



Global Alliance for Vaccination and Immunization

Annual Progress Report for 2013

Submitted by:

Government

Kyrgyz Republic

Report for: **2013**

Request for Year of Support: **2015**

Submission Date: **May 19, 2014**

Submission Deadline: May 22, 2014

Please submit the APR 2013 using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Send requests to apr@gavialliance.org or to the representatives of the GAVI Alliance. Copies of documents can be sent to the GAVI partners, other cooperating organizations, and the general public. The Annual Progress Report (APR) and appendixes shall be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use the previous APRs and approved Proposals for GAVI support as reference documents. The electronic copies of the previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

The GAVI Secretariat shall not return the submitted documents and appendixes to the countries. Unless noted otherwise, copies of documents can be sent to the GAVI partners, other cooperating organizations, and the general public.

GAVI ALLIANCE TERMS AND CONDITIONS FOR THE GRANT ASSIGNMENT

APPROPRIATION OF FINANCIAL RESOURCES ONLY FOR PROGRAMS APPROVED

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance in accordance with this proposal shall be used only for the goals set out in the program (programs). Any significant departure from the program (programs) approved shall be subject to review and approval by the GAVI Alliance. All decisions on funding under this application shall be taken at the discretion of the GAVI Alliance Board, approved by the Independent Review Committee (IRC), and also depend on the availability of funds.

AMENDMENTS TO PROPOSAL

If the country wishes to make changes in the content of its proposal, it should inform the GAVI Alliance, including adequate justification in its Annual Progress Report. The GAVI Alliance shall document any change approved by it, and the relevant amendment shall be entered to the proposal approved.

FUNDS REPAYMENT

The country agrees to reimburse to the GAVI Alliance all financial resources not used for the implementation outlined in this program (programs) proposal. If the GAVI Alliance does not decide otherwise, the repayment (in U.S. dollars) shall be made within sixty (60) days after the Country receives the GAVI Alliance's demand for compensation by the payment to the account or accounts specified by the GAVI Alliance.

SUSPENSION/TERMINATION OF FUNDING

The GAVI Alliance may fully or partially suspend providing funds to the country if it has reason to suspect misuse of funds provided for the implementation of the programs described in this proposal or any amendment thereto approved by the GAVI Alliance. In case of confirmation of misuse of the funds provided to the country, the GAVI Alliance reserves the right to discontinue support for the implementation of the programs described in this proposal.

ANTI-CORRUPTION MEASURES

The country confirms that the funds provided by the GAVI Alliance will not be offered to any third party, and that in connection with this application the country shall not require any gifts, payments, or benefits, which could be directly or indirectly construed as corruption.

AUDITS AND RECORDS

The country shall conduct annual financial audits and render the results to the GAVI Alliance (upon request). The GAVI Alliance reserves the right to conduct audits or other financial management assessment in order to ensure the accountability of the funds provided to the country, on its own or through agents.

The country shall maintain detailed accounting and record-keeping on the GAVI Alliance funds' appropriation. The country shall keep its accounting records in accordance with the government approved accounting standards for at least three years after the date of the last GAVI Alliance's disbursement of funds. In case of any challenge regarding the abuse of funds, the country shall keep such records until the audit findings are final. The country agrees not to claim documented privileges in connection with any audit.

VALIDITY CONFIRMATION

The country and the persons authorized by the Government to sign this document confirm that this proposal and the APR contain accurate and correct information and, in accordance with the laws of the country, shall impose a legally binding obligation upon such country to fulfill the programs outlined in this proposal with corrections in the APR (if applicable).

CONFIRMATION OF GAVI ALLIANCE POLICY COMPLIANCE REGARDING TRANSPARENCY AND FINANCIAL ACCOUNTABILITY

The country confirms that it is familiar with the GAVI Alliance's policy pertaining to transparency and financial reporting procedures and shall abide by its requirements.

COMMERCIAL BANKS ACCOUNTS USE

The country shall be responsible for undertaking a comprehensive study of operations, financial condition, and position of all commercial banks used to manage the GAVI cash support. The country confirms that it assumes full responsibility for the compensation of the GAVI cash support, which can be negatively affected due to bank insolvency, fraud, or other unforeseen event.

ARBITRATION

Any dispute between the country and the GAVI Alliance arising out of or relating to it, which can not be resolved within a reasonable time, shall be submitted for arbitration upon the GAVI Alliance's or the country's request. Arbitration shall be conducted in accordance with the then-current Arbitration Rules of the United Nations Commission on International Trade Law. The parties agree to be bound by the arbitration decision, which shall be considered as the final adjudication of any dispute of such kind. The seat of the arbitration shall be Geneva, Switzerland. The language of any arbitration proceedings shall be English or French.

With the purpose of resolving a dispute with the amount claimed under or equal to USD 100 thousand, one arbitrator appointed by the GAVI Alliance shall be called. With the purpose of resolving a dispute with the amount claimed of over USD 100 thousand, three arbitrators appointed the following way shall be called: GAVI and the country will appoint an arbitrator from each side, and the two arbitrators appointed shall jointly appoint a third arbitrator, who shall be the Chairman.

GAVI shall not be liable for any country under whatsoever claim or for any damages associated with the programs described in the application, including, without limitation, any injury, harm caused to property, personal injury, or death. The country shall be solely responsible for all aspects of the management and execution of the programs described in its application.

By filling out this APR, the country informs GAVI on:

works fulfilled during the previous year using the GAVI funding

serious problems encountered and measures taken by the country to solve them

completing the conditions of accounting and reporting pertaining to the GAVI funds use, as well as cooperation with development partners in the country

request of additional funds, the allocation of which was approved in an earlier application for Immunization Service Support/New Vaccines Support/Health Service Support, but which have not yet been provided

possible measures by GAVI in order to simplify the APR, while maintaining the reliability of the GAVI principles regarding the accountability and transparency procedures.

1. Proposal Specification

Report for: **2013**

Request for Support in: **2015**

1.1. New Vaccines Support and Injection Safety Support

Type of Support	Vaccine Used	Preferred Presentation	Expiry Date
Support of new vaccines introduction for planned immunization	DTP-HepB-Hib, 10 doses per vial, liquid	DTP-HepB-Hib, 1 dose per vial, liquid	2015
Support of new vaccines introduction for planned immunization	Pneumococcal (PCV13), 1 dose per vial, liquid	Pneumococcal (PCV13), 1 dose per vial, liquid	2016

DTP-HepB-Hib (Pentavalent) vaccine: Based on the current country's preferences, the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

1.2. Program Prolongation

This year, there is no right for the prolongation of the program for new vaccine support

1.3. Immunization Service Support, Health Service Support, Civil Society Organizations Support

Type of Support	Report on Funds Use in 2013	Application for Approval	Eligible For 2013 ISS Reward
Immunization Service Support	Yes	Next tranche: Not applicable	Not applicable
Health Service Support	Yes	Next grant for Health Service Support - No	Not applicable
Civil Society Organization of A type	No	Not applicable	Not applicable
Civil Society Organization of B type	no	Support renewal of B type Civil Society Organization according to the decision of GAVI Council in July 2013: Not applicable	Not applicable
HSFP	no	Next tranche of HSFP Grant Not applicable	Not applicable
VIG	no	Not applicable	Not applicable
COS	no	Not applicable	Not applicable

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Report on Monitoring by the Independent Review Committee (IRC)

The annual progress report (APR) of IRC for the year **2012** is available [here](#).

2. Signatures

2.1. List of Government Officials' Signatures for All Types of GAVI Support (Immunization Service Support, Injection Safety Support, New Vaccines Support, Health Service Support, Civil Society Organizations)

By signing this page, the Government of the **Kyrgyz Republic** hereby confirms the authenticity of the information contained in this report and all appendixes hereof, including the statement on financial implications and reports on audit results. The Government also confirms that the vaccines, equipment, and financing were used in accordance with the GAVI Alliance terms and conditions for providing support, as specified by this APR.

By the Government of the **Kyrgyz Republic**

Please note that Independent Review Committee (IRC) will not consider or approve this APR in the absence of signatures of the Minister of Health and Minister of Finance or their authorized representatives.

Minister of Health (or Authorized Representative)		Minister of Finance (or Authorized Representative)	
Full Name	D. Z. SAGINBAEVA	Full Name	Z. D. NAZAROVA
Date		Date	
By		By	

This report was compiled (these persons can be contacted if the GAVI Secretariat should have any questions on the content of this document):

Full Name	Position	Tel.:	Email
G. Z. ZHUMAGULOVA	Specialist of Republic Center of Immunologic Prophylaxis	996(312)323011	gjj69@mail.ru

2.2. List of Interagency Coordination Committee Members' Signatures

Immunization Service Support, Injection Safety Support, and/or for Support of Implementation of New and Underused Vaccines

In some countries, the National Coordinating Committee in the Health Care Sector and the Interagency Coordination Committee are run together. Fill out each section with the relevant information and upload signatures to the "Attached Documents" (twice), separately the signatures of the National Coordinating Committee in the Health Care Sector members and signatures of the Interagency Coordination Committee members.

Transparency and Reporting Policy is an integral part of the GAVI Alliance's monitoring of the performance by the countries. By signing this form, the members of Interagency Coordination Committee hereby confirm that the funds provided by the GAVI Alliance were used for the goals specified by the approved proposal of the country, and that the funds management was transparent, in accordance with the rules of the government and the requirements pertaining to financial management.

2.2.1. ICC Report Approval

We, the undersigned, as members of the Interagency Coordination Committee on Immunization, hereby approve this report. Signing this document shall not create any financial (or legal) obligation for the partner

agency or any individual.

Name/Title	Institution/Organization	By	Date
M. T. KALIEV	Deputy Minister of Health of the Kyrgyz Republic, Chairman		
O. D. PLOTNIKOVA	Pediatrician - Immunologist at the Republican Center for Immunization, Secretary		
B. A. ISMAILOVA	Acting Head of the Public Health Department of the Ministry of Health of the Kyrgyz Republic		
A. S. SYDYKANOV	Deputy Director of the Department for Disease Prevention and Sanitary Inspection		
A. S. ESHKHODZHAEVA	Head of the Agency for Health Care and Drug Policy of the Ministry of Health of the Kyrgyz Republic		
E. K. BORONBAEVA	Chief Specialist at the Agency for Health Care and Drug Policy of the Ministry of Health of the Kyrgyz Republic		
Zh. S. KALILOV	Director of the Republican Center for Immunoprophylaxis of the Ministry of Health of the Kyrgyz Republic		
Z. D. NAZAROVA	Head of the Financial Policy Department of the Ministry of Health of the Kyrgyz Republic		
A. K. IMAKEEV	Head of Monitoring, Prediction and Assessment of Disease Prevention Department and State Sanitary and Epidemiological Supervision Service		
O. A. MOLDOKULOV	Head of the WHO Office in the Kyrgyz Republic		

S. T. MUKKEEVA	Head of the Family Group Practice Association (FGPA)		
R. A. KURMANOV	Director General of the Medicine and Medical Equipment Department of the Ministry of Health of the Kyrgyz Republic		
A. A. ZHOROEV	Head of the Epidemiologic Department of Disease Prevention Department and State Sanitary and Epidemiological Supervision Service		
G. Z. ZHUMAGULOVA	Pediatrician - Immunologist at the Republican Center for Immunization of the Ministry of Health of the Kyrgyz Republic		
N. A. SHEYSHEEVA	Epidemiologist at the Republican Center for Immunization of the Ministry of Health of the Kyrgyz Republic		

The Interagency Coordination Committee may wish to send unofficial comments to the following address:

apr@gavialliance.org

All comments shall be kept confidential

Partners' Comments

Regional Task Team's Comments

2.3. List of Signatures of Members of the National Coordinating Committee in the Health Care Sector

We, the undersigned, the members of the National Coordinating Committee in the Health Care Sector and the **Council on Health Protection Policy**, hereby approve this report on strengthening the health care system. Signing this document shall not create any financial (or legal) obligation for the partner agency or any individual.

Transparency and Reporting Policy is an integral part of the GAVI Alliance monitoring of the performance by the countries. By signing this form, the members of the National Coordinating Committee in the Health Care Sector hereby confirm that the funds provided by the GAVI Alliance were used for the goals specified by the approved proposal of the country, and that the funds management was transparent, in accordance with the rules of the government and requirements pertaining to financial management. Further, the National Coordinating Committee in the Health Care Sector confirms that the content of this report is based on accurate and verifiable data contained in financial reports.

Name/Title	Institution/Organization	By	Date
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P. U. Syjumbaeva - Official Secretary	Ministry of Health of the Kyrgyz Republic		
M. T. Kaliev – Deputy Minister	Ministry of Health of the Kyrgyz Republic		
Ch. A. Abdrakhmanova - Head of Department of Health Policy Analysis	Ministry of Health of the Kyrgyz Republic		
A. S. Eshkhodzhaeva - Head of Agency for Health Care and Drug Policy of the Ministry of Health of the Kyrgyz Republic	Ministry of Health of the Kyrgyz Republic		
M. A. Ismailov - Head of Organizational and Personnel Work and Medical Education	Ministry of Health of the Kyrgyz Republic		
Z. D. Nazarova - Head of the Financial Policy Department	Ministry of Health of the Kyrgyz Republic		
B. A. Ismailova - Acting Head of the Department of Public Health	Ministry of Health of the Kyrgyz Republic		
T. B. Isakov - General Director	Department for Disease Prevention and Sanitary Inspection of the Ministry of Health of the Kyrgyz Republic		
K. A. Dzhemuratov - Chairman	Hospital Association of the Kyrgyz Republic		

The National Coordinating Committee in the Health Care Sector may wish to send unofficial comments to the following address: apr@gavialliance.org

All comments shall be kept confidential

Partner's Comments

Regional Task Team's Comments

2.4. List of Signatures for the Civil Society Organizations Support (Types A and B)

The Kyrgyz Republic will not report on the GAVI support of Civil Society Organizations (type A and B) for 2014

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This APR contains data on activities undertaken in the *Kyrgyz Republic* from January to December 2013, as well as the application for January-December 2015

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4. Initial and Annual Goals

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Results on OOF Data		Target (Preferred Presentation)					
	2013		2014		2015		2016	
	Initial Goal Specified in Letter of Approval	According to Reports Data	Initial Goal Specified in Letter of Approval	Latest Estimate	Previous Assessment in 2013	Latest Estimate	Previous Assessment in 2013	Latest Estimate
Total Newborn Babies	149 484	152 381	151 808	155 417	154 128	158 525		0
Total Deceased Babies	3 010	3 093	2 950	2 950	2 800	2 800		0
Total Surviving Babies	146474	149 288	148 858	152 467	151 328	155 725		0
Total Pregnant Women	179 400	215 273	182 169	182 169	184 938	184 938		0
Total BCG Obtained (To Be Obtained)	146 494	149 281	148 771	148 771	151 045	151 045	151 293	151 293
BCG Coverage	98 %	98 %	98 %	96 %	98 %	95 %	98 %	0 %
Total Oral Polio Vaccine Obtained (To Be Obtained)	142 128	141 220	144 280	144 280	146 580	146 580	146 605	146 605
Oral Polio Vaccine Coverage	97 %	95 %	97 %	95 %	97 %	94 %	97 %	0 %
Total TDP1 Obtained (To Be Obtained)	144 253	0	146 688	146 688	148 988	148 988	147 276	147 276
Total TDP3 Obtained (To Be Obtained)	142 128	0	144 280	144 280	146 580	146 580	146 605	146 605
TDP3 Coverage	97 %	0 %	97 %	95 %	97 %	94 %	97 %	0 %
Wastage[1] indicator in initial year and plan for the following period (%) for TDP	5	0	5	5	5	5	5	5
Wastage[1] factor in initial year and plan for the following period for TDP	1,05	1,00	1,05	1,05	1,05	1,05	1,05	1,05
Total babies that received (are to receive) 1 dose of TDP hepB-Hib	141 150	143 607	146 688	146 688	148 988	148 988		
Total babies that received (are to receive) 3 dose of TDP hepB-Hib	141 150	140 872	146 688	146 688	146 580	146 580		
TDP hepB-Hib Coverage	96 %	94 %	99 %	96 %	97 %	94 %		0 %
Wastage[1] indicator in initial year and plan for the following period (%) [2]	5	5	5	5	5	5		
Wastage[1] factor in base-year and planned thereafter (%)	1,05	1,05	1,05	1,05	1,05	1,05		1
Degree of maximum wastage indicator for DTP-HepB-Hib, 1 dose per vial, liquid	5 %	5 %	5 %	5 %	5 %	5 %	0 %	5 %
Total babies that received (are to receive) 1 dose of pneumococcal vaccine (PCV13)		0		0	142 384	142 384	148 700	148 700

Total babies that received (are to receive) 3 dose of pneumococcal vaccine (PCV13)		0		0	141 735	141 735	148 116	148 116
Pneumococcal Vaccine (PCV13) Coverage		0 %	40 %	0 %	95 %	91 %	98 %	0 %
Wastage ^[1] indicator in initial year and plan for the following period (%)		0		0	5	5	5	5
Wastage ^[1] factor in base-year and planned thereafter (%)		1		1	1,05	1,05	1,05	1,05
Degree of maximum wastage indicator for Pneumococcal (PCV13), 1 dose per vial, liquid	0 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
1st dose of measles vaccine	137 386	137 359	139 273	139 273	141 160	141 160	140 705	140 705
Measles Vaccine Coverage	94 %	92 %	94 %	91 %	93 %	91 %	93 %	0 %
Pregnant women, AC+ vaccinated	0	0	0	0	0	0	0	0
AC+ Coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Prescribing Vitamin A for mothers for 6 weeks after delivery	0	0	0	0	0	0		0
Prescribing Vitamin A for babies after 6 months from birth	0	0	0	0	0	0	N/A	0
Annual noncompletion indicator for DTP [(DTP1 – DTP3) / DTP1] x 100	1 %	0 %	2 %	2 %	2 %	2 %	0 %	0 %

** Number of vaccinated babies out of the total number of survived babies

*** Specify total number of children that received only DTP or combined vaccine

**** Number of pregnant women that received AC+ out of the total number of pregnant women

1 Formula for the calculation of the vaccine wastage indicator (in %): $[(A - B) / A] \times 100$. Where: A = number of doses distributed for the use in accordance with the reporting documents considering the stock balance at the end of the supply period; B = number of vaccinations with the same vaccine for the same period.

2 GAVI would also appreciate feedback from countries on the feasibility and interest in selecting and delivering multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage, and costs.

5. General Part of Program Management

5.1. Updated Initial and Annual Goals

Remark: Fill out the table in section 4 Initial and Annual Goals and then continue

The figures for 2013 shall conform to the data submitted by the country in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. Figures for 2014 - 2015 in Table 4: Initial and Annual Goals shall correspond to the data submitted to GAVI in its previous APR, the new proposal on providing GAVI support, or KMP.

Please give the argumentation and specify the reasons for any discrepancy between the figures in this APR and the reference:

- Argumentation of the changes in the **number of newborn babies**

Administrative data and preliminary data from the National Statistics Committee (NSC) of the Kyrgyz Republic as of March 1, 2014 were used in the "WHO/UNICEF Joint Reporting Form (JRF) for 2013". The finalized data will be published in NSC only in June 2014. <?xml:namespace prefix = "o" />

According to the preliminary NSC data, the number of newborn babies was a total of 155 520 in the Republic. The number of children deceased under age of 1 year - 3093. Child mortality - 19,9 for 1000 of newborn babies. Natural population increase - 27,2.

According to the medical history data provided by the health protection institutions of the Republic, the number of newborn babies was 152 381. The difference between two data sources was 3139.

The number of newborn babies submitted in JRF of WHO/UNICEF and the APR (152 381) for 2013 reflect more accurate information, since it corresponds to the number of births registered in all health institutions in the country for 2013. As for the NSC statistics in respect of births, all children registered in 2013 are included, where children born in previous years but registered only in 2013 are also included, etc.

- Argumentation of the changes in the **number of surviving newborns**

There is a difference in the number of surviving babies under JRF of WHO/UNICEF and APR for 2013 due to internal and external population migration.

It is intended to make amendments to the WHO/UNICEF joint report for 2013 on the number of surviving babies.

- Justification for any changes in the goals by vaccine. **Please note that goals in excess of 10% of previous years' achievements will need to be justified.**

Vaccination goals specified in this APR were changed due to the increase of birth rate. The number of newborns for 2013 exceeds the initial goal specified in the APR for 2012 for 2277 persons, which is 149 289 versus 146 474 people.

<?xml:namespace prefix = "o" />

- Argumentation of change in the vaccine wastage

The pentavalent vaccine (DTP-HBV-HIB) purchased in 2013 at the expense of co-financing by APR/GAVI was exclusively in 1-dose presentation, due to this there were no changes as for the wastage.

5.2. Immunization Results in 2013

5.2.1. Specify the results achieved in the course of the immunization program's implementation versus the

planned indicators (specified in the APR for the previous year), the key activities held, and any challenges faced in 2013, as well as solutions to such challenges:

<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

Fighting the target infections such as polio, measles and rubella that have global strategic importance in the republic is under inspection. Measles and rubella are brought down to separate individual cases, and actions are taken in order to achieve sustainable elimination of these infections in the republic by 2015.

Cases of polio are not registered; measures were taken to prevent the occurrence of cases of paralytic polio and prevent the introduction and spread of wild poliovirus in the country.

The number of cases of other vaccine-preventable diseases is also brought down to separate individual cases (diphtheria), cases of tetanus, tuberculosis meningitis among newborns are not registered.

The expected immunization indicator level under the National Strategic Development Program "Den Sooluk" and the Immunization program for 2013-2017 – coverage for the primary vaccination complex of at least 95% - was achieved in 2013. The actual vaccination coverage of children under 1 year, according to the WHO/UNICEF joint report for 2013 amounted to 98% (BCG), 96.7% (DTP3), 96.9% (OPV3), 98.6% (PDAs 1 dose). However, with the new indicator, the indicator for the numbers of surviving infants according to the WHO/UNICEF JRF for 2013 will be amended.

Given the increasing number of people rejecting preventive vaccination and decreasing public trust towards immunization, social mobilization activities among the population were carried out in 2013 in order to promote immunization and publicize immunization issues in the media:

- Developed and approved a communication strategy and action plan to restore public confidence in immunization in the Kyrgyz Republic (MOH Directive № 296 from 01.07.2013);
- Prepared a video clip in the Kyrgyz and Russian languages and distributed by TV and radio network of the Kyrgyz Republic;
- Prepared and printed booklets (140 thousand copies in the Russian and Kyrgyz languages) for the population at the expense of the GAVI Health Service Support;
- On 25 October 2013, there was conducted a round table with the participation of the media, international organizations, and non-governmental agencies;
 - European Immunization Week (EIW) was held in April 2013 throughout the republic, during which 14,721 children and adults in new developments and remote villages, as well as vulnerable groups, were covered with immunization;

Given the risk of the "wild" poliovirus entering the Kyrgyz Republic from the neighboring countries, two rounds of local sub-national Immunization Days were held in April-May 2013 against polio among children aged 0 to 5 years (Osh, Kara-Suu, Nookat, Aravan District of the Osh Region, and the Batken Region covering over 181 000 children).

In order to improve the quality, safety and good timing of immunization services:

- Vaccine formulations and consumables for the Republic Immunization Plan were purchased at the expense of budget funds in the amount of 35.6 million soms; GAVI also purchased Pentavalent vaccine for the amount of \$ 890 thousand US dollars;
- Through UNICEF, 1700 pcs of "Fridge-tag" and "Freeze-tag" heat indicators in the amount of 855 thousand soms were purchased for temperature control of vaccines storage;
- For safe storage and transportation of vaccines to the level of primary health care facilities providing immunization services, 510 units of thermal bags 1.7 liter in volume were purchased for the amount of 4003,50 US dollars;
- Taking into account the introduction of new vaccines (rotavirus and pneumococcal) in the national calendar of immunization for the future, freeze rooms were purchased at GAVI's expense for regional vaccine warehouses for the total amount of 125,916 US dollars in the volume of 30 cu.m. - 1 pc, 10 cu.m. - 5 pcs;
- Computer Information System on Immunization program was implemented and tested in 3 pilot health care organizations within the project MCHIP-USAID (UCM Bishkek, UCM and Center of Prophylactic Immunization of State Sanitary-Epidemiologic Service of

Issyk-Ata district);

- To conduct supervisory visits, funds for immunization services supported (ISS) by GAVI were allocated in the amount of 256,800 soms among regions.

- The SOP WHO model for vaccines effective management (EVM) considering the country conditions was adapted, and a project for standard operating procedures for organizations of Health Care was developed (SOP manuals for 4-level vaccine supply).

The introduction of pneumococcal vaccine in the Kyrgyz Republic is scheduled for 2015, and the relevant preparations according to the PCV Implementation Plan will be implemented in 2014. The introduction of rotavirus vaccine will be considered in 2016.

With technical support of WHO, the application for support in the introduction of pneumococcal vaccine was prepared and submitted to the GAVI Secretariat in October 2013.

Taking into account the recommendations of the National Technical Group of Experts for Immunization, the application was prepared and approved by Interagency Coordination Committee for Immunization.

The National Technical Group of Experts for Immunization also planned the consideration of the inactivated polio vaccine's (IPV) introduction.

5.2.2. If the goals were not achieved, please comment on the reasons of non-achievement:

Challenges faced in 2013

1) Despite the relatively high level of vaccination coverage at the national level, the data obtained from Form 5 and Form 6 of state statistical reporting by the country's medical institutions, data from other sources, in particular DHS conducted the NSC in 2012 and the national study on child mortality and inequalities, indicate the presence of "vulnerable" groups with limited access to immunization.

According to the national study on child mortality and inequalities, the main causes of incomplete vaccination coverage are:
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- underestimation of the children's population in the spontaneously formed residential areas surrounding the city of Bishkek populated mainly by internal migrants. The level of coverage by preventive vaccinations in these areas was 64-71%;
- problems of access to medical care in remote villages due to lack of medical personnel;
- low level of population awareness (especially internal migrants) on the need to vaccinate children.[1]

[1] National Study on Child Poverty and Inequalities in the Kyrgyz Republic - B. 2009. - 98 pages

2) At the stage of introducing new vaccines, the issue of increasing population awareness of the importance and role of immunization is particularly relevant, with an emphasis on religious structures.

The data of the formative research conducted in 2013, with technical support from UNICEF, on qualitative analysis and parents' perception of immunization, suggests that one of the main reasons for the rejection of vaccination is religious beliefs. The communication strategy developed has not received further financial support, and therefore most of the activities planned in the framework of this strategy were not implemented.

Nevertheless, with the GAVI Immunization Service Support funds within the immunization program, a series of activities were carried out, including:

- Training sessions for journalists on the media (radio, television), workshops for representatives of the government bodies, local self-government, and religious organizations. Also, support of ENI-2013, distribution of information and educational materials.

5.3. Monitoring GAVI Gender Policy Implementation

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **Yes, available**

If yes, please report the latest data available and the year that it is from.

| Data Source | Reference Year for Estimate | Coverage Calculation | |
|----------------------------------|-----------------------------|----------------------|-------|
| | | Boys | Girls |
| Medical and demographic research | 2012 | 69,9% | 69,3% |

5.3.2. How did you use the above mentioned data in order to eliminate gender barriers in access to immunization?

According to the results of the medical and demographic research carried out in 2012 by NSC, there was no significance difference in immunization of children of different gender.

5.3.3. If there are no data on gender at this date, do you plan to include data on gender into reports on planned immunization in future? **Yes**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (e.g., mothers not empowered to access services, sex of service providers, etc.) been addressed programmatically? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found at:

<http://www.gavialliance.org/about/mission/gender/>)

The reporting documentation on the introduction of new vaccines (PCV, Rota IPV) will be revised and integrated with the Computer Information System on Immunization to be piloted at the medical institution of the Chuya Region in 2014. Further, republic-wide use of the Computer Information System on Immunization with the aim of personal registration of vaccinated population will solve the problem of accounting of gender related data.

5.4. Data Assessment

5.4.1. Comment on any discrepancies in the immunization coverage data obtained from various sources (e.g., if the analysis of the data shows the levels of coverage that differ from those obtained from administrative data systems, or if calculation of immunization coverage at the national level, made by WHO/UNICEF, is different from the official indicator of the country)

There are discrepancies between the data provided in the JRF by WHO/UNICEF, and the official data of the country as for the coverage of children under 1 year. The differences are explained by a discrepancy in the statistics and the administrative data. Since the registration system of the National Statistical Committee includes all children registered in the current calendar year into the "newborn infants" category, and the children born in the previous years and registered in the current year are also included.

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Administrative data and preliminary data from the National Statistics Committee (NSC) of the Kyrgyz Republic as of March 1, 2014 were used in the " WHO/UNICEF Joint Reporting Form (JRF) for 2013". The Finalized data will be presented by NSC only in June 2014.

According to the preliminary NSC data, the number of newborn babies was 155 520 total in the Republic. The number of children deceased under age of 1 year - 3093. Child mortality – 19.9 for 1000 of newborn infants. The natural population increase – 27.2.

According to the medical history data presented by the health protection institutions, the number of newborn babies was 152 381. The difference between the two data sources was 3139.

The number of newborns submitted in the JRF and the APR for 2013 (152 381) reflects more accurate information, since it corresponds to the number of births registered in all the health institutions in the country for 2013.

From 2 sources: NSC and administrative data systems. The number of children born obtained from administrative sources proved to be more reliable for the above mentioned reasons.

* Note that the WHO and UNICEF calculations for 2013 will only be available in July 2014 and may have retrospective changes on time series.

5.4.2. Was the assessment of the administrative data systems from 2012 to the present time carried out? **Yes**

If yes, describe the assessment and information on the assessment carried out.

Medical and demographic research in the Kyrgyz Republic in 2012 was carried out by NSC for the period from August to December 2012. Medical and demographic research in 2012 was carried out with the support of USAID within the MEASURE DHS project. Additional information on medical and demographic research may be obtained at NSC at the following address: Bishkek, 374 Frunze St., 720033, Kyrgyz Republic; Phone: (996-312) 665-662; Fax: (996-312) 660-138; E-mail: nsc_mail@stat.kg

5.4.3. Describe the key activities for the improvement of the administrative data system since 2011 until the present time.

In order to optimize the collection and recording of data on immunization, analysis and transmission to the next level, with financial support from GAVI within the Strengthening the Health Care System project in 2010, the Computer Information System on Immunization was developed in 2010 (CISI). The system provides personalized account of the immunized population, creation of a common database of vaccinated population, automated process of immunization planning and reporting. In addition, the computerized information system on immunization allows accounting for the use of vaccines and developing a database of thermal equipment by regions. In future, a nationwide database entry will be created for each immunized child, which is synchronized with the register of newborns and the database on the registered population of the republic at the Primary Health and Social Care level.

In 2013, the CISI was been tested on the basis of two medical institutions in Bishkek and the Sokuluk district of the Chuya Region.

In 2013, there was an application prepared for GAVI on health system strengthening, an important component of which is "Improving Data Collection System to Ensure Timeliness and Reliability of Information on Immunization Services". In the framework of which there was a plan of actions to implement the project components. The application is at the stage of consideration by the GAVI Secretariat.

5.4.4. Describe the plans available or plans to be accepted in future for further improvement of the administrative data systems.

In 2014, the CISI will be piloted in medical organizations of the Chuya Region; on the basis of the results, it will be implemented in all regions of the republic.

In the action plan for the implementation of the national health care reform program "Den Sooluk" within the MCH and public health provides, the following events are planned for 2014: - A.3.6. Implementation of the Computer Information System on Immunization at the level of district health care centers and training for specialists

5.5. Total Input and Immunization Funding

The purpose of Table 5.5a is to enable GAVI to understand broad trends in the immunization program expenditures and financial flows. Fill out the table using USD

| | | |
|---------------------------|-------------|--|
| Used Exchange Rate | 1 US\$ = 49 | Enter the exchange rate only Do not specify the local currency |
|---------------------------|-------------|--|

Table 5.5a: Total Expenses and Financing of Immunization from All Sources (Government and Donors) in USD

| Expenses by Category | Expenses in 2013 | Source of Funding | | | | | | |
|---|------------------|-------------------|-----------|--------|-----|--------------|---|---|
| | | Country | GAVI | UNICEF | WHO | Project Hope | 0 | 0 |
| Traditional vaccines* | 7 350 577 | 601 702 | 0 | 0 | 0 | 6 748 875 | 0 | 0 |
| New and underused vaccines** | 1 106 115 | 132 495 | 973 620 | 0 | 0 | 0 | 0 | 0 |
| Injection materials (auto-disable and other syringes) | 103 580 | 71 380 | 24 238 | 0 | 0 | 7 962 | 0 | 0 |
| Cold chain equipment | 148 136 | 0 | 148 136 | 0 | 0 | 0 | 0 | 0 |
| Employees | 12 715 | 0 | 2 629 | 10 086 | 0 | 0 | 0 | 0 |
| Other routine expenses | 199 966 | 0 | 199 966 | 0 | 0 | 0 | 0 | 0 |
| Other Capital Expenditures | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Expenses for Campaigns | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total expenses for immunization | 8 921 089 | | | | | | | |
| Total Government expenditures for health protection | | 805 577 | 1 348 589 | 10 086 | 0 | 6 756 837 | 0 | 0 |

*Traditional vaccines: BCG, DTP, OPV (or IPV), measles 1 dose (or combined measles and rubella, MPR,) AC. Some countries also include HepB and Hib vaccines into this line if they were introduced without GAVI support.

5.5.1. If the government is not financing purchase of traditional vaccines, specify the reasons and plans for the expected financing sources in 2014 and 2015

The Government of the Kyrgyz Republic financed 100% of traditional vaccine purchase within the Republic Immunization Plan. Purchase of traditional vaccines in 2014-2015 will continue to be at the expense of the funds of the Kyrgyz Republic's Government.

5.6. Finance Management

5.6.1. Was the assessment of GAVI finance management conducted before or within 2012 calendar year?

Completed

If **yes**, specify the results in the table below in brief with respect to the requirements and terms agreed in any kind of memorandum concluded between GAVI and your country:

| Plan of Action Specified in Memorandum | Was it Fulfilled? |
|--|-------------------|
| Business trip expenses | Yes |
| Strengthening of cold chain | Yes |
| Meetings/trainings with the purpose of HR strengthening | Yes |
| Social mobilization | Yes |
| Activities on strengthening epidemiological control | Yes |
| Activities on increasing effectiveness of program management | Yes |

If it is seen from the above table that the plan from the memorandum is fully or partially completed, briefly specify the points completed.

The funds were first of all used for:

- 1) Workshops and training on safe immunization practices (SIP) and the cold chain for primary health and social care and public health care professionals (heads of vaccine warehouse);
- 2) distribution of information and educational materials for the public during the European Immunization Week (EIW);
- 3) travel expenses of skilled national and regional level specialists to provide practical assistance during curatorial visits of health organizations;
- 5) transportation of vaccines and consumables;
- 6) infrastructure of the cold chain improvement;
- 7) transportation of materials from patients under epidemiological control of acute flaccid paralysis/polio and measles/rubella.

If the plan is not executed at all, briefly indicate why its requirements and conditions were not met.

5.7. Interagency Coordination Committee

How many meetings of the Interagency Coordination Committee were held in 2013? **4**

Please attach the minutes (**Document No. 4**) from the ICC meeting in 2014 endorsing this report.

Specify the main problems or recommendations (if any) made by the Interagency Coordination Committee regarding sections [5.1. Updated Initial and Annual Goals](#) and [5.5. Immunization Total Expenses and Financing](#)

There were no problems with sections 5.1. and 5.5. under discussion at the meetings of the Interagency Coordination Committee.

Are any representatives of civil society organizations the members of the Interagency Coordination Committee ? **No**

If yes, who?

| |
|--|
| List of Relevant Civil Society Organizations: |
| |

5.8. Top-Priority Activities in 2014-2015

What are the main tasks and main priority activities within the program of the Republic's Immunization Plan for the period from **2014** until **2015**?

Along with other major strategic directions of the Immunization Program, the country's special priority for 2014-2015 is given to the first two areas (at the stage of introducing new vaccines - IRV, PCV), and the global goals of polio eradication and measles/rubella elimination.

The key strategic directions of the Immunization P program for the period of 2014-2015 include:

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1. Enhance political commitment to immunization program and ensuring its financial stability.
2. Introduce new vaccines against pneumococcal and rotavirus infections.
3. Improve the infrastructure and logistics systems of transportation, storage, and use of vaccines.
4. Increase the availability of immunization services for the population and maintain a high level of immunization coverage.
5. Ensure quality and safety of immunization services.
6. Improve monitoring and management of immunization data.
7. Improve surveillance for vaccine-preventable diseases.
8. Provide a set of measures aimed at achieving the goal of eliminating measles and rubella and maintain its status as a country free of polio.
9. Strengthen personnel's capacity and improve program management effectiveness.
10. Ensure social mobilization and active promotion of immunization among the population.

5.9. Progress in Implementation of Plan for Transition to Safe Injections

For all countries, specify the progress in implementing the plan for transition to safe injections.

Specify the types of syringes used, as well as sources of funding for the purchase of materials for safe injections in 2013

| Vaccine | Types of Syringes Used in 2013 for the Republic's Immunization Plan | Source of Funding in 2013 |
|------------------------|---|--|
| BCG | auto-disable syringes (0,05 ml) | Ministry of Health of the Kyrgyz Republic |
| Measles | auto-disable syringes (0,5 ml) | Ministry of Health of the Kyrgyz Republic |
| AC | | |
| DTP-containing vaccine | auto-disable syringes (0,5 ml) | Ministry of Health of the Kyrgyz Republic/GAVI |

Has the country developed policy/plan of safe injections? **Yes**

If yes: Have you encountered any obstacles in the implementation of the policy/plan of injection safety improvement?

If no: When will the country make the policy/plan for injection safety improvement? (specify in box below)

The National Plan on Improvement of Injection Safety has been developed in the republic. The program of immunization has updated the national standards for injection safety, taking into account the WHO recommendations on the best practices in terms of injection safety and amended the existing national regulatory guidance documents for IS and MWD. <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

Taking steps to ensure an integrated approach and uniform requirements for the safety of injections for immunization and treatment purposes.

But, due to the lack of alternative solutions for the mechanism of sharp and injection items waste recycling for the immunization program within the national MWD system, the plan needs to be modified.

Explain how in 2013 the sharp-ended and injection items are recycled, what are the problems faced, etc.

Used syringes with needles are dumped in the safe recycle containers, which are then destroyed by open burning in specially dug pits on the territory of medical organizations. In large cities, the problem remains the same; the filled safe recycle containers are burnt in ovens under the contract with local private organizations.

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The immunization program still cannot be integrated with the national medical wastes disposal system (MWD), as the process of auto-disable syringes disposal and SRC has not been worked out in MWD, autoclaving of medical wastes is carried out only at the level of regional and district territorial hospitals.

Due to this, the process of disposal of sharp-ended and injection items used for immunization is still at the stage of open burning. Though it does not comply with the national environmental protection law.

During 2014, it is planned to consider again the issue of the integration of immunization program into the national MWD system with attracting technical experts on MWD and SI.

6. Immunization Service Development Support

6.1. Report on Use of Funds for Injection Safety Support in 2013

| | Amount in USD | Amount in Local Currency |
|---|---------------|--------------------------|
| Funds obtained in 2013 (A) | 33 675 | 1 599 582 |
| Fund balance (transferred) since 2012 (B) | 546 900 | 26 005 095 |
| Total fund available in 2013 (C=A+B) | 580 575 | 27 604 677 |
| Total expenses in 2013 (D) | 212 088 | 11 452 762 |
| Balance transferred to the 2014 (E=C-D) | 368 487 | 16 151 915 |

6.1.1. Briefly describe the scheme and process of finance management purposed for Immunization Service Support. Specify if the funds for Immunization Service Support were included in the plans and budgets of the national health care sector. Also specify any problems that arose upon the use of funds for Immunization Service Support (for example, delay in providing means for the program's implementation).

The scheme and process of finance management purposed for Immunization Service Support remain the same as in 2012. The funds for Immunization Service Support are included in the national budget of the health care system. To use the funds for Immunization Service Support, a separate special account is opened for the Center of Immunoprophylaxis where the funds transferred by GAVI are received. Transparency and proper use of these funds are annually monitored and audited by the Ministry of Health and the Audit Chamber of the Ministry of Finance of the Kyrgyz Republic. An external audit was also conducted in 2013 by the Department for Transparency, and the funds for Immunization Service Support are used according to the plan of activities purposed for the Immunoprophylaxis Program implementation.

Note: the USD exchange rate as of beginning of 2013 was 47,5 som, according to the data of the national bank; during 2013, the USD exchange rate rose to 54 som. The US dollar exchange rate dynamics creates inflation risks in the Kyrgyz Republic, which influences the funds for Immunization Service Support by GAVI as well.

6.1.2. Indicate the type of bank account (s) used (commercial or government), the way the budgets are approved, and how the funds are transferred to sub-national and national levels; describe the scheme of the financial statements at the sub-national and national levels, as well as the overall role of the ICC in this process.

A special account is opened for the purpose of GAVI ISS funds for Republic Center of Immunoprophylaxis, the budget is approved by the Deputy Minister of Health of the Kyrgyz Republic and the Head of the Financial Department of MOH. The funds are transferred to the special account of the Republican Center of Immunoprophylaxis through RSK Bank in Bishkek via bank transfer. Financial statements on the use of funds for Immunization Service Support by GAVI are drawn up and submitted by the Republican Center of Immunoprophylaxis to auditors in accordance with the laws and requirements of the Kyrgyz Republic.

6.1.3. Specify the main activities held with the aim of immunization system strengthening using the funds for Immunization Service Support in 2013

The Government of the Kyrgyz Republic aims to move forward to financial stability of the immunization program. In order to ensure financial stability, the proportion of the budget for the purchase of vaccines and injection equipment as part of the national calendar of preventive vaccinations is annually increased. However, there is a shortage of budget funds to cover the cost of the individual components of the program.<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

The implementation of the strategic directions of the Immunization Program was made possible through

targeted activities by the Ministry of Health and technical support by GAVI. The ISS funds from GAVI are the additional sources of the program's funding and cover a large part of the budget deficit. The GAVI funds allocated in 2013 allowed overcoming a number of systemic barriers to the effective operation of the program and were used:

- To strengthen the cold chain (acquisition of cold rooms (30m³ and 10m³) for the national warehouse and 5 regional vaccine warehouses), maintenance of refrigeration equipment, transportation of vaccines and consumables;
- To strengthen human resources (training on cold chain and SI support, as well as meetings at the level of individual political decision-makers);
- Social mobilization (training sessions for journalists, media - radio, television, seminars for representatives of religious organizations) on the immunization program, distribution of information and educational materials, measures to strengthen epidemiological control system of vaccine-preventable diseases;
- Travel expenses for mobile teams to improve access of the population in remote areas of the republic;

6.1.4. Is Immunization Service Support by GAVI included to the budget of national health care sector? **Yes**

6.2. Detailed Data on Use of Funds Provided for Immunization Service Support within 2013 Calendar Year

6.2.1. Attach a detailed financial report on the use of allocated funds purposed for Immunization Service Support within 2013 (Document No. 7) (Initial requirements for compiling this financial statement are specified in Appendix 2). Financial statements shall be signed by the Chief Accountant or Deputy Minister of Health.

6.2.2. Was external audit conducted? **Yes**

6.2.3. Reports on results of the external audits of activities within Immunization Service Support, Health Service Support, Civil Society Organizations of type B shall be submitted to the GAVI Secretariat no later than 6 months after the end of financial year in your country. If there is a report on the results of external audit of your Injection Safety Support Program for the latest financial year of your Government, it should also be attached (Document No. 8).

6.3. Application for Premium within Immunization Service Support

Request for premium for success in using Immunization Service Support in the Kyrgyz Republic is not applicable for 2013.

7. New and Underused Vaccines Implementation Support

7.1. Obtaining New and Underused Vaccines for the Immunization Program in 2013

7.1.1. Did you obtain the approved number of vaccine doses for the immunization program in 2013 that was accepted by GAVI in its approval letter? Fill out the table below

Table 7.1: Vaccine Doses Obtained for Immunization is 2013 in Comparison with Approved Number for 2013

| | [A] | [B] | | |
|----------------------|--|--|--|--|
| Type of Vaccine | Total Doses in 2013 in Approval Letter | Total Obtained Doses as of December 31, 2013 | Total Doses with Delay in Delivery in 2013 | Did the country experience any stockouts at any level in 2013? |
| DTP-HepB-Hib | 446 500 | 360 600 | 0 | no |
| Pneumococcal (PCV13) | | 0 | 0 | Not Specified |

* Include any supply since last year obtained in accordance with this decision letter

If [A] and [B] are different, explain:

- What are the main problems you faced? (Less widespread than expected use of vaccines due to the delayed introduction of new vaccines or lower immunization coverage? Delays in supplies? Shortage of stock? Excessive stock? Problems with cold chain equipment? Write-off doses due to changes in vial thermal indicator color or upon expiration date? ...)

In its decision letter GAVI/12/252 im/dic dated 26.11.2012, GAVI approved the routine immunization for Kyrgyzstan in 2013 - 404700 doses of DTP-HBV-HIB vaccine, 472 250 pcs. of auto-disable syringes and 6 500 safe disposal containers with equity participation of the Government of the Kyrgyz Republic.

However, due to the changes in the presentation of the vial from 10-dose to 1-dose and increase of the total cost, the number of reported doses of DTP-HBV-HIB decreased and amounted to 360,600 doses.

- What measures were taken in order to improve vaccine management (for example, correction of vaccine supply plan? (in the country and with the supply department of UNICEF)

GAVI would also appreciate any feedback from countries on the feasibility and interest in selecting and delivering multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage, and costs.

Supply plan of DTP-HBV-HIB vaccine as well as other traditional vaccines of the Republic's Immunization Plan is agreed and corrected by UNICEF. There were no problems or delays in supply.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district, or lower facility level.

7.2. Introduction of New Vaccines in 2013

7.2.1. If GAVI approved your proposal on the introduction of new vaccines in 2013, refer the plan of vaccine introduction from the approved proposal and specify the works performed:

| DTP-HepB-Hib, 10 doses per vial, liquid | | |
|--|----|---|
| Phased Implementation | No | |
| Implementation at the National Level | No | |
| Has the introduction of the vaccine been conducted in time and scale specified in the proposal? If not, why? | No | DTP-HBV-HIB vaccine has been introduced since 2009. |

| Pneumococcal (PCV13), 1 dose per vial, liquid | | |
|--|----|--|
| Phased Implementation | No | |
| Implementation at the National Level | No | |
| Has the introduction of the vaccine been conducted in time and scale specified in the proposal? If not, why? | No | Pneumococcal vaccine was not introduced in 2013. |

7.2.2. When is it planned to make the assessment of the situation after vaccine introduction? **January 0**

If your country made an assessment of the situation after vaccine introduction during the last two years, attach the relevant reports and a brief description of carrying out the recommendations in accordance with the results of the said assessment. (Document No. 9)

Introduction of pneumococcal vaccine has been planned since 2015, but still there is no approval letter from GAVI received on availability of PCV.

7.2.3. Adverse effects after immunization

Is there a country-wide system of pharmacological control of vaccines specifically? **Yes**

Is there a national expert committee for review of adverse effects after immunization? **Yes**

Does the country have a department plan for the vaccine safety improvement? **Yes**

Does your country provide data on vaccine safety to the other countries? **No**

Does your country provide data on vaccine safety to the other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Not Specified**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

Does your country conduct special studies on:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Not Chosen**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

7.3 One-Time Cash payments within Grant for Introduction of New and Underused Vaccines 2013

7.3.1. Reporting on Finance Management

| | Amount in USD | Amount in Local Currency |
|--|---------------|--------------------------|
| Funds obtained in 2013 (A) | 0 | 0 |
| Funds remaining (transferred) since 2012 (B) | 0 | 0 |
| Total funds available in 2013 (C=A+B) | 0 | 0 |
| Total expenses in 2013 | 0 | 0 |
| Balance transferred to the 2014 (E=C-D) | 0 | 0 |

Detailed expenses of grant funds for the introduction of new vaccines in 2013 calendar year

Attach a detailed financial statement on the use of funds within the grant for the introduction of new vaccines in 2013 calendar year (Document No. 10 and 11). Initial requirements for compiling this report are specified in **Appendix 1**. Financial statements shall be signed by the Financial Director of the Republic's Immunization Plan Program and its Head, or by Deputy Minister of Health.

7.3.2. Program Reporting

Describe the key activities carried out within the introduction of new vaccines using the grant funds of GAVI for the introduction of the new vaccines

Introduction of the new vaccine (pneumococcal) is planned in 2015.

Describe any problems faced with upon the performance of planned activities and measures for solving them.

0

Describe the activities to be carried out with the funds remaining from 2014.

0

7.4. Reporting on Country's Cofinancing in 2013

Table 7.4 : Five Questions on Country's Cofinancing

| | |
|--|---|
| | Q.1: What were the actual amounts of cofinancing and the number of doses |
|--|---|

| | in 2013? | |
|--|-------------------------------------|--------------------------------|
| Payments for Cofinancing | Total USD | Total Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 doses per vial, liquid | 132 497 | 41 800 |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose per vial, liquid | 0 | 0 |
| Q.2: What were the amounts of funding for country's cofinancing in reporting year 2013 from the following sources? | | |
| Government | Budget of the Kyrgyz Republic: | |
| Donor | | |
| Other | | |
| Q.3: Did you purchase injection materials for cofinancing vaccines? Specify amounts in USD and materials. | | |
| Payments for Cofinancing | Total USD | Total Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 doses per vial, liquid | 0 | 0 |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose per vial, liquid | 0 | 0 |
| Q.4: When are you going to transfer the funds for cofinancing in 2015? | | |
| Schedule of payments within co-financing | The proposed Transfer Date for 2015 | Source of Funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 doses per vial, liquid | December | Budget of the Kyrgyz Republic: |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose per vial, liquid | December | Budget of the Kyrgyz Republic: |
| Q.5: Specify any need in technical assistance for the development of strategy for providing financial stability and resources mobilization for immunization, including cofinancing. | | |
| | | |

In case of non-fulfillment by the country of its obligations pertaining to the payments, describe and explain the measures the country is going to take in order to fulfill the obligations on co-financing. More detailed information contained in the GAVI policy on non-fulfillment of obligations by the country of its obligations is available at: <http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

The Kyrgyz Republic fulfilled its obligations on co-financing payment in 2013 pertaining to GAVI.

Is support from GAVI, in form of new and underused vaccines and injection supplies, reported in the national health sector budget? **Not Chosen**

7.5 Vaccine Management (EVSM/VMA/EVM)

We remind you that the assessment tools of effectiveness of vaccine warehouse safety management (EVSM) and Vaccine Management Assessment (VMA) were replaced by a single tool for Effective Vaccine Management (EVM). You can find information in English at

http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

Before applying with a proposal for the introduction of the new vaccine the countries shall conduct EVM assessment. The assessment will be finalized by making a plan on remedial actions, including activities and terms of performance; the report on its performance shall be attached to the annual report. The EVM assessment results are valid for three years.

When was the last EVM assessment conducted of alternative EVSM/VMA conducted? **October 2011**

Attach the following documents:

- (a) EVM Assessment Results (**Document No. 12**)
- (b) Remedial Actions Plan According to EVM Assessment Results (**Document No. 13**)
- (c) Report on Activities Performed during the Year and Results of Carrying out of Recommendations of Remedial Actions Plan (**Document No. 14**)

The report on the course of performance in accordance with the remedial actions plan in EVSM/VMA/EVM is a mandatory requirement.

Are there any changes in the remedial actions plan? What are the reasons? **No**

If yes, specify the details

The plan of activities is the priority in the implementation of the immunization program; the activities are clearly defined; there is sufficient financing. The plan of activities is prepared in 2013 on further development of EVM activities (2nd stage). It is attached as an appendix.

The following activities were held in 2013 according to the plan and with technical support from GAVI and UNICEF funds for ISS in terms of activities for EVM pertaining to the critical criterion of "temperature monitoring":

- Underway temperature monitoring study (study takes 4 months from the start to obtaining the final results - from December 18, 2013 to March 3, 2014). The study is conducted under the standard WHO protocol. The results of this study will be the basis for effective management process in the chain of vaccine supply in the Republic;
- Mapping performed in refrigerated rooms (10m³) of the national warehouse and 2 regional warehouses (Osh and Jalal-Abad region);
- Selection is made, and an application is submitted to the UNICEF Supply Division for the purchase of computerized continuous temperature recording devices at the national vaccine stock in all refrigerated rooms (30m³, 10m³) and freezers (this activity includes training by the Republic's Center for Immunoprophylaxis for proper use of the system).

On the implementation of activities by EVM "E3 storage volumes in cold chain, dry warehouse, and transportation":

- cold rooms for the Central Warehouse (30m³) bought in 2013- 1 pc. and regional (10m³) – 5 pcs. Installation will commence in January 2014.

On the implementation of activities by EVM criterion "E6 - stock management"

- forms of stock registration are revised and updated.

On the implementation of activities by EVM criterion "E8 - vaccine management":

- the model of SOP WHO considering the country conditions was adapted during on 16 - 26 December. Standard operating procedures according to EVM were prepared for all 4 levels of vaccine supply. SOPs will be tested at medical institutions of the Republic in 2014 and, after approval, in April 2014 the process of SOP introduction will be started.

Upon SOP introduction, the requirement criteria pertaining to storage and transportation of vaccines will increase.

The Kyrgyz Republic expects to carry out the EVM assessment in February 2015. The process of preparation is currently underway.

When is the next EVM assessment is planned? **February 2015**

7.6. Monitoring of GAVI Support for Prophylaxis Campaign in 2013

The Kyrgyz Republic is not submitting a report on New Vaccines Support (for preventative campaigns).

7.7. Modification of Vaccine Presentation

Due to the high demand during the initial years of the introduction and in order to safely introduce this vaccine, demands of the countries for the change of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

The countries willing to apply for the change of PCV presentation can do this in APR for 2014 in order for this request to be considered by the Independent Review Committee (IRC).

For vaccines (except pneumococcal), if you prefer to get the vaccine in 2013 in a presentation different from that in which it is currently delivered (e.g., the number of doses per vial, or the substitution of one form with another (liquid/lyophilized) ...), specify the characteristics of the vaccine and refer to the minutes of the ICC meeting that approved the recommendation to change the form of release. You should specify the reason for the desired change in the release form (administrative costs, epidemiological data, the number of children to be vaccinated during the same campaign). Applications to amend the release form will be recorded and reviewed based on the availability of vaccine for delivery and the general task of GAVI in terms of the formation of the vaccine markets and existing contractual obligations. The country will be informed of the decision. If the supply will be implemented through UNICEF, planning of change the release form should be initiated after the receipt of the Approval Letter (AL) for the next year on the possibility to satisfy the relevant requirement, including, if possible, the desired delivery time. The countries should provide information on the time required to perform the necessary activities related to the change in the form of release of vaccine.

You requested the change of presentation; see new presentations below:

*DTP-HepB-Hib, 1 dose per vial, liquid

Attach the protocol of meeting of Interagency Coordination Committee and NITAG (if any) (Document No. 27) approving the requested change.

7.8. Resumption of Long-Term Implementation Support of Vaccines for Countries whose Ongoing Support Ends in 2014

Renewal of long-term support of vaccine introduction in the Kyrgyz Republic in 2014 is not applicable.

7.9. Request for Continued Supplies of Vaccines for Immunization Programs in 2015

In order to draw up a request for New Vaccines Support in 2015, take the following steps:

Confirm here below that your request for 2015 vaccines support is as per [7.11 Requirements Calculation](#) **Not Chosen**

If you do not confirm, please explain.

7.10. Weighted Average Price of Delivery and Related Freight Price

Table 7.10.1: Cost of Products

Estimated prices of supply are not disclosed

Table 7.10.2: Costs of Freight

| Vaccine Antigens | Types of Vaccines | No Boundary | 200 000\$ | | 250 000\$ | |
|---------------------------------------|-----------------------------|-------------|-----------|---|-----------|---|
| | | | <= | > | <= | > |
| DTP-hepB | hepB-Hib | 2,00 % | | | | |
| HPV, divalent | HPV | 3,50 % | | | | |
| HPV, quadruple | HPV | 3,50 % | | | | |
| Yellow fever | YF | 7,80 % | | | | |
| Measles Rubella | Measles Rubella | 13,20 % | | | | |
| Rubella 2nd dose | Rubella | 14,00 % | | | | |
| Meningococcal type A | Meningococcal A, conjugated | 10,20 % | | | | |
| Pneumococcal vaccine (PCV13) coverage | PNEUMO | 3,00 % | | | | |
| Pneumococcal vaccine (PCV13) coverage | PNEUMO | 6,00 % | | | | |
| Rotaviral | Rotaviral | 5,00 % | | | | |

| Vaccine Antigens | Types of Vaccines | 500 000\$ | | 2 000 000\$ | |
|---------------------------------------|-----------------------------|-----------|--------|-------------|---|
| | | <= | > | <= | > |
| DTP-hepB | hepB-Hib | | | | |
| TDP hepB-Hib | hepB-Hib | 25,50 % | 6,40 % | | |
| HPV, divalent | HPV | | | | |
| HPV, quadruple | HPV | | | | |
| Yellow fever | YF | | | | |
| Measles Rubella | Measles Rubella | | | | |
| Rubella 2nd dose | Rubella | | | | |
| Meningococcal type A | Meningococcal A, conjugated | | | | |
| Pneumococcal vaccine (PCV13) coverage | PNEUMO | | | | |
| Pneumococcal vaccine (PCV13) coverage | PNEUMO | | | | |
| Rotaviral | Rotaviral | | | | |

7.11. Requirements Calculation

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose per vial, liquid

| Identification | Source | | 2013 | 2014 | 2015 | TOTAL | |
|----------------|--|------------------------------------|------|---------|---------|---------|---------|
| | Number of Surviving Infants | Table 4 | # | 146 474 | 148 858 | 155 725 | 451 057 |
| | Number of Children to be Vaccinated by the First Dose | Table 4 | # | 141 150 | 146 688 | 148 988 | 436 826 |
| | Number of Children to be Vaccinated by the Third Dose | Table 4 | # | 141 150 | 146 688 | 146 580 | 434 418 |
| | Coverage by the Third Dose | Table 4 | % | 96,37 % | 98,54 % | 94,13 % | |
| | Number of Doses for Vaccination per Child | Parameter | # | 3 | 3 | 3 | |
| | Calculated Factor of Vaccine Wastage | Table 4 | # | 1,05 | 1,05 | 1,05 | |
| | Vaccine Stock on 31st December 2013 * (see explanatory footnote) | | # | 0 | | | |
| | Vaccine Stock on 1 January 2014 ** (see explanatory footnote) | | # | 0 | | | |
| | Number of Doses per Vial | Parameter | # | | 1 | 1 | |
| | Required Number of Auto-Disable Syringes | Parameter | # | | Yes | Yes | |
| | Required Number of Syringes for Dilution | Parameter | # | | No | No | |
| | Required Number of Safety Boxes | Parameter | # | | Yes | Yes | |
| cc | National Co-Financing of One Dose | Table of the national co-financing | \$ | | 0,30 | 0,20 | |
| ca | Price of One Auto-Disable Syringes | Table 7.10.1 | \$ | | 0,0450 | 0,0450 | |
| cr | Price of One Syringe for Dilution | Table 7.10.1 | \$ | | 0 | 0 | |
| cs | Price of One Safety Box | Table 7.10.1 | \$ | | 0,0050 | 0,0050 | |
| fv | Freight Cost as % of Cost of Vaccine | Table 7.10.2 | % | | 6,40 % | 6,40 % | |
| fd | Freight Cost as % of cost of Injecting Equipment | Parameter | % | | 0,00 % | 0,00 % | |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Tables of National Co-Financing for **DTP-hepB-Hib, 1 doses per vial, LIQUID**

| | |
|-----------------------------|-----|
| Group National Co-Financing | Low |
|-----------------------------|-----|

| | 2013 | 2014 | 2015 |
|--|------|------|------|
| Minimum Amount of National Co-Financing | 0,20 | 0,20 | 0,20 |
| Recommended Co-Financing in Accordance with APR 2012 | | | 0,30 |
| Your Co-Financing | 0,20 | 0,30 | 0,20 |

Table 7.11.2: Calculated Volume of GAVI Support and National Co-Financing (GAVI Support)

| | | 2014 | 2015 |
|---------------------------------|----|---------|---------|
| Number of vaccine doses | # | 396 900 | 408 500 |
| Number of auto-disable syringes | # | 487 300 | 472 900 |
| Number of syringes for dilution | # | 0 | 0 |
| Number of safety boxes | # | 5 375 | 5 225 |
| Total volume to be co-financed | \$ | 835 000 | 868 500 |

Table 7.11.3: Calculated Volume of GAVI Support and National Co-Financing (Country's Support)

| | | 2014 | 2015 |
|---------------------------------|----|---------|--------|
| Number of vaccine doses | # | 68 200 | 43 600 |
| Number of auto-disable syringes | # | 0 | 0 |
| Number of syringes for dilution | # | 0 | 0 |
| Number of safety boxes | # | 0 | 0 |
| Total funding by country | \$ | 139 500 | 90 500 |

Table 7.11.4 Calculation of Required Number of **DTP-HepB-Hib, 1 dose per vial, LIQUID** (part 1)

| | Formula | 2013 | 2014 | | |
|-----------|--|---|---------|------------|---------|
| | | | Total | Government | GAVI |
| A | National co-financing | V | 0,00 % | 14,65 % | |
| B | Number of children to be vaccinated by the first dose | Table 4 | 141 150 | 146 688 | 21 486 |
| B1 | Number of children to be vaccinated by the third dose | Table 4 | 141 150 | 146 688 | 21 486 |
| C | Number of doses for vaccination per child | Parameter of the vaccine (schedules) | 3 | 3 | |
| D | Required number of doses | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 423 450 | 440 064 | 64 457 |
| E | Calculated factor of vaccine wastage | Table 4 | 1,05 | 1,05 | |
| F | Required number of vaccine doses (including wastage) | $D \times E$ | | 462 068 | 67 680 |
| G | Reserve stock of vaccines | $((D - D \text{ of previous year}) \times 0.167) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.167)$ | | 2 908 | 426 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.167$ | | | |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | | | |
| H2 | Supposed stock on January 1. | Table 7.11.1. | 0 | 0 | |
| H3 | Shipment plan | UNICEF shipment report | | 553 400 | |
| I | Required number of vaccine doses | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 465 000 | 68 109 |
| J | Number of doses per vial | Parameter of the vaccine | | 1 | |
| K | Required number of auto-disable syringes (taking into account the 10% of wastage) | $(D + G - H) \times 1.10$ | | 487 270 | 0 |
| L | Required number of syringes for dilution (taking into account the 10% of wastage) | $(I / J) \times 1.10$ | | 0 | 0 |
| M | Required number of safety boxes (taking into account the 10% for additional needs) | $(K + L) / 100 \times 1.10$ | | 5 360 | 0 |
| N | Cost of required vaccines | $I \times \text{The cost of one dose of vaccine (g)}$ | | 895 125 | 131 110 |
| O | Cost of required auto-disable syringes | $K \times \text{The cost of one auto-disable syringe (ca)}$ | | 21 928 | 0 |
| P | Cost of required syringes for dilution | $L \times \text{The cost of one syringe for dilution (cr)}$ | | 0 | 0 |
| Q | Cost of required safety boxes | $M \times \text{The cost of one safety box (cs)}$ | | 27 | 0 |
| R | Shipping cost of the required vaccines | $N \times \text{The freight cost as \% of the cost of vaccines (fv)}$ | | 57 288 | 8 391 |
| S | Shipping cost of the injecting equipment | $(O+P+Q) \times \text{The freight cost as \% of the cost of injecting equipment (fd)}$ | | 0 | 0 |
| T | Volume of necessary funding | $(N+O+P+Q+R+S)$ | | 974 368 | 139 500 |
| U | Volume of national co-financing | $I \times \text{The national co-financing of one dose (cc)}$ | | 139 500 | |
| V | % of the national co-financing from the volume covered by the GAVI Alliance | $U / (N + R)$ | | 14,65 % | |

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information will be updated when the shipment plan becomes available.

Table 7.11.4 Calculation of Required Number of Pneumococcal (PCV13), 1 dose per vial, liquid (part 2)

| | Formula | 2015 | | | 2016 | | | |
|-----------|--|---|------------|--------|-----------|------------|--------|-----------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | National co-financing | V | 5,60 % | | 5,61 % | | | |
| B | Number of children to be vaccinated by the first dose | Table 4 | 142 384 | 7 972 | 134 412 | 148 700 | 8 348 | 140 352 |
| C | Number of doses for vaccination per child | Parameter of the vaccine (schedules) | 3 | | | 3 | | |
| D | Required number of doses | $B \times C$ | 427 152 | 23 916 | 403 236 | 446 100 | 25 044 | 421 056 |
| E | Calculated factor of the vaccine wastage | Table 4 | 1,05 | | | 1,05 | | |
| F | Required number of vaccine doses (including wastage) | $D \times E$ | 448 510 | 25 112 | 423 398 | 468 405 | 26 296 | 442 109 |
| G | Reserve stock of vaccines | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | 112 128 | 6 278 | 105 850 | 4 974 | 280 | 4 694 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 127 800 | 7 156 | 120 644 | 15 673 | 880 | 14 793 |
| H2 | Supposed stock on January 1. | Table 7.11.1. | | | | | | |
| I | Required number of vaccine doses | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 433 800 | 24 288 | 409 512 | 459 000 | 25 768 | 433 232 |
| J | Amount of doses per vial | Parameter of the vaccine | 1 | | | 1 | | |
| K | Required number of auto-disable syringes (taking into account the 10% of wastage) | $(D + G - H) \times 1.10$ | 452 629 | 0 | 452 629 | 478 942 | 0 | 478 942 |
| L | Required number of syringes for dilution (taking into account the 10% of wastage) | $(I / J) \times 1.10$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Required number of safety boxes (taking into account the 10% for additional needs) | $(K + L) / 100 \times 1.10$ | 4 979 | 0 | 4 979 | 5 269 | 0 | 5 269 |
| N | Cost of required vaccines | $I \times \text{The cost of one dose of vaccine (g)}$ | 1 461 906 | 81 850 | 1 380 056 | 1 542 699 | 86 604 | 1 456 095 |
| O | Cost of required auto-disable syringes | $K \times \text{The cost of one auto-disable syringe (ca)}$ | 20 369 | 0 | 20 369 | 21 553 | 0 | 21 553 |
| P | Cost of required syringes for dilution | $L \times \text{The cost of one syringe for dilution (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of required safety boxes | $M \times \text{The cost of one safety box (cs)}$ | 25 | 0 | 25 | 27 | 0 | 27 |
| R | Shipping cost of the required vaccines | $N \times \text{The freight cost as \% of the cost of vaccines (fv)}$ | 87 715 | 4 911 | 82 804 | 92 562 | 5 197 | 87 365 |
| S | Shipping cost of the injecting equipment | $(O+P+Q) \times \text{The freight cost as \% of the cost of injecting equipment (fd)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Volume of necessary funding | $(N+O+P+Q+R+S)$ | 1 570 015 | 86 760 | 1 483 255 | 1 656 841 | 91 800 | 1 565 041 |
| U | Volume of national co-financing | $I \times \text{The national co-financing of one dose (cc)}$ | 86 760 | | | 91 800 | | |
| V | % of the national co-financing from the volume which covered by GAVI Alliance | $U / (N + R)$ | 5,60 % | | | 5,61 % | | |

Table 7.11.4 Calculation of Required Number of DTP-HepB-Hib, 1 dose per vial, liquid (part 2)

| | Formula | 2015 | | | |
|----|--|---|------------|--------|---------|
| | | Total | Government | GAVI | |
| A | National co-financing | V | 9,64 % | | |
| B | Number of children to be vaccinated by the first dose | Table 4 | 148 988 | 14 370 | 134 618 |
| B1 | Number of children to be vaccinated by the third dose | Table 4 | 146 580 | 14 137 | 132 443 |
| C | Number of doses for vaccination per child | Parameter of the vaccine (schedules) | 3 | | |
| D | Required number of doses | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 443 569 | 42 780 | 400 789 |
| E | Calculated factor of vaccine wastage | Table 4 | 1,05 | | |
| F | Required number of vaccine doses (including wastage) | $D \times E$ | 465 748 | 44 919 | 420 829 |
| G | Reserve stock of vaccines | $((D - D \text{ of previous year}) \times 0.167) + ((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.167$ | 614 | 60 | 554 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.167$ | 14 322 | 1 382 | 12 940 |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | 91 333 | 8 809 | 82 524 |
| H2 | Supposed stock on January 1. | Table 7.11.1. | | | |
| H3 | Shipment plan | UNICEF shipment report | | | |
| I | Required number of vaccine doses | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 452 050 | 43 598 | 408 452 |
| J | Number of doses per vial | Parameter of the vaccine | 1 | | |
| K | Required number of auto-disable syringes (taking into account the 10% of wastage) | $(D + G - H) \times 1.10$ | 472 848 | 0 | 472 848 |
| L | Required number of syringes for dilution (taking into account the 10% of wastage) | $(I / J) \times 1.10$ | 0 | 0 | 0 |
| M | Required number of safety boxes (taking into account the 10% for additional needs) | $(K + L) / 100 \times 1.10$ | 5 202 | 0 | 5 202 |
| N | Cost of required vaccines | $I \times \text{The cost of one dose of vaccine (g)}$ | 881 046 | 84 972 | 796 074 |
| O | Cost of required auto-disable syringes | $K \times \text{The cost of one auto-disable syringe (ca)}$ | 21 279 | 0 | 21 279 |
| P | Cost of required syringes for dilution | $L \times \text{The cost of one syringe for dilution (cr)}$ | 0 | 0 | 0 |
| Q | Cost of required safety boxes | $M \times \text{The cost of one safety box (cs)}$ | 27 | 0 | 27 |
| R | Shipping cost of the required vaccines | $N \times \text{The freight cost as \% of the cost of vaccines (fv)}$ | 56 387 | 5 439 | 50 948 |
| S | Shipping cost of the injecting equipment | $(O+P+Q) \times \text{The freight cost as \% of the cost of injecting equipment (fd)}$ | 0 | 0 | 0 |
| T | Volume of necessary funding | $(N+O+P+Q+R+S)$ | 958 739 | 90 410 | 868 329 |
| U | Volume of national co-financing | $I \times \text{The national co-financing of one dose (cc)}$ | 90 410 | | |
| V | % of the national co-financing from the volume covered by the GAVI Alliance | $U / (N + R)$ | 9,64 % | | |

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information will be updated when the shipment plan becomes available.

Table 7.11.1: Specifications for **Pneumococcal (PCV13), 1 dose per vial, liquid**

| Identification | | Source | | 2013 | 2014 | 2015 | 2016 | TOTAL |
|----------------|--|------------------------------------|----|---------|---------|---------|---------|---------|
| | Number of Surviving Infants | Table 4 | # | 146 474 | 148 858 | 155 725 | 0 | 451 057 |
| | Number of Children to be Vaccinated by the First Dose | Table 4 | # | 0 | 0 | 142 384 | 148 700 | 291 084 |
| | Number of Children to be Vaccinated by the Third Dose | Table 4 | # | | | 141 735 | 148 116 | 289 851 |
| | Coverage by the Third Dose | Table 4 | % | 0,00 % | 40,00 % | 91,02 % | 0,00 % | |
| | Number of Doses for Vaccination per Child | Parameter | # | 3 | 3 | 3 | 3 | |
| | Calculated Factor of Vaccine Wastage | Table 4 | # | 1,00 | 1,00 | 1,05 | 1,05 | |
| | Vaccine Stock on 31st December 2013 * (see explanatory footnote) | | # | 127 800 | | | | |
| | Vaccine Stock on 1 January 2014 ** (see explanatory footnote) | | # | 127 800 | | | | |
| | Number of Doses per Vial | Parameter | # | | 1 | 1 | 1 | |
| | Required Number of Auto-Disable Syringes | Parameter | # | | Yes | Yes | Yes | |
| | Required Number of Syringes for Dilution | Parameter | # | | No | No | No | |
| | Required Number of Safety Boxes | Parameter | # | | Yes | Yes | Yes | |
| cc | National Co-Financing of One Dose | Table of the national co-financing | \$ | | 0,00 | 0,20 | 0,20 | |
| ca | Price of One Auto-Disable Syringes | Table 7.10.1 | \$ | | 0,0450 | 0,0450 | 0,0450 | |
| cr | Price of One Syringe for Dilution | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Price of One Safety Box | Table 7.10.1 | \$ | | 0,0050 | 0,0050 | 0,0050 | |
| fv | Freight Cost as % of Cost of Vaccine | Table 7.10.2 | % | | 0,00 % | 6,00 % | 6,00 % | |
| fd | Freight Cost as % of cost of Injecting Equipment | Parameter | % | | 0,00 % | 0,00 % | 0,00 % | |

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

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Tables of National Co-Financing for **Pneumococcal (PCV13), 1 doses per vial, LIQUID**

| | |
|--------------------------------|-----|
| Group of National Co-Financing | Low |
|--------------------------------|-----|

| | 2013 | 2014 | 2015 | 2016 |
|---|------|------|------|------|
| Minimum Amount of National Co-Financing | 0,00 | 0,00 | 0,20 | 0,20 |
| Recommended Co-Financing in Accordance with Proposal 2013 | | | 0,20 | 0,20 |

| | | | | |
|-------------------|--|--|------|------|
| Your Co-Financing | | | 0,20 | 0,20 |
|-------------------|--|--|------|------|

Table 7.11.2: Calculated Volume of GAVI Support and National Co-Financing (**GAVI Support**)

| | | 2014 | 2015 | 2016 |
|---------------------------------|----|-----------|-----------|-----------|
| Number of the vaccine doses | # | - 127 800 | 409 600 | 433 300 |
| Number of auto-disable syringes | # | - 140 500 | 452 700 | 479 000 |
| Number of syringes for dilution | # | 0 | 0 | 0 |
| Number of safety boxes | # | - 1 525 | 5 000 | 5 275 |
| Total volume to be co-financed | \$ | - 439 500 | 1 483 500 | 1 565 500 |

Table 7.11.3: Calculated Volume of GAVI Support and National Co-Financing (**Country's Support**)

| | | 2014 | 2015 | 2016 |
|---------------------------------|----|------|--------|--------|
| Number of the vaccine doses | # | 0 | 24 300 | 25 800 |
| Number of auto-disable syringes | # | 0 | 0 | 0 |
| Number of syringes for dilution | # | 0 | 0 | 0 |
| Number of the safety boxes | # | 0 | 0 | 0 |
| Total funding by country | \$ | 0 | 87 000 | 92 000 |

Table 7.11.4 Calculation of Required Number of Pneumococcal (PCV13), 1 dose per vial, liquid (part 1)

| | Formula | 2013 | 2014 | | |
|----|--|---|--------|------------|-----------|
| | | | Total | Government | GAVI |
| A | National co-financing | V | 0,00 % | 0,00 % | |
| B | Number of children to be vaccinated by the first dose | Table 4 | 0 | 0 | 0 |
| C | Number of doses for vaccination per child | Parameter of the vaccine (schedules) | 3 | 3 | |
| D | Required number of doses | $B \times C$ | 0 | 0 | 0 |
| E | Calculated factor of the vaccine wastage | Table 4 | 1,00 | 1,00 | |
| F | Required number of vaccine doses (including wastage) | $D \times E$ | | 0 | 0 |
| G | Reserve stock of vaccines | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | | 0 | 0 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | | | |
| H2 | Supposed stock on January 1. | Table 7.11.1. | 0 | | |
| I | Required number of vaccine doses | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | - 127 800 | - 127 800 |
| J | Amount of doses per vial | Parameter of the vaccine | | 1 | |
| K | Required number of auto-disable syringes (taking into account the 10% of wastage) | $(D + G - H) \times 1.10$ | | - 140 580 | - 140 580 |
| L | Required number of syringes for dilution (taking into account the 10% of wastage) | $(I / J) \times 1.10$ | | 0 | 0 |
| M | Required number of safety boxes (taking into account the 10% for additional needs) | $(K + L) / 100 \times 1.10$ | | - 1 546 | - 1 546 |
| N | Cost of required vaccines | $I \times \text{The cost of one dose of vaccine (g)}$ | | - 433 369 | - 433 369 |
| O | Cost of required auto-disable syringes | $K \times \text{The cost of one auto-disable syringe (ca)}$ | | - 6 326 | - 6 326 |
| P | Cost of required syringes for dilution | $L \times \text{The cost of one syringe for dilution (cr)}$ | | 0 | 0 |
| Q | Cost of required safety boxes | $M \times \text{The cost of one safety box (cs)}$ | | - 7 | - 7 |
| R | Shipping cost of the required vaccines | $N \times \text{The freight cost as \% of the cost of vaccines (fv)}$ | | 0 | 0 |
| S | Shipping cost of the injecting equipment | $(O+P+Q) \times \text{The freight cost as \% of the cost of injecting equipment (fd)}$ | | 0 | 0 |
| T | Volume of necessary funding | $(N+O+P+Q+R+S)$ | | - 439 702 | - 439 702 |
| U | Volume of national co-financing | $I \times \text{The national co-financing of one dose (cc)}$ | | 0 | |
| V | % of the national co-financing from the volume which covered by GAVI Alliance | $U / (N + R)$ | | 0,00 % | |

Table 7.11.4 Calculation of Required Number of Pneumococcal (PCV13), 1 dose per vial, liquid (part 2)

| | Formula | 2015 | | | 2016 | | | |
|-----------|--|---|------------|--------|-----------|------------|--------|-----------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | National co-financing | V | 5,60 % | | 5,61 % | | | |
| B | Number of children to be vaccinated by the first dose | Table 4 | 142 384 | 7 972 | 134 412 | 148 700 | 8 348 | 140 352 |
| C | Number of doses for vaccination per child | Parameter of the vaccine (schedules) | 3 | | | 3 | | |
| D | Required number of doses | $B \times C$ | 427 152 | 23 916 | 403 236 | 446 100 | 25 044 | 421 056 |
| E | Calculated factor of the vaccine wastage | Table 4 | 1,05 | | | 1,05 | | |
| F | Required number of vaccine doses (including wastage) | $D \times E$ | 448 510 | 25 112 | 423 398 | 468 405 | 26 296 | 442 109 |
| G | Reserve stock of vaccines | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | 112 128 | 6 278 | 105 850 | 4 974 | 280 | 4 694 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 127 800 | 7 156 | 120 644 | 15 673 | 880 | 14 793 |
| H2 | Supposed stock on January 1. | Table 7.11.1. | | | | | | |
| I | Required number of vaccine doses | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 433 800 | 24 288 | 409 512 | 459 000 | 25 768 | 433 232 |
| J | Amount of doses per vial | Parameter of the vaccine | 1 | | | 1 | | |
| K | Required number of auto-disable syringes (taking into account the 10% of wastage) | $(D + G - H) \times 1.10$ | 452 629 | 0 | 452 629 | 478 942 | 0 | 478 942 |
| L | Required number of syringes for dilution (taking into account the 10% of wastage) | $(I / J) \times 1.10$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Required number of safety boxes (taking into account the 10% for additional needs) | $(K + L) / 100 \times 1.10$ | 4 979 | 0 | 4 979 | 5 269 | 0 | 5 269 |
| N | Cost of required vaccines | $I \times \text{The cost of one dose of vaccine (g)}$ | 1 461 906 | 81 850 | 1 380 056 | 1 542 699 | 86 604 | 1 456 095 |
| O | Cost of required auto-disable syringes | $K \times \text{The cost of one auto-disable syringe (ca)}$ | 20 369 | 0 | 20 369 | 21 553 | 0 | 21 553 |
| P | Cost of required syringes for dilution | $L \times \text{The cost of one syringe for dilution (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of required safety boxes | $M \times \text{The cost of one safety box (cs)}$ | 25 | 0 | 25 | 27 | 0 | 27 |
| R | Shipping cost of the required vaccines | $N \times \text{The freight cost as \% of the cost of vaccines (fv)}$ | 87 715 | 4 911 | 82 804 | 92 562 | 5 197 | 87 365 |
| S | Shipping cost of the injecting equipment | $(O+P+Q) \times \text{The freight cost as \% of the cost of injecting equipment (fd)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Volume of necessary funding | $(N+O+P+Q+R+S)$ | 1 570 015 | 86 760 | 1 483 255 | 1 656 841 | 91 800 | 1 565 041 |
| U | Volume of national co-financing | $I \times \text{The national co-financing of one dose (cc)}$ | 86 760 | | | 91 800 | | |
| V | % of the national co-financing from the volume which covered by GAVI Alliance | $U / (N + R)$ | 5,60 % | | | 5,61 % | | |

8. Support for Injection Safety Improvement

This window of support is no longer available

9. Support for Health Service Strengthening

Instructions on compiling the report on use of funds received under HSS

1. Complete only this section if your country has been approved and received funding for HSS before or during January-December **2013**. All countries are required to submit reports:

- a. Results obtained in **2013**
- b. Progress of the work of HSS during January - April **2014** (interim report)
- c. Plans for **2015**
- d. Proposed changes to the approved activities and budget (see number 4 below)

For countries that received support for HSS within last three months of **2013** or upon other delays that restrict the execution of works in 2013, this section can be used as an initial report for commenting of activities in the initial period of support.

2. To bind the reporting of support for HSS with the processes used in the country, for countries where **2013** fiscal year begins in January **2013** and ends in December 2013, the APR on HSS will be received by the GAVI Alliance before May 15 **2014**. For other countries, reports on HSS will be obtained by GAVI Alliance in about 6 months after the end of the financial year; for example, if the country's fiscal year ends in March **2014**, the HSS report will be obtained by the GAVI Alliance in September **2014**.

3. In compiling this annual progress report as a reference, use the approved proposal. Complete this form of report carefully and accurately. If necessary, use additional space.

4. If you are proposing changes to the approved objectives, activities and budget (reprogramming), please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make it clear in [Section 9.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) [as provided for on the signature page](#) in terms of its accuracy and validity of facts, figures, and sources used.

7. Please attach all the required [supporting documents](#). These include:

- a. Minutes of Meeting of the National Coordinating Committee in the Health Care Sector held in **2013**
- b. Minutes of Meeting of the National Coordinating Committee in the Health Care Sector in **2014**, under which this report application was approved
- c. Report on the latest assessment of the state of the health sector
- d. Financial report on the use of funds for HSS in 2013 calendar year
- e. The external audit report as for the use of funds for HSS held in the near financial year (if applicable)

8. The Independent Review Committee (IRC) of the GAVI Alliance examines all annual progress reports. Besides the below listed data, the Independent Review Committee (IRC) requires to include the following information in order to approve appropriation of the following tranches for financing Health Service Support works:

- a. Reports on agreed indicators, as specified in the approved framework of monitoring and assessment, in the Proposal and the Approval Letter;

b. Demonstration (with convincing data) of close links between ongoing activities, results, consequences, and indicators of the ultimate effectiveness;

c. Briefly describe the technical support which may be necessary in order to facilitate performance or monitor the use of funds provided by GAVI for Health Service Support in the following year.

9. Inaccurate, incomplete, or unfounded statements can lead to the NSC returning the APR to the country for further clarification (which may cause a delay in the allocation of funds for future HSS), or advising to discontinue subsequent allocation of funds, or approving allocation only of the part of next tranche for HSS.

9.1. Report on Use of Funds for Health Service Support in 2013 and Request for New Tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed? **No**

If NO, please indicate the anticipated date of the completion of the HSS grant.

0

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if the GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

0

Please see <http://www.gavialliance.org/support/cso/> for GAVI's CSO Implementation Framework

Specify sources of all data used in this report.

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on Use of Funds for HSS Purposes in **2013**

Fill out tables 9.1.3.a and 9.1.3.b (according APR) for each year of the approved long-term country Health Service Support program (in USD and local currency)

Please note the following: if you request a new financing tranche, you should fill out the last line of Tables 9.1.3.a and 9.1.3.b.

9.1.2. Specify if you request a new financing tranche or not **No**

If yes, specify the volume of the financing requested: **0** USD

These funds should be sufficient to carry out the HSS grant implementation through December 2015.

9.1.3. Is GAVI Health Service Support included into the national budget of the health care sector? **Not Chosen**

ATTENTION: The country shall fill out the tables in USD and in local currency. This will allow performing an

audit of costs compliance.

Table 9.1.3a (US)\$

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|------|------|------|------|------|------|
| <i>Initial annual budgets
(according to the initially
approved proposal on
Health Service Support)</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>Revised annual budgets
(if revised after
consideration of
previous annual
assessments of APR)</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| Total funds received
from GAVI within the
calendar year (A) | 0 | 0 | 0 | 0 | 0 | 0 |
| Balance of the previous
year (B) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total funds available
within the calendar year
(C=A+B) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total expenses for the
calendar year (D) | 0 | 0 | 0 | 0 | 0 | 0 |
| Balance transferred to
the following calendar
year (E=C-D) | 0 | 0 | 0 | 0 | 0 | 0 |
| Volume of financing
requested for the
following calendar
year(s) [if you request
new tranche you should
fill out this line] | 0 | 0 | 0 | 0 | 0 | 0 |

| | 2014 | 2015 | 2016 | 2017 |
|--|------|------|------|------|
| <i>Initial annual budgets (according to the initially approved proposal on Health Service Support)</i> | 0 | 0 | 0 | 0 |
| <i>Revised annual budgets (if revised after consideration of previous annual assessments of APR)</i> | 0 | 0 | 0 | 0 |
| Total funds received from GAVI within the calendar year (A) | 0 | 0 | 0 | 0 |
| Balance of the previous year (B) | 0 | 0 | 0 | 0 |
| Total funds available within the calendar year (C=A+B) | 0 | 0 | 0 | 0 |
| Total expenses for the calendar year (D) | 0 | 0 | 0 | 0 |
| Balance transferred to the following calendar year (E=C-D) | 0 | 0 | 0 | 0 |
| Volume of financing requested for the following calendar year(s) [if you request new tranche you should fill out this line] | 0 | 0 | 0 | 0 |

Table 9.1.3b (local currency)

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|------|------|------|------|------|------|
| <i>Initial annual budgets
(according to the initially
approved proposal on
Health Service Support)</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>Revised annual budgets
(if revised after
consideration of
previous annual
assessments of APR)</i> | 0 | 0 | 0 | 0 | 0 | 0 |
| Total funds received
from GAVI within the
calendar year (A) | 0 | 0 | 0 | 0 | 0 | 0 |
| Balance of the previous
year (B) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total funds available
within the calendar year
(C=A+B) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total expenses for the
calendar year (D) | 0 | 0 | 0 | 0 | 0 | 0 |
| Balance transferred to
the following calendar
year (E=C-D) | 0 | 0 | 0 | 0 | | |
| Volume of financing
requested for the
following calendar
year(s) [if you request
new tranche you should
fill out this line] | | | | | | |

| | 2014 | 2015 | 2016 | 2017 |
|--|------|------|------|------|
| <i>Initial annual budgets (according to the initially approved proposal on Health Service Support)</i> | 0 | 0 | 0 | 0 |
| <i>Revised annual budgets (if revised after consideration of previous annual assessments of APR)</i> | 0 | 0 | 0 | 0 |
| Total funds received from GAVI within the calendar year (A) | 0 | 0 | 0 | 0 |
| Balance of the previous year (B) | 0 | 0 | 0 | 0 |
| Total funds available within the calendar year (C=A+B) | 0 | 0 | 0 | 0 |
| Total expenses for the calendar year (D) | 0 | 0 | 0 | 0 |
| Balance transferred to the following calendar year (E=C-D) | | | | |
| Volume of financing requested for the following calendar year(s) [if you request new tranche you should fill out this line] | | | | |

Report on Exchange Rate Dynamics

Specify in Table 11.3.c below the exchange rate applied in each calendar year upon opening and closing.

Table 9.1.3.c

| Exchange Rate | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---------------------------|------|------|------|------|------|------|
| Opening as of January 1 | | | | | | |
| Closing as of December 31 | | | | | | |

Detailed Expenses of Funds for Health Service Support in 2013 Calendar Year

Attach a detailed financial report on the use of funds for HSS in 2013 calendar year. (*The requirements for compiling such report are specified in the online applications to APR*). Financial statements will be signed by the Chief Accountant or Deputy Minister of Health. **(Document No.: 19)**

If Table 14 shows any expenses for January-April 2014, you should also attach a separate detailed financial statement on the use of these funds for Health Service Support **(Document No.: 20)**

Health Service Support Funds Management

Briefly describe the scheme and process of finance management purposed for Health Service Support. Specify if the funds for Health Service Support were included to the plans and budgets of national health care sector. Also specify any problems that arose upon the use of funds for Health Service Support (for example,

delay in providing means for the program's implementation).

Indicate the type of bank account (s) used (commercial or government), the way the budgets are approved, and how the funds are transferred to sub-national and national levels, describe the scheme of the financial statements at the sub-national and national levels, as well as the overall role of the ICC in this process.

0

Not Chosen

Reports on the results of external audits of activities within Health Service Support will be submitted to the GAVI Secretariat no later than 6 months after the end of financial year in your country. If any report on the results of external audit of your government was submitted within the last financial year, it should be also attached (Document No. 21).

9.2. Progress in Activities Performance within Health Service Support in 2013 Financial Year

Describe in Table 9.2. the key activities carried out in order to improve immunization using the funds for Health Service Support. It is significant to specify the exact volume of activities performed and the use of monitoring and assessment systems in your region in your official proposal and the approval letter.

Present the following information regarding each planned activity:

- Percentage of fulfilled activities, if applicable
- Explanation of achieved results and problems faced, if any
- Source of information/data (if applicable)

Table 9.2: Activities within Health Service Support in 2013 Reporting Year

| Additional Activities
(if necessary include additional fields) | Planned Activities for 2013 | Percentage of Fulfilled Activities
(annual) (if applicable) | Source of Information/Data
(if significant) |
|---|-----------------------------|--|--|
|---|-----------------------------|--|--|

9.2.1 For each task and activity (for example, task 1, activity 1.1, activity 1.2 and etc.), explain the achieved results and problems faced with (for example, assessment, National Coordinating Committee of the health protection sector meetings).

| Additional Activities (if necessary include additional fields) | Explain the achieved results and barriers encountered/b> |
|--|--|
|--|--|

9.2.2 Explain why some activities were not fulfilled or were changed, with references.

9.2.3 If the GAVI HSS grant was used as motivation for health care sector workers in the country, how did these funds contribute to the fulfillment of the national personnel policy and the relevant provisions?

9.3. General Overview of Goals Achieved

Fill out **Table 9.3** for each indicator and task described in initial proposal and approval letter. Use the initial indexes and goals for 2012 of your initial proposal on Health Service Support.

Table 9.3: Progress toward Goals

| Task and Indicator (if | Initial Level | Agreed Goal to end of | Goal 2013: | Data Source | If some goals were not |
|------------------------|---------------|-----------------------|------------|-------------|------------------------|
|------------------------|---------------|-----------------------|------------|-------------|------------------------|

| | | | | | | |
|--------------------------------------|---------------|---------------------|-------------------------------------|--|--|------------------|
| necessary include additional fields) | | | support in initial HSS proposal for | | | reached, explain |
| | Initial Level | Initial Source/Date | | | | |

9.4. Completion of Program in 2013

9.4.1. Please provide a narrative on the major accomplishments in 2013, especially impacts on the health service programmes, and how the HSS funds benefited the immunisation programme

9.4.2. Describe the encountered problems and found or offered decision aimed at the improvement of the Health Service Support funds use in future.

9.4.3. Describe specific measures on different levels for monitoring and effectiveness assessment of the activities within GAVI Health Service Support.

9.4.4. Briefly describe the extent to which monitoring and evaluation system is integrated into the systems of the country such as, for example, the annual estimates sectors. Describe the possibilities in which statements on the use of GAVI for HSS could be more compatible with the existing reporting systems in your country. This may include the use of appropriate indicators used in wide-sector approach, instead of the GAVI indicators.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name, and implementation function.

9.4.5. Describe the participation of civil society organizations in the implementation of the proposal for HSS. Specify the names of organizations, type of activity, and the volume of financing allocated to these organizations at the expense of funds for HSS.

9.4.7. Describe the mechanism of Health Service Support funds management, specifying the following:

- How much effective was the Health Service Support funds management?
- Problems with the distribution of funds within the country, if any
- Measures taken to resolve problems and improve management
- Any changes in the management processes the following year

9.5. Activities Planned within Health Service Support for 2014

Enter information on the implementation of activities in 2014 in **Table 9.4**. If you suggest making changes in the activities and budget in 2014, explain the changes in the table below and provide reasons.

Table 9.4: Planned Activities for 2014

| Additional activities (if necessary include additional fields) | Planned activities for 2014 | Initial budget for 2014 (approved in the proposal for HSS or corrected during the evaluation of the performance of work for a year) | Actual Expenses in 2014 (for April of 2014) | Revised Activity (if significant) | Reason for Changes in Activities or Budget (if significant) | Revised Budget for 2014 (if significant) |
|--|-----------------------------|---|---|-----------------------------------|---|--|
|--|-----------------------------|---|---|-----------------------------------|---|--|

| | | | | | |
|--|--|---|---|--|---|
| | | 0 | 0 | | 0 |
|--|--|---|---|--|---|

9.6. Activities Planned within Health Service Support for 2015

Please use **Table 9.6** to outline the planned activities for 2015. If you are proposing changes to your activities and budget, please explain these changes in the table below and provide explanations for each change so that the IRC can recommend the revised budget and activities for approval.

Please consider the following: if the change in the budget is more than 15% higher than the approved appropriations for a specific activity in the fiscal year, such proposed amendments should be submitted to the IRC with a justification of the requested changes.

Table 9.6: Activities Planned within Health Service Support for 2015

| Additional activities (if necessary include additional fields) | Planned activities for 2015 | Initial budget for 2015 (approved in the proposal for HSS or corrected during the evaluation of the performance of work for a year) | Revised activity (if significant) | Reasons for Changes in Activities or Budget (if significant) | Revised Budget for 2015 (if significant) |
|--|-----------------------------|---|-----------------------------------|--|--|
| | | 0 | | | |

9.7. Revised Indicators in Case of Reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other Sources of Financing for Health Service Support

If other donors contribute to the objectives of the country described in the proposal for GAVI HSS, specify the amount of aid and the cost of activities included in the report:

Table 9.8: Funds Sources for Health Service Support in Your Country

| Donor | Amount in USD | Duration of support | Type of Financed Activities |
|-------|---------------|---------------------|-----------------------------|
| | | | |

9.8.1. Is GAVI Health Service Support included into the national budget of the health care sector? **Not Chosen**

9.9. Report on Grant Appropriation for Health Service Support

9.9.1. List the **main** sources of information used in this report HSS, specifying:

- How information at the national level prior to its submission to the GAVI Alliance was confirmed.
- Important details regarding the accuracy or reliability of the information (particularly financial information and performance indicators), as well as measures taken for correction or removal.

Table 9.9: Data Sources

| Data Sources Used in This Report | How Information was Verified | Problems Encountered, if Any |
|----------------------------------|------------------------------|------------------------------|
| | | |

9.9.2. Describe any problems encountered in the preparation of this report, of which you want to inform GAVI Alliance and the IRC. This information will be used to improve the reporting process.

9.9.3. How many times did the National Coordinating Committee in the Health Care Sector gather for meetings in 2013?

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report (**Document No.: 6**)
2. Report on the latest assessment of the situation in the health care sector

10. Support for Strengthening Participation of Civil Society Organizations in Immunization: Types A and B

10.1. TYPE A: Support for Strengthening Coordination and Increasing Representation of Civil Society Organizations

The Kyrgyz Republic **GAVI support for civil society organizations (type A) was NOT obtained**

The Kyrgyz Republic will not submit a report on type A civil society organization support in 2013

10.2. Support of Civil Society Organizations, Type B: Should Contribute to Fulfillment of GAVI Proposal for Health Service Support or ILC

Kyrgyz Republic **GAVI support for civil society organization (type A) was NOT obtained**

The Kyrgyz Republic will not submit a report on type B civil society organization support in 2013

11. Comments by Chairmen of Interagency Coordination Committee/National Coordinating Committee in the Health Care Sector

Give comments you would like to bring to the attention of the IRC monitoring group during this evaluation, as well as any information you would like to share about the problems that have arisen during the year. This can be a supplement to the approved protocols that should be included in the attachment.



12. Appendix

12.1. Appendix 1 - Provision on Immunization Service Support

INITIAL REQUIREMENTS:

FINANCIAL REPORTING on Immunization Services Support (ISS) and Grants for Introduction of New Vaccines

- I. All the countries that have received grants under Immunization Service Support for calendar year 2013 or countries that had remaining of grants previously provided by Immunization Service Support in 2013 should submit financial statements for these programs as part of their annual work performance reports.
- II. Financial statements should be drawn up on the basis of the countries' own accounting standards, and therefore GAVI does not consider it necessary to provide countries with a common template with predefined cost categories.
- III. **As a minimum**, GAVI requires a submitting of simple statement on the profit and loss for activities for the calendar year of 2013, which should include the following items from (a) to (f). The sample of profit and loss base statement is presented on the following page.
 - a. Funds transferred from calendar year 2012 (opening balance as for of January 1, 2013)
 - b. Proceeds from GAVI received during 2013
 - c. Other proceeds received during the 2013 (interest, commission charges, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as for of December 31, 2013
 - f. Detailed cost analysis for 2013 on the basis of the economic classification system approved by your government. This analysis should total annual expenditure by the economic classification system of your government and the relevant cost categories (eg, wages and salaries). If possible, specify the budget for each category at the beginning of the calendar year, the actual amount of expenditure for the calendar year, as well as the balance of each cost category as for of December 31, 2013 (referred to as a "deviation").
- IV. Financial statements should be drawn up on the basis of the local currency, indicating the applicable exchange rate of the U.S. dollar. Additionally, countries should provide an explanation as to how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by GAVI Alliance.
- V. Financial statements should not undergo any audit or any other verification before submission to GAVI. However, it is understood that these statements must be submitted to thorough examination by the results of financial year 2013, in the course of external audit conducted in each country. The results of the activities' audit within HSS support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

12.2. Appendix 2 - Revenue and Expenses Sample (Immunization Service Support)

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON **ISS** AND USE OF GRANTS for VACCINE INTRODUCTION 1

Revenue and Expenses Sample Report

| Summary of Revenue and Expenses - Immunization Service Support by GAVI | | |
|--|-------------------------------|-------------------|
| | Local Currency
(franc CFA) | Amount in
USD* |
| Balance transferred from 2012 (Balance at December 31, 2012) | 25,392,830 | 53,000 |
| Resume of profits obtained in 2013 | | |
| Total income received from GAVI | 57,493,200 | 120,000 |
| Interest income | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total income | 38,987,576 | 81,375 |
| Total expenses in 2013 | 30,592,132 | 63,852 |
| Balance in December 31, 2013 (Balance transferred to 2014) | 60,139,325 | 125,523 |

* State the exchange rate as of the beginning (01.01.2013) and the end (31.12.2013) of year, as well as the exchange rate used in these financial statements to convert the local currency into US dollars.

| Detailed cost analysis on the basis of economic classification ** - GAVI Injection Safety Support | | | | | | |
|---|------------------------|---------------|--------------------------|--------------------|----------------------------|----------------------|
| | Budget in franc
CFA | Budget in USD | Actually in
franc CFA | Actually in
USD | Difference in
franc CFA | Difference in
USD |
| Expenses for salaries | | | | | | |
| Salary | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Daily Allowance | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Expenses other than salaries | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Service and overhead
expenses | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenses | | | | | | |
| Transport means | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTAL for 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

** Cost categories are indicative and included for clarity only. Every government should provide the reporting in accordance with its own economic classification system.

12.3. Appendix 3 - Terms of Reference - Health Service Support

INITIAL REQUIREMENTS:

FINANCIAL REPORTING OF HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received grants under the support of Health Service Support for calendar year 2013 or countries that had remaining of grants previously provided by Health Service Support in 2013 must submit financial statements for these programs as part of their annual work performance reports.
- II. Financial statements should be drawn up on the basis of the countries' own accounting standards, and therefore GAVI does not consider it necessary to provide countries with a common template with predefined cost categories.
- III. As a minimum, GAVI requires a submitting of simple statement on the profit and loss for activities for calendar year 2013, which should include the following items from (a) to (f). The sample of profit and loss base statement is presented on the following page.
 - a. Funds transferred from calendar year 2012 (opening balance as for of January 1, 2013)
 - b. Proceeds from GAVI received during 2013
 - c. Other proceeds received during the 2013 (interest, commission charges, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as for of December 31, 2013
 - f. Detailed cost analysis for 2013 on the basis of the economic classification system approved by your government. This analysis should include a stated total annual expenditure on all goals and activities under the CCL in accordance with the CCL proposal originally approved by your government, as well as breakdown by category of costs (e.g. wages and salaries). Categories of costs should be specified in accordance with the economic classification system approved by your government. Therewith, it should be specified the following: budget for each aim, activities types and category of costs at the beginning of calendar year, the actual amount of expenditure for calendar year, as well as the balance of each aim, activity and category of costs as for of December 31, 2013 (referred to as "deviation").
- IV. Financial statements should be drawn up on the basis of the local currency, indicating the applicable exchange rate of the U.S. dollar. Additionally, countries should provide an explanation as to how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by the GAVI Alliance.
- V. Financial statements should not undergo audit or any other verification before submission to GAVI. However, it is understood that these statements should be submitted to examination by the results of financial year 2013, in the course of external audit conducted in each country. The results of the activities audit within HSS support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

12.4. Appendix 4 - Revenue and Expenses Sample, Health Service Support

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS OF SUPPORT FOR HSS :

Revenue and Expenses Sample Report

| Summary of Revenue and Expenses - Health Service Support | | |
|---|-------------------------------|-------------------|
| | Local Currency
(franc CFA) | Amount in
USD* |
| Balance transferred from 2012 (Balance at December 31, 2012) | 25,392,830 | 53,000 |
| The total income received in 2013 | | |
| Funds received from GAVI | 57,493,200 | 120,000 |
| Interest income | 7,665,760 | 16,000 |
| Other income (fee) | 179,666 | 375 |
| Total income | 38,987,576 | 81,375 |
| Total expenses in 2013 | 30,592,132 | 63,852 |
| Balance in December 31, 2013 (Balance transferred to 2014) | 60,139,325 | 125,523 |

* State the exchange rate as of the beginning (01.01.2013) and the end (31.12.2013) of year, as well as the exchange rate used in these financial statements to convert the local currency into US dollars.

| Detailed cost analysis on the basis of economic classification ** - GAVI HSS | | | | | | |
|--|------------------------|---------------|------------------------|---------------|----------------------------|----------------------|
| | Budget in franc
CFA | Budget in USD | Actual in franc
CFA | Actual in USD | Difference in
franc CFA | Difference in
USD |
| Expenses for salaries | | | | | | |
| Salaries and wages | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Daily allowance | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Expenses other than salaries | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Service and overhead
expenses | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenses | | | | | | |
| Transport means | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTAL FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

** Cost categories are indicative and included for clarity only. Every government should provide the reporting in accordance with its own economic classification system.

12.5. Appendix 5 - Terms of Reference - Civil Society Organization

INITIAL REQUIREMENTS:

FINANCIAL STATEMENT ON SUPPORT OF **CIVIL SOCIETY ORGANIZATIONS (CSOs)**, TYPE B

- I. All countries that have received grants under the support of CSO Type B for calendar year 2013 or countries that had remaining of grants previously provided by CSO Type B in 2013 should submit financial statements for these programs as part of their annual work performance reports.
- II. Financial statements should be drawn up on the basis of countries' own accounting standards, and therefore GAVI does not consider it necessary to provide for countries with a common template with predefined cost categories.
- III. As a minimum, GAVI requires a submitting of simple statement on the profit and loss for activities for calendar year 2013, which should include the following items from (a) to (f). The sample of profit and loss base statement is presented on page 3 of this Appendix.
 - a. Funds transferred from calendar year 2012 (opening balance as for of January 1, 2013)
 - b. Proceeds from GAVI received during 2013
 - c. Other income received during the 2013 (interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as for of December 31, 2013
 - f. Detailed cost analysis for 2013 on the basis of the economic classification system approved by your government. This analysis should include a stated total annual expenditure for each partner organization of civil society in accordance with proposal of CSO Type B support, originally approved by your government, as well as breakdown by category of costs (e.g. wages and salaries). Categories of costs should be specified in accordance with the economic classification system approved by your government. Therewith, the following should be specified: budget for each goal, activities types and category of costs at the beginning of calendar year, the actual amount of expenditure for calendar year, as well as the balance of each aim, activity and category of costs as for of December 31, 2013 (referred to as "deviation").
- IV. Financial statements should be drawn up on the basis of the local currency, indicating the applicable exchange rate of the US dollar. Additionally, countries should provide an explanation about how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by the GAVI Alliance.
- V. Financial statements should not undergo audit or any other verification before submission to GAVI. However, it is understood that these statements should be submitted to examination by the results of financial year 2013, in the course of external audit conducted in each country. The results of the activities audit within CSO Type B support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

12.6. Appendix 6 - Revenue and Expenses Sample, Civil Society Organizations

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS OF SUPPORT FOR **CSO Type B** :

Revenue and Expenses Sample Report

| Summary of Revenue and Expenses – CSO Support | | |
|---|-------------------------------|-------------------|
| | Local Currency
(franc CFA) | Amount in
USD* |
| Balance transferred from 2012 (Balance at December 31, 2012) | 25,392,830 | 53,000 |
| The total income received in 2013 | | |
| Funds received from GAVI | 57,493,200 | 120,000 |
| Interest income | 7,665,760 | 16,000 |
| Other income (fee) | 179,666 | 375 |
| Total income | 38,987,576 | 81,375 |
| Total expenses in 2013 | 30,592,132 | 63,852 |
| Balance in December 31, 2013 (Balance transferred to 2014) | 60,139,325 | 125,523 |

* State the exchange rate as of the beginning (01.01.2013) and the end (31.12.2013) of year, as well as the exchange rate used in these financial statements to convert the local currency into US dollars.

| Detailed cost analysis on the basis of economic classification ** - GAVI CSO | | | | | | |
|--|------------------------|---------------|------------------------|---------------|----------------------------|----------------------|
| | Budget in franc
CFA | Budget in USD | Actual in franc
CFA | Actual in USD | Difference in
franc CFA | Difference in
USD |
| Costs for salaries | | | | | | |
| Salaries and wages | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Daily allowance | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Expenses beyond salaries | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Service and overhead
expenses | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenses | | | | | | |
| Transport means | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTAL FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

** Cost categories are indicative and included for clarity only. Every government should provide the reporting in accordance with its own economic classification system.

13. Files Attached

| Document No. | Document | Section | Mandatory | File |
|--------------|---|---------|---|--|
| 1 | Signature of the Minister of Health Protection (or Authorized Representative) | 2.1 |  | Signature of the Minister of Health Protection will be sent on May 19, 2014.docx
File desc:
Date/time: 16.05.2014 09:15:20
Size: 12 KB |
| 2 | Signature of the Minister of Finance (or Authorized Representative) | 2.1 |  | Signature of the person authorized for the Minister of Finance will be sent on May 19, 2014.docx
File desc:
Date/time: 16.05.2014 09:19:56
Size: 12 KB |
| 3 | Signatures of the Interagency Coordination Committee Members | 2.2 |  | Signatures of the Interagency Coordination Committee members.pdf
File desc: ,,,
Date/time: 16.05.2014 04:56:58
Size: 217 KB |
| 4 | Minutes of ICC Meeting in 2014 Endorsing APR 2013 | 5.7. |  | Protocol of Meeting of Interagency Coordination Committee 2-14 of March.pdf
File desc:
Date/time: 16.05.2014 11:00:06
Size: 130 KB |
| 5 | Signatures of National Coordinating Committee in the Health Care Sector Members | 2.3. |  | Signatures of the HSCC members.pdf
File desc:
Date/time: 16.05.2014 05:00:39
Size: 135 KB |
| 6 | Minutes of ICC Meeting in 2014 Endorsing APR 2013 | 9.9.3 |  | Protocol of Meeting on HSCC will be presented on May 19, 2014.docx |

| | | | | |
|----|---|--------|---|---|
| | | | | File desc:
Date/time: 16.05.2014
11:29:24
Size: 12 KB |
| 7 | Financial Statement for ISS Grant (Fiscal year 2013) Signed by the Chief Accountant or Permanent Secretary at the Ministry of Health | 6.2.1 | ✓ | Financial report on Immunization Service Support by GAVI 2013.pdf
File desc:
Date/time: 16.05.2014
08:41:43
Size: 55 KB |
| 8 | External Audit Report for ISS Grant (Fiscal Year 2013) | 6.2.3 | ✓ | GAVI audit1.docx
File desc: ,,,,,
Date/time: 16.05.2014
05:33:21
Size: 178 KB |
| 9 | Post Introduction Evaluation Report | 7.2.2 | ✓ | Report on assessment of introduction is not applicable to the country (9).docx
File desc:
Date/time: 16.05.2014
08:51:10
Size: 12 KB |
| 10 | Financial Statement for NVS Introduction Grant (Fiscal year 2013) Signed by the Chief Accountant or Permanent Secretary at the Ministry of Health | 7.3.1. | ✓ | Financial report on NVS grant is not applicable to the country.docx
File desc:
Date/time: 16.05.2014
08:55:01
Size: 12 KB |
| 11 | External Audit Report for NVS Introduction Grant (Fiscal year 2013), if total expenditures in 2013 is greater than US\$ 250,000 | 7.3.1. | ✓ | Report on external audit on NVS grant is not applicable to the country (11).docx
File desc:
Date/time: 16.05.2014
08:59:33
Size: 12 KB |
| 12 | EVSM/VMA/EVM Report | 7.5 | ✓ | EVM_report-KGZ_V4-19Dec (d.12).doc
File desc: ,
Date/time: 16.05.2014
05:12:57 |

| | | | | |
|----|--|--------|---|--|
| | | | | Size: 5 MB |
| 13 | Latest EVSM/VMA/EVM Improvement Plan | 7.5 | ✓ | Improvement Plan EVSM (d.14).docx
File desc: ,
Date/time: 16.05.2014 05:17:16
Size: 15 KB |
| 14 | EVSM/VMA/EVM Improvement Plan Implementation Status | 7.5 | ✓ | The plan of activities on improvement of EVM activities.pdf
File desc: ,
Date/time: 16.05.2014 05:20:47
Size: 121 KB |
| 16 | Valid cMYP, if requesting extension of support | 7.8 | ✗ | File not uploaded |
| 17 | Valid cMYP Costing Tool, if requesting extension of support | 7.8 | ✗ | File not uploaded |
| 18 | Minutes of ICC Meeting Endorsing Extension of Vaccine Support, if applicable | 7.8 | ✗ | File not uploaded |
| 19 | Financial Statement for HSS Grant (Fiscal year 2013) Signed by the Chief Accountant or Permanent Secretary at the Ministry of Health | 9.1.3. | ✓ | Fin report HSS 2013 (d.20).pdf
File desc:
Date/time: 16.05.2014 06:28:06
Size: 89 KB |
| 20 | Financial Statement for HSS Grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary at the Ministry of Health | 9.1.3. | ✓ | Financial report on HSS for January-April of 2014 is not applicable.docx
File desc:
Date/time: 16.05.2014 09:06:46 |

| | | | | |
|----|---|--------|---|--|
| | | | | Size: 12 KB |
| 21 | External Audit Report for HSS Grant (Fiscal Year 2013) | 9.1.3. | ✓ | GAVI audit1.docx
File desc: ,,,,,,
Date/time: 16.05.2014
05:29:41
Size: 178 KB |
| 22 | HSS Health Sector Review Report | 9.9.3 | ✓ | JAR Summary [EN] (d.22).pdf
File desc:
Date/time: 16.05.2014
06:24:53
Size: 206 KB |
| 23 | Report for Mapping Exercise CSO Type A | 10.1.1 | ✗ | Civil society organization report is not applicable (23).docx
File desc:
Date/time: 16.05.2014
09:24:54
Size: 12 KB |
| | | | | Civil society organization report is not applicable (23).docx
File desc:
Date/time: 16.05.2014
09:26:44
Size: 12 KB |
| 24 | Financial Statement for CSO Type B Grant (Fiscal year 2013) | 10.2.4 | ✗ | File not uploaded |
| 25 | External Audit Report for CSO Type B Grant (Fiscal Year 2013) | 10.2.4 | ✗ | File not uploaded |
| 26 | Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013 | 0 | ✓ | Report on Immunization Service Support by GAVI in 2013.docx
File desc:
Date/time: 16.05.2014 |

| | | | | |
|----|--|-----|---|--|
| | | | | 09:28:36
Size: 19 KB |
| 27 | Protocol_of_meeting_of_Interagency_Coordination_Committee_on_amendment_of_vaccine_presentation | 7.7 | ✘ | File not uploaded |
| | Other relevant documents | | ✘ | Plan improv (d.13).pdf
File desc:
Date/time: 16.05.2014
06:01:43
Size: 85 KB |
| | | | | 02 - Kyrgyz Republic МДИ.pdf
File desc: ,, ,, ,,
Date/time: 16.05.2014
05:37:05
Size: 3 MB |
| | | | | Formative research on immunization M-Vector UNICEF_04.03.13.doc
File desc: ,, ,, ,,
Date/time: 16.05.2014
05:39:53
Size: 250 KB |

