121,747	129,341	130,704	133,456	134,862	136,282
OPV3 coverage (%) **	88%	96%	96%	97%	97%	97%

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	116,312	118,562	119,812	122,450	123,739	125,042
Measles coverage (%) **	84%	88%	88%	89%	89%	89%
Pregnant women vaccinated with TT+	0	0	0	0	0	0
TT+ coverage (%) ****	0%	0%	0%	0%	0%	0%
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	76,155	78,155	80,155	82,155	84,155	86,155
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	3%	2%	2%	2%	2%	2%

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section **Error! Reference source not found.** **Error! Reference source not found.** before you continue.

The numbers for **2010** must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for **2011** to **2015** in the table on section **Error! Reference source not found.** **Error! Reference source not found.** should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones

Provide justification for any changes in **births**

No changes in births in the present APR in comparison with the WHO/UNICEF Joint Reporting Form (JRF) for 2010, the numbers are consistent with the data of the National Statistic Committee.

Provide justification for any changes in **surviving infants**

No changes in the number of surviving infants.

Provide justification for any changes in **targets by vaccine**

Application for GAVI support includes verified data obtained both in the course of routine immunization and in the course of immunization of hardly accessible groups of the population by mobile medical teams.

Provide justification for any changes in **wastage by vaccine**

No changes in wastage indices

5.2. Immunisation achievements in **2010**

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in **2010** and how these were addressed

In 2010, the scope of national-level vaccination increased by 1.5%; there were no registered cases of measles, diphtheria, or tetanus. For the purpose of preventing the penetration and spread of wild poliovirus in the Kyrgyzstan Republic, two rounds of national polio immunization days were held with the support of international donors (WHO, UNICEF, USAID, Red Crescent National Society). As a result, more than 670,000 children aged 0-5 years received additional doses of polio vaccine (the coverage in the 1st round constituted 95.2%, in the 2nd round – 96.5%). Development of the software program is completed and currently this program is being implemented in the pilot medical organizations with concurrent formation of a database and modification of quality-oriented accounting and report forms.

Challenges:

- insufficient financing of vaccine procurement on the part of the Republican budget, preventing the formation of a 25% reserve and forcing the purchase of the cheapest vaccines in multi-dose packing;
- insufficient introduction of new vaccines, which is shifted to later dates (pneumococcal -2013, rotavirus – 2014);

- lack of refrigeration equipment for introduction of new vaccines (rotavirus), requiring purchase of additional refrigeration equipment;
- limited access of population to immunization services in a number of remote districts, wherefore organization of mobile medical teams is improved;
- there are some cases of violation of safe immunization practice that is minimized by the introduction of supervisor visits.

5.2.2.

If targets were not reached, please comment on the reasons for not reaching the targets

Efforts to resolve the above-mentioned problems are in progress.

5.2.3.

Do males and females have equal access to the immunisation services? **Yes**

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **No**

If Yes, please give a brief description on how you have achieved the equal access.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

5.3. Data assessments

5.3.1.

Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)*.

No discrepancies were detected

* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

For the purpose of determining vaccination target groups (denominator), the data of medical organizations are initially used and further adjusted in accordance with the official data of the National Statistic Committee.

5.3.4.

Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

The survey of the professional vaccination scope by cluster method or Lot method planned for 2010 failed due to the large volume of work in preventing the spread of wild poliovirus in the territory of Kyrgyzstan Republic and quick localization in case of penetration of the virus into the country. Therefore, this survey will be carried out in 2010 under the technical support of WHO.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used	1 \$US = 47	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	589,358	514,715		74,643					

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Table 2b: Overall Budgeted Expenditures for Immunisation (in US\$ for donors) in US\$.

Note: To add new lines click on the *New item* icon in the *Action* column.

<i>Expenditures by Category</i>	Budgeted Year 2012	
Traditional Vaccines*	735,370	
New Vaccines	1,094,192	
Injection supplies with AD syringes	164,222	
Injection supply with syringes other than ADs	0	
Cold Chain equipment	140,725	
Personnel	727,659	
Other operational costs	117,579	
Supplemental Immunisation Activities	0	
Personnel development/trainings	104,040	
Social mobilization	46,818	
Epidemiologic control measures	17,688	
Program coordination	36,414	
Total Expenditures for Immunisation	3,184,707	

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose. Some countries will also include HepB and Hib vaccines in this row without GAVI support.

Please describe trends in immunisation expenditures and financial performance as differences between planned versus actual expenditures; explain the reasons for the reported trends and describe the financial outlook for the immunisation program over the next three years; whether the program is challenging, or alarming. If either of the latter two is applicable, describe the actions being pursued to address the gaps and indicate the sources of funding.

An essential part of the expenses for immunization in 2010 was covered by GAVI support for procurement of pentavalent vaccine (DTP-HepB-Hib) and only 10% from the republican budget. To cover expenses for traditional vaccines and co-funding was necessary to allocate 570,000 USD, however only 463,280 USD were allocated, which prevents the formation of a 25% reserve and enables procurement of vaccines in prolongation of calendar terms of immunization for the purpose of accumulating losses with a view to reducing losses. Due to insufficient financing, immunization for pneumococcal infections is postponed for later dates (pneumococcal -2013, rotavirus – 2014).

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? **3**

Please attach the minutes (Document number) from the meeting, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the country during the review. [Baseline and annual targets](#) to **Error! Reference source not found.**

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In view of the aggravation of the situation with the polio epidemic, the ICCO has identified the need for additional polio vaccination of children aged 0-5 years, financing and organization and results of tour immunization.

Are there any Civil Society Organisations (CSO) member of the country?

If Yes, which ones?

Note: To add new lines click on the **New item** icon in the **Action** column.

List CSO member organisations:

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for 2011-2012? Are they linked with cMYP?

2011 – Elaboration of the National Program on Immunization for 2012-2013, including the development of immunization data accounting and collection. Formation of a centralized data management system oriented accounting and report forms.

5.7. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety.

Please report what types of syringes are used and the amount of material in 2010.

Note: To add new lines click on the **New item** icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Financing
BCG	AD syringes, 0.05 ml	Government
Measles	AD syringes, 0.5 ml	Government
TT	AD syringes, 0.5 ml	Government
DTP-containing vaccine	AD syringes, 0.5 ml	Government

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of the injection safety policy/plan? (Please report in box below)

IF No: When will the country develop the injection safety (below)

Problem of utilization of used syringes in large cities in view of the absence of

Please explain in 2010 how sharps waste is being disposed

Within the framework of EPI, the syringes used in medical establishments are destroyed (burned) by the open method in special pits. In large cities, sharps are further removed and burned by contractor organizations having their own

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2010

Funds received during 2010
Remaining funds (carry over) from 2009
Balance carried over to 2011

Please report on major activities conducted to strengthen immunisation services

Vaccine transportation – 1,305
Vehicle maintenance – 2,616
Customs duties -2,660
Communication services -1,441
Other expenses – 2,515
TOTAL: 10,537

6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted in the 2010 calendar year? **No**

If Yes, please complete Part A below.

If No, please complete Part B below.

Part A: briefly describe progress against requirements agreed in any Aide Memoire concluded between the country and GAVI, where conditions not met in the management of ISS funds

Part B: briefly describe the financial management of your ISS funds. Indicate whether ISS funds have been approved plans and budgets. Report also on any problems that have arisen from the use of ISS funds, such as delays in availability of funds.

Please include details on the type of bank accounts used (including government accounts), how budgets are approved, how they are managed at national levels, financial reporting arrangements at national levels, and the overall role of the ICC in this process.

Funds provided by GAVI for immunization service support form are lodged to the special account of the Republican Centre for Immunization Health. Administration of funds allotted for immunization services is done by the Ministry of Health via the Republican Centre for Immunopromotion. The action plan elaborated on the basis of the Comprehensive Multi-Sectoral National Health Care Reform Program "Manas-Taalimi". The details were discussed and approved at the ICC meeting.

Is GAVI's ISS support reported on the national health sector?

6.3. Detailed expenditure of ISS funds during the reporting period

Please attach a detailed financial statement for the use of ISS funds for the year (Document Number) (Terms of reference for this statement are available at [Error! Reference source not found.](#)). Financial statements should be audited by an Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B projects should be submitted to the Secretariat six months following the close of your reporting period. If an external audit report is available for your ISS programme for the reporting period of the recent fiscal year, this must also be attached (Document Number).

6.4. Request for ISS reward

In June 2009, the GAVI Board decided to improve the performance of immunisation programmes and the related calculation of performance. From 2008 reporting year, a country is entitled to a reward:

- a) If the number of children vaccinated with DTP3 is at least 90% of the target achievement (or the original target set in the approved work plan)
- b) If the reported administrative coverage of DTP3 (reported to WHO/UNICEF) is at least 90% of the WHO/UNICEF coverage estimate for the same year.

http://apps.who.int/Immunisation_monitoring/en/global/p3.htm.

If you qualify for ISS reward based on DTP3 achievements, estimate the US\$ amount by filling **Table 3** below

Note: The Monitoring IRC will review the ISS section of the A estimate is made available

Table 3: Calculation of expected ISS reward

		2009	
		A	
1	Number of infants vaccinated with DTP3* (from JRF) specify	118,112	
2	Number of additional infants that are reported to be vaccinated with DTP3		
3	Calculating \$20 per additional child vaccinated with DTP3		
4	Rounded-up estimate of expected reward		

* Number of DTP3: total number of infants vaccinated with DTP3 and vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement approved ISS proposal, whichever is higher. Please specify the year vaccinated with DTP3 and reported in JRF.

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2010

7.1.1.

Did you receive the approved amount of vaccine doses for GAVI communicated to you in its Decision Letter (DL)? Fill-in

Table 4: Received vaccine doses

Note: To add new lines click on the **New item** icon in the **Action** column

	[A]	[B]
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *
DTP-	366,800	366,800

	[A]	[B]
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *
HepB-Hib		

* Please also include any deliveries from the previous year received

If numbers [A] and [B] above are different

What are the main problems encountered? (Lower quality? Delay in shipments? Stock-outs? Excessive stocks? Doses discarded because VVM changed colour or because of other reasons?)

What actions have you taken to improve the vaccine supply? (e.g. adjusting the plan for vaccine shipments? (in the National Immunization Division))

7.1.2.

For the vaccines in the **Table 4** above, has your country faced a stock-out?

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine, was the vaccine introduction plan in the proposal approved and reported to GAVI?

Vaccine introduced	no	
Phased introduction		Date of introduction
Nationwide introduction		Date of introduction
The time and scale of introduction was as planned in the proposal?		If No, why?

7.2.2.

When is the Post introduction Evaluation (PIE) planned? 2010

If your country conducted a PIE in the past two years (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in the past year? Yes

If AEFI cases were reported in 2010, please describe how they impacted on vaccine introduction

Registered cases of AEFI reactions in 2010: encephalic reactions on the DTP-HepB-Hib vaccine. These reactions did not cause any reduction of the vaccine.

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

\$US	0
Receipt date	

Please report on major activities that have been undertaken for the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Please describe any problem encountered in the implementation of the grant

All planned activities were implemented. No problems were encountered.

Is there a balance of the introduction grant that will be carried over to 2011?

If Yes, how much? US\$ 70,893

Please describe the activities that will be undertaken with the balance of the grant

The balance of funds in the amount of 70,893 USD will be used in 2011-2012 for the development and implementation of an Hib infection control system, as well as the Pentavalent Vaccine Introduction Plan approved by the Ministry of Health

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant for 2010

Please attach a detailed financial statement for the use of funds in the 2010 calendar year (Document No). (The statement are available in **Error! Reference source not found** be signed by the Chief Accountant or by the Permanent Sec

7.3. Report on country co-financing in 2010 (if a

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?	
Co-Financed Payments	Total Amount in US\$
1st Awarded Vaccine DTP-HepB, 1 dose/vial, liquid	122,000
2nd Awarded Vaccine	
3rd Awarded Vaccine	
Q. 2: Which are the sources of funding for co-financing?	
Government	
Donor	
Other	
Q. 3: What factors have accelerated, slowed, or hindered mobilization of co-financing?	
1. Late approval of the estimate of expenditures for the Ministry of Health	
2. Allocation of funds intended for vaccine procurement was carried in several months, thus delaying the payment for DTP-HepB-Hib vaccine in the Republic	
3.	
4.	
Q. 4: How have the proposed payment schedules and actual schedules for 2010 compared?	
Schedule of Co-Financing Payments	Proposed Schedule (months)
1 st Awarded Vaccine DTP-HepB, 1 dose/vial, liquid	
2 nd Awarded Vaccine	
3 rd Awarded Vaccine	

If the country is in default please describe and explain the reasons for the default and the steps taken to meet its co-financing requirements. For more information on the GAVI Default Policy: http://www.gavialliance.org/resources/9_C

Kyrgyzstan met its co-financing obligations for 2010. 122,000 USD were allocated for the purchase of vaccine, syringes and safety boxes in accordance with the co-financing strategy.

Is GAVI's new vaccine support reported on the national health strategy?

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the country to submit a VMA report as a condition for application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted?

When was the last Vaccine Management Assessment (VMA) conducted?

If your country conducted either EVSM or VMA in the past 12 months, please provide details of the reports. (Document N°)

A VMA report must be attached from those countries which have reported an Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced by the Effective Vaccine Management (EVM) tool. The information on EVM is available at http://www.who.int/immunisation_delivery/systems_policy/lo

For countries which conducted EVSM, VMA or EVM in the past 12 months, please provide details of the reports carried out as part of either action plan or improvement plan. (Document N°)

The last inventory and needs assessment of the cold chain were carried out in 2008. The assessment was based on the current level of fulfillment of the immunization needs for the introduction of new vaccines, therefore it was carried out in accordance with the methodology of the WHO. In the assessment, it was discovered that vaccine depots of all levels have above-zero refrigerators, however the level of provision of regions with above-zero refrigerators was low. The assessment determined the need for modernization and replacement of cold chain equipment for 300,000 USD. This plan included purchase of cold chain equipment mainly for vaccine depots and vaccination centers in the course of 2008 (refrigeration chambers of MK-304 and MK-074 brands), the formation and functioning of mobile teams for the purchase of spare parts for refrigerators, and conducting of repairs. In 2008-2009, within the framework of the cold chain modernization plan, the following equipment was installed and commissioned: three refrigeration chambers (30 m³ – at regional vaccine depots), 60 MK-304 refrigerators for regional and district vaccine depots, and 60 MK-074 refrigerators of sufficient capacity with respect to above-zero refrigerators at all vaccine depots. The assessment also determined the need for above-zero refrigeration capacities at all levels of vaccine depots for pneumococcal vaccine in the Republic without additional intensification.

introduce the rotavirus vaccine it would be necessary to increase the number of refrigerators. Apart from that, 60 refrigerators of MK 074 type were distributed among health facilities. In 2010, new electronic temperature indicators (Freeze-Tag) were introduced, and 4 additional diesel generators for vaccine storage were purchased with UNICEF funds.

When is the next Effective Vaccine Management (EVM) Assessment?

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation that is different from the one currently being supplied (for instance the number of vials per box, or the volume of liquid (liquid/lyophilised) to the other, ...), please provide the vaccine presentation you would like to receive. The minutes of the ICC meeting recommending the change of vaccine presentation through UNICEF, planning for a switch in presentation should be submitted by the end of the Decision Letter (DL) for next year, taking into account the impact of the switch as well as supply availability.

Please specify below the new vaccine presentation

n/a

Please attach the minutes of the ICC and NITAG (if available) that have endorsed the requested change.

7.6. Renewal of multi-year vaccines support for the period 2012-2014 current support is ending in 2011

If 2011 is the last year of approved multiyear support for the country and the country wishes to extend GAVI support, the country should request an agreement with GAVI for vaccine support starting from 2012 under a Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for the period 2012-2014. At the same time it commits itself to co-finance the procurement of vaccines at the minimum GAVI co-financing levels as summarised in section 4.1 of the **found. Error! Reference source not found.**

The multi-year extension of vaccine support is in line with the GAVI policy which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support for the period 2012-2014 whose minutes are attached to this APR (Document No).

7.7. Request for continued support for vaccines for programme

In order to request NVS support for 2012 vaccination do the

Confirm here below that your request for 2012 vaccines sup

Reference source not found. Error! Reference source not

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD syringe	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, liquid	2	1.600				
DTP-HepB, 10 doses/vial, liquid	10	0.620	0.620	0.620	0.620	0.620
АҚДС-HepB, 1 dose/vial, liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, лиофилиз.	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval., 1 dose/vial, liquid	1					
HepB monoval., 2 doses/vial, liquid	2					
Hib monoval., 1 dose/vial, lyophilised	1	3.400				
Measles, 10 doses/vial, lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (NVS 10), 2 doses/vial, liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (NVS 13), 1 doses/vial, liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTITUTION SYRINGE - PENTAVALENT	0	0.032	0.032	0.032	0.032	0.032
RECONSTITUTION SYRINGE -YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus, 2-dose scheme	1	7.500	6.000	5.000	4.000	3.600
Rotavirus, 3-dose scheme	1	5.500	4.000	3.333	2.667	2.400
SAFETY BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow fever, 5 doses/vial, lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow fever, 10 doses/vial, lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 10 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	134,730	136,150	137,584	139,033	140,497		687,994
Number of children to be vaccinated with the third dose	Table 1	#	129,341	130,704	133,456	134,862	136,282		664,645
Immunisation coverage with the third dose	Table 1	#	96%	96%	97%	97%	97%		
Number of children to be vaccinated with the first dose	Table 1	#	132,521	133,781	136,458	137,754	139,063		679,577
Number of doses per child		#	3	3	3	3	3		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.30	0.30	0.30	0.30	0.30		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 10 doses/vial, Liquid

Co-financing group	Low income
--------------------	------------

	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.20	0.20	0.20	0.20
Your co-financing	0.30	0.30	0.30	0.30	0.30

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval		For Endorsement			
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#			374,200	379,600	374,900	372,800	1,501,500
Number of AD syringes	#			395,600	401,300	396,400	394,100	1,587,400

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	doses per child	parameter (schedule)													
D	Number of doses needed	B x C	397,563	401,343	45,845	355,498	409,374	49,700	359,674	413,262	57,109	356,153	417,189	63,063	354,126
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	
F	Number of doses needed including wastage	D x E	417,442	421,411	48,137	373,274	429,843	52,185	377,658	433,926	59,964	373,962	438,049	66,216	371,833
G	Vaccines buffer stock	(F - F of previous year) * 0.25		993	114	879	2,108	256	1,852	1,021	142	879	1,031	156	875
H	Stock on 1 January 2011			0	0	0									
I	Total vaccine doses needed	F + G - H		422,404	48,251	374,153	431,951	52,441	379,510	434,947	60,105	374,842	439,080	66,372	372,708
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G - H) x 1.11		446,593	51,014	395,579	456,746	55,451	401,295	459,855	63,547	396,308	464,225	70,173	394,052
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		4,958	567	4,391	5,070	616	4,454	5,105	706	4,399	5,153	779	4,374
N	Cost of vaccines	I x g		1,043,3	119,178	924,	1,002,1	121,662	880,	882,943	122,013	760,	812,298	122,787	689,51

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	needed		38		160	27		465			930			1
O	Cost of AD syringes needed K x ca		23,670	2,704	20,966	24,208	2,939	21,269	24,373	3,369	21,004	24,604	3,720	20,884
P	Cost of reconstitution syringes needed L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed M x cs		3,174	363	2,811	3,245	394	2,851	3,268	452	2,816	3,298	499	2,799
R	Freight cost for vaccines needed N x fv		36,517	4,172	32,345	35,075	4,259	30,816	30,904	4,271	26,633	28,431	4,298	24,133
S	Freight cost for devices needed (O+P+Q) x fd		2,685	307	2,378	2,746	334	2,412	2,765	383	2,382	2,791	422	2,369
T	Total fund needed (N+O+P+Q+R+S)		1,109,384	126,722	982,662	1,067,401	129,586	937,815	944,253	130,485	813,768	871,422	131,724	739,698
U	Total country co-financing I 3 cc		126,722			129,586			130,485			131,724		
V	Country co-financing % of GAVI supported proportion U / T		11.42%			12.14%			13.82%			15.12%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: [HSS section of the](#)

Please download it, fill it in offline and upload it back at the
the Attachment section.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the review team in the course of this review and any information you may wish to share that you have experienced during the year under review. These comments should be included in the minutes, which should be included in the attachments

One positive item is that the country met its co-financing obligation for the procurement in 2010.

Comments to section 4, table 1 – the target group for the first dose of mumps vaccine is children aged 1-2 years, while the calculation in table 1 is based on the data for children aged 0-2 years. The quoted vaccination scope data in this category are not correct. Comments to section 5, clause 5.4 “Overall Expenditures and Financing” – the data automatically upon entering all the required data do not correspond to the “Overall Expenditures for Health Care”, since they reflect only those funds allocated from GAVI, UNICEF and WHO. Overall public expenditures for health care are not provided. In a number of tables (for example, table 5, section 7, clause 7.3) the name of Hib is missing, and only the name of DTP-HepB vaccine is present, which does not correspond to the Republic in the Annual Progress Report correspond and are related to the fact that the Hib vaccine (without HIB component) was never received by Kyrgyzstan and applicati

12. Annexes

Annex 1

TERMS OF REFERENCE FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine in the calendar year, or had balances of funding remaining from vaccine introduction grants in 2010, are required to submit their programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon the principles for accounting, thus GAVI will not provide a single set of determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure during the 2010 calendar year, to be comprised of the following basic statement of income and expenditure is provided:
 - a. Funds carried forward from the 2009 calendar year (2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, broken down by **system of economic classification**. This analysis should report expenditure for the year by your government's own system and relevant cost categories, for example: wages and salaries, report on the budget for each category at the beginning of the year, expenditure during the calendar year, and the balance at the end of the category as of 31 December 2010 (referred to as the 2010 financial statement).
- IV. Financial statements should be compiled in local currency and the exchange rate applied. Countries should provide additional information if a particular rate of exchange has been applied, and any other information for the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified by an external auditor. However, it is understood that these statements should be reviewed during each country's external audit for the 2010 financial year and submitted to the GAVI Secretariat 6 months following the close of the year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed information for financial statements classification: # GAVI/ISS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Annex 3

TERMS OF REFERENCE FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATIONS

- I. All countries that have received CSO 'Type B' grants or had balances of funding remaining from previous years in 2010, are required to submit financial statements with their Annual Progress Reports.
- II. Financial statements should be compiled based upon the accruals basis for accounting, thus GAVI will not provide a single set of determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure during the 2010 calendar year, to be comprised of points 1 to 6. A basic statement of income and expenditure is provided below:
 - a. Funds carried forward from the 2009 calendar year (closing balance 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010 using the UN system of economic classification. This analysis should show expenditure by each civil society partner, per year, per CSO 'Type B' proposal, with further breakdown by activity (e.g. & salaries). Cost categories used should be based on the UN system for economic classification. Please report the activity and cost category at the beginning of the calendar year, expenditure during the calendar year, and the balance as of 31 December 2010, activity and cost category as of 31 December 2010.
- IV. Financial statements should be compiled in local currency and the exchange rate applied. Countries should provide additional information if a particular rate of exchange has been applied, and any other relevant information for the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/checked by an external auditor. GAVI. However, it is understood that these statements should be audited during each country's external audit for the 2010 financial year. The audit are due to the GAVI Secretariat 6 months following the end of the year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		3	Yes
Signatures of members of HSCC		11, 13	Yes
Minutes of ICC meetings in 2010		4	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		5	Yes
Minutes of HSCC meetings in 2010		10, 14	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		6	Yes
Financial Statement for ISS grant in 2010		7, 12	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		15	Yes
EVSM/VMA/EVM report			
External Audit Report (Fiscal Year 2010) for ISS grant		18, 19	
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012		9	
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010		8	
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant		16	
Latest Health Sector Review Report		17	

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Signature of Minister of Health (or delegated authority) *	File name: List MoH.pdf Date/Time: 01.06.2011 05:03:32 Size: 893 KB		
2	File Type: Signature of Minister of Finance (or delegated authority) *	File name: List MoF.pdf Date/Time: 01.06.2011 05:04:08 Size: 895 KB		
3	File Type: Signatures of members of ICC *	File name: List ICC.pdf Date/Time: 01.06.2011 05:04:49		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		Size: 920 KB		
4	File Type: Minutes of ICC meetings in 2010 * File Desc:	File name: protokol 2010 ISS.pdf Date/Time: 01.06.2011 05:05:54 Size: 1 MB		
5	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * File Desc:	File name: protokol ISS 2011 - 1.pdf Date/Time: 01.06.2011 05:07:14 Size: 1 MB		
6	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 * File Desc:	File name: Protokol ISS 2011 - 2.pdf Date/Time: 01.06.2011 05:08:41 Size: 2 MB		
7	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name: Fin.report ISS.pdf Date/Time: 01.06.2011 05:09:32 Size: 1 MB		
8	File Type: Financial Statement for NVS introduction grant in 2010 File Desc:	File name: Fin report NVI.pdf Date/Time: 01.06.2011 05:10:37 Size: 1 MB		
9	File Type: new cMYP starting 2012 File Desc:	File name: KGZ_cMYP_Basic scenario revised May18.xls Date/Time: 01.06.2011 05:13:30 Size: 3 MB		
10	File Type: Minutes of HSCC meetings in 2010 * File Desc:	File name: Протокол МКК№2 2011.doc Date/Time: 01.06.2011 05:17:28 Size: 37 KB		
11	File Type: Signatures of members of HSCC * File Desc:	File name: List ICC -2.pdf Date/Time: 01.06.2011 05:18:34 Size: 672 KB		
12	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name: Fin.report ISS.pdf Date/Time: 01.06.2011 05:19:47 Size: 1 MB		
13	File Type: Signatures of members of HSCC * File Desc:	File name: HPC signatures.zip Date/Time: 09.06.2011 07:36:40 Size: 918 KB		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
14	File Type: Minutes of HSCC meetings in 2010 * File Desc:	File name: Minutes of HPC KGZ.doc Date/Time: 09.06.2011 07:35:33 Size: 108 KB		
15	File Type: Financial Statement for HSS grant in 2010 * File Desc:	File name: Fin report HSS KGZ 2010.zip Date/Time: 09.06.2011 07:55:27 Size: 2 MB		
16	File Type: External Audit Report (Fiscal Year 2010) for HSS grant File Desc:	File name: Audit report HSS KGZ ru.rar Date/Time: 09.06.2011 08:06:44 Size: 2 MB		
17	File Type: Latest Health Sector Review Report File Desc:	File name: JAR_Nov 2010_eng (doc 5).doc Date/Time: 09.06.2011 07:15:10 Size: 163 KB		
18	File Type: External Audit Report (Fiscal Year 2010) for ISS grant File Desc:	File name: Fin.audit 2009-2010.doc Date/Time: 09.06.2011 07:08:59 Size: 215 KB		
19	File Type: External Audit Report (Fiscal Year 2010) for ISS grant File Desc:	File name: Fin.audit signature.pdf Date/Time: 09.06.2011 07:14:32 Size: 980 KB		
20	File Type: other File Desc:	File name: APR HSS KGZ 2010.doc Date/Time: 09.06.2011 08:08:35 Size: 334 KB		