



GAVI Alliance

Annual Progress Report **2012**

Submitted by
The Government of
Tajikistan

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/14/2013 6:00:13 AM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country 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. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	Yes
HSS	Yes	next tranche of HSS Grant Yes	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

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

For the Government of **Tajikistan**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	САЛИМОВ НУСРАТУЛЛО ФАЙЗУЛЛОЕВИЧ	Name	НАДЖМИДДИНОВ САФАРАЛИ МАХСИДДИНОВИЧ
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
ДЖАБИРОВ ШАМСИДДИН САДИРОВИЧ	Генеральный директор РЦИП МЗ РТ	(+992 37) 221-10-73, (+992 37) 227 26 94	immun_ibod@tojikiston.com

2.2. ICC signatures page

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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

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

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date
МИРЗОЕВ А.С., заместитель министра здравоохранения РТ, председатель МКК	Министерство здравоохранения РТ, председатель МКК		
ДЖАБИРОВ Ш.С., Генеральный директор	Республиканский Центр иммунопрофилактики МЗ РТ, со-председатель МКК		

РАХМАТУЛЛОЕВ Ш.Р., Начальник УОМПДиМ и планирования семьи МЗ РТ	Министерство здравоохранения РТ		
ДАВЛАТОВ С.Х., Начальник СЭУ МЗ РТ	Министерство здравоохранения РТ		
ДЖАФАРОВ Н., заместитель директора	Центр государственного санитарно-эпидемиологического надзора МЗ РТ		
АЗИМОВ Г.Ч., директор	Республиканский Центр формирования здорового образа жизни МЗ РТ		
КАРИМОВ С.С., директор	Республиканский Центр по борьбе с тропическими болезнями МЗ РТ		
РУЗИЕВ М., директор	Республиканский Центр по профилактике и борьбе со СПИД МЗ РТ		
КУРБОНОВ С.К., офицер программы ОЗМиР	ЮНИСЕФ		
НАИМИ А., Начальник Управления инвестиционной политики	Министерство финансов РТ		
Пирова З., Сотрудник по вопросам здоровья детей и подростков	Представительство ВОЗ в Таджикистане		
ОВЕЗОВА И., координатор программы здравоохранения	Проект «ХОУП»		
ШАРИФИ И., специалист по коммуникации и связи с общественностью	Республиканский Центр иммунопрофилактики МЗ РТ		

НАЗАРХУДОЕВА М., врач-эпидемиолог	Республиканский Центр иммунопрофилактики МЗ РТ, секретарь МКК		
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ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
САЛИМОВ Н.Ф., Министр	Министерство здравоохранения РТ, председатель НККСЗ		
ДЖОБИРОВА С.Б., Первый заместитель министра	Министерство здравоохранения РТ, со-председатель НККСЗ		
РАХМАТУЛЛОЕВ Ш.Р., Начальник Управления ОМПДиМ	Министерство здравоохранения РТ, со-председатель НККСЗ		
ДАВЛАТОВ С.Х., Начальник Управления СЭН	Министерство здравоохранения РТ		
ДЖАБИРОВ Ш.С., Генеральный директор	Республиканский Центр иммунопрофилактики МЗ РТ		
ХАФИЗОВ С.К., Начальник Управления финансирования и планирования бюджета системы здравоохранения	Министерство здравоохранения РТ		
НАИМИ А., Начальник Управления инвестиционной политики	Министерство финансов РТ		

ЮЛДАШЕВА Л.Т., Специалист по системам здравоохранения	Представительство ВОЗ в Таджикистане, секретарь НККСЗ		
САПАРБЕКОВ А., Руководитель программы здравоохранения	ЮНИСЕФ		
ХАЁТОВ Н.Ш., Руководитель	Центр реализации проекта по здравоохранению / Всемирный банк		
БОБОХОНОВА М.С., зам. Генерального директора по ОМР	Республиканский Центр иммунопрофилактики МЗ РТ		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Tajikistan is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

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	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	236,181	234,355	241,850	241,856	247,654	247,654	253,598	253,598
Total infants' deaths	3,590	3,523	3,677	3,677	3,764	3,764	3,855	3,855
Total surviving infants	232,591	230,832	238,173	238,179	243,890	243,890	249,743	249,743
Total pregnant women	307,036	305,184	314,404	314,404	321,950	321,950	329,677	329,677
Number of infants vaccinated (to be vaccinated) with BCG	224,372	219,360	232,176	232,176	240,224	240,224	245,990	245,990
BCG coverage	95 %	94 %	96 %	96 %	97 %	97 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with OPV3	220,961	222,507	228,646	228,646	236,573	236,573	242,250	242,250
OPV3 coverage	95 %	96 %	96 %	96 %	97 %	97 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	227,939	221,383	235,791	235,791	241,451	241,451	247,245	247,245
Number of infants vaccinated (to be vaccinated) with DTP3	225,613	217,776	233,410	233,410	239,012	239,012	244,748	244,748
DTP3 coverage	97 %	94 %	98 %	98 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	5	5	5	5	4	5	3
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.05	1.04	1.05	1.03
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	225,613	221,383	232,176	232,176	240,224	240,224	245,990	245,990
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	225,613	217,776	232,176	232,176	239,012	239,012	244,748	244,748
DTP-HepB-Hib coverage	96 %	94 %	98 %	97 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	5	4	5	3
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.04	1.05	1.03
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	220,961	218,033	228,646	228,646	236,573	236,573	244,748	244,748
Measles coverage	95 %	94 %	96 %	96 %	97 %	97 %	98 %	98 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	184,785	0

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	56 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	112,363	0	114,984	113,000	116,575	115,000	120,521	118,000
Vit A supplement to infants after 6 months	690,450	73,500	710,348	185,000	730,114	350,000	734,453	620,000
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	2 %	1 %	1 %	1 %	1 %	1 %	1 %

** Number of infants vaccinated out of total surviving infants

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

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

- Отчет СОФ (ВОЗ/ЮНИСЕФ) - 2012 г. планируется подать в июле 2013 года.

- Justification for any changes in **surviving infants**

- Количество выживших младенцев изменилось за счет сокращения числа родившихся детей в 2012 году.

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

- Количество потребностей вакцин сократилось за счет сокращения числа родившихся детей в 2012 г.

- Justification for any changes in **wastage by vaccine**

- Потери в вакцинах сократились за счет улучшения планирования по охвату детей и проведению иммунизационных сессий.

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

Основные мероприятия и достижения в 2012 году:

- Повысился уровень охвата вакцинацией по всем вакцинам:

- 94%

городов и районов страны (всего 65 городов) достигли >90% охвата АКДС(Пента)-3 по сравнению с 85% районов в 2011 году;

- 100% городов и районов страны достигли >90% охвата 1-ой дозой коревой вакцины по сравнению с 92% - 100 районов в 2011 году;

Потери АКДС (Пента) 1 и 3 сократились с 12% в 2011 году до 5% в 2012 году.

- Продолжается уровень увеличения родов в родильных домах с 81% в 2011 году до 83% в 2012 году, что повысило уровень охвата вакцинацией в первые часы жизни новорожденных.
- Доля Правительства страны в закупке всех вакцин и инъекционных материалов повысилась с 19,5% в 2011 году до 21,2% в 2012 году.
- Значительно улучшился доступ медработников в труднодоступные и отдалённые районы с помощью мобильных бригад благодаря финансовой поддержке ГАВИ по программам (1) Усиление системы здравоохранения (УСИ) и (2) Поддержка службы иммунизации (ПСИ)
- Страна успешно выполнила свои обязательства по закупке вакцин и безопасных инъекционных материалов согласно плану со-финансирования в 2012 году.
- Успешно организованы и проведены два раунда дополнительных мероприятий иммунизации целевых детей в возрасте 0-5 лет против полиомиелита, где охват составил более 99%.
- Успешно организованы и проведены три раунда национальных дней иммунизации против дифтерии для целевых групп 3-6 лет, 7-15 лет и 16-21 год, где охват составил более 96%.
- 86% медицинских учреждений, проводящих вакцинацию, полностью обеспечены оборудованием Холодовой цепи по сравнению с 80% в 2011 году.

Основные проблемы в 2012 году.

- Отсутствие электроэнергии в осенне-зимний период времени в большинство сельских населённых пунктах (70-80%), что серьёзным образом сказывалось на соответствующее поддержание системы Холодовой цепи.
- Слабая организация и управление вакцинацией в некоторых труднодоступных и отдалённых населённых пунктах из-за неадекватного финансирования со стороны местных органов власти для приобретения горюче-смазочных материалов и обслуживания транспортных средств; выделения суточных для членов мобильных бригад.

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

- Основные цели и задачи были выполнены.

5.3. Monitoring the Implementation of GAVI Gender Policy

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? **no, not available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

- Не применимо

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the 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 on <http://www.gavialliance.org/about/mission/gender/>)

5.4. Data assessments

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

- Отчет СОФ (ВОЗ/ЮНИСЕФ) за 2012 год будет представлен в июле 2013 года.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

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

- Не применимо

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

- Ежемесячно проводится оценка и анализ системы административных отчетных данных на районном / областном / национальном уровнях с целью выявления обнаруживаются, то в течении трёх- пяти дней направляются извещения на первичный уровень о внесении корректив в отчетные данные.
- Все медицинские учреждения, проводящие профилактические прививки, ежегодно обеспечивают необходимой учётно-отчётной документацией.
- Вопросы совершенствования системы административных данных постоянно включаются в программы обучающих семинаров и тренингов.
- Все медицинские учреждения постепенно переходят на полную компьютеризацию ввода и обработки данных.

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

- Осенью 2013 году провести оценку.
- Продолжить работу по совершенствованию электронной системы обработки и передачи административных данных.
- Продолжить обучение ответственных лиц за сбор, обработку и предоставленные административных отчетных данных.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used	1 US\$ = 4.81	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	JICA	Нет	Нет
Traditional Vaccines*	834,491	301,142	0	206,540	0	326,809	0	0
New and underused Vaccines**	1,914,500	219,000	1,695,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	0	0	0	0	0	0	0	0
Cold Chain equipment	49,015	0	49,015	0	0	0	0	0
Personnel	240,000	240,000	0	0	0	0	0	0
Other routine recurrent costs	912,610	131,998	772,485	8,127	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,247,101	935,551	0	0	311,550	0	0	0
Не применимо		0	0	0	0	0	0	0
Total Expenditures for Immunisation	5,197,717							
Total Government Health		1,827,691	2,517,000	214,667	311,550	326,809	0	0

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Правительство Республики Таджикистана осуществляет полную закупку коревой-краснушной вакцины и гепатита В, а также со-финансирование по закупке традиционных вакцин согласно плану со-финансирования, каких-либо проблем по их закупке в 2012 году не наблюдалось. В 2013 и 2014 гг. проблем по закупке традиционных вакцин также не предвидится.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented**

If **Yes**, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
Министерство здравоохранения РТ должно обеспечить, чтобы МКК собирался ежеквартально и вопросы УСИ обсуждались на заседаниях МКК.	Yes
Открыть специальный банковский счет в долларах США для расходования фондов УСИ/ГАВИ. Расходование средств должно осуществляться в национальной валюте только на основе потребностей.	Yes
Финансовые отчеты по фактическим расходам, а также разъяснения по отклонениям от бюджета должны ежеквартально предоставляться на обсуждение МКК.	Yes
Использовать банковскую систему Республики Таджикистан для перевода денежных средств на суб-национальный уровень и осуществлять платежи юридическим или физическим лицам для реализации программы УСИ в районах, где имеются филиалы Государственного сберегательного банка «Амонатбанк». Только в тех районах, где нет филиалов Государственного сберегательного банка «Амонатбанк», платежи организациям и физическим лицам могут производиться наличными.	Yes
Начиная с 2011 года, составлять квартальные и годовые финансовые отчеты согласно формату, указанному в руководстве ГАВИ по подготовке Ежегодных прогрессивных отчетов (ЕПО), заметкам и графику всех активов, финансируемых со стороны ГАВИ. Финансовые отчеты должны быть представлены на рассмотрение и утверждение со стороны МКК и отражены в протоколах заседаний МКК.	Yes

Организовать проведение независимого внешнего аудита фондов ГАВИ для УСИ в 2012 году. Выбор независимой аудиторской компании должен быть предметом обсуждения и утверждения на заседании МКК.	Yes
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If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

- В 2012 году проведено 4 заседания МКК и на 2-х из них обсуждались вопросы финансирования службы иммунизации со стороны ГАВИ и других источников. Так, финансовый отчет расходования фондов ГАВИ для ПСИ в 2012 году был обсужден на заседании МКК (протокол №3 от 24.08.2012 г.).
- Для расходования фондов ГАВИ для ПСИ используется специальный банковский счет в долларах США. Расходование фондов ГАВИ осуществляется в национальной валюте только на основе потребностей и предварительного согласования с ВОЗ, а также обсуждения и утверждения на заседаниях МКК.
- В апреле 2013 года независимая аудиторская компания ООО «Азиан Аудит Альянс», которая была одобрена на заседании МКК провела проверку и сделала аудиторское заключение по расходованию средств ГАВИ для ПСИ за 2012 год (Документ №11).

If none has been implemented, briefly state below why those requirements and conditions were not met.

- В целом план был выполнен.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **4**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#).

Проблемы:

- Выполнение стратегий охвата иммунизацией в отдаленных и труднодоступных населенных пунктах;
- Недостаточно совершенна система и качество обучения ответственных медицинских работников, в частности по вопросам микропланирования, управления и мониторинга;
- Недостаточно эффективно ведется активный эпиднадзор за вакциноуправляемыми инфекциями;
- Системы учета и представления административных отчетных данных ведется не на достаточно должном уровне, чаще в ручную.

Рекомендации:

- Подготовить опытных тренеров для проведения обучения ответственных медицинских работников по вопросам микропланирования, управления службой, проведения совместного поддерживающего мониторинга.
- Провести поэтапно качественные курсы с ответственными работниками по системе административных отчетных данных на всех административных уровнях.
- Усилить работу по лоббированию перед органами местной власти о выделении адекватных финансовых средств для поддержки мобильных бригад;
- Разработать механизмы активного привлечения общественных организаций для поддержки службы иммунизации.

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:
Нет

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for **2013** to **2014**

- В сентябре-октябре 2013 года провести два раунда дополнительных мероприятий иммунизации целевых детей в возрасте 0-5 лет против полиомиелита.
- К 2014 году добиться более 95% уровня охвата всеми профилактическими прививками детей в возрасте до 1-го года на уровне ПМСП;
- Совершенствовать систему Холодовой цепи и к концу 2013 года увеличить его объем для хранения вакцин с целью внедрения новых вакцин, запланированных Комплексным многолетним планом (КМП) иммунизации на 2011-2015гг.;
- С сентября 2014 года при поддержке ГАВИ начать поэтапное внедрение ротавирусной вакцины.

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	0,05 мл, саморазрушающиеся	Правительство Таджикистана
Measles	0,5 мл, саморазрушающиеся	Правительство Таджикистана
TT	0,5 мл, саморазрушающиеся	Правительство Таджикистана
DTP-containing vaccine	0,5 мл, саморазрушающиеся	Правительство Таджикистана

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

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

- Имеются случаи проведения иммунизационных сессий на дому, что может привести к нарушениям безопасной практики иммунизации;
- Неадекватное финансирование со стороны органов власти на городском/районном/ПМСП уровнях для безопасной утилизации использованных инъекционных материалов;
- Слабый контроль со стороны ответственных работников областного/городского/районного уровней за безопасной утилизацией использованных инъекционных материалов в медучреждениях.

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

- Колющиеся предметы собираются в безопасные коробки в прививочных кабинетах или во время выездных иммунизационных сессий;
- Безопасные коробки с собранными колющимися предметами учитываются и собираются в кабинете старшей медсестры с целью последующего их уничтожения;
- В 26 городах и районах страны, где сооружены инсинераторы для безопасного сжигания используемых инъекционных материалов, собранные безопасные коробки с колющимися предметами ежемесячно отвозятся в районный/городской Центр иммунопрофилактики и сжигаются в инсинераторах;
- В тех городах и районах, где не имеются инсинераторы, безопасные коробки с собранными колющимися предметами сжигаются в железных контейнерах в специально отведенных для этого мусоросборниках;
- Во всех 65 городах и районах страны специальными приказами Центров иммунопрофилактики назначены ответственные лица из числа сотрудников данных Центров за проведением контроля по правильному сбору и безопасному уничтожению собранных в безопасных коробках использованных колющихся предметов.

Проблемы:

- Не все медицинские учреждения, проводящие профилактические прививки, уничтожают использованные колющие инъекционные материалы, собранные в безопасных коробках, безопасным способом по причине проявления безответственного отношения к своим обязанностям;
- Неадекватное выделение финансовых средств медицинским учреждениям со стороны местных органов власти для транспортировки заполненных безопасных коробок в районные/городские Центры иммунопрофилактики, где сооружены инсинераторы;
- Не во всех населенных пунктах местные муниципальные органы своевременно осуществляют замену заполненных железных контейнеров в специально отведенных мусоросборниках, а в некоторых населенных пунктах они совсем отсутствуют;
- Имеет место слабый контроль за безопасной утилизацией колющихся предметов со стороны ответственных медицинских работников городских/районных Центров иммунопрофилактики и городских/районных больниц.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	821,500	3,951,415
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	821,500	3,951,415
Total Expenditures in 2012 (D)	821,500	3,951,415
Balance carried over to 2013 (E=C-D)	0	0

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

- Средства для ПСИ включены в планы и бюджет сектора здравоохранения страны.
- Механизм перевода фондов ГАВИ для ПСИ осуществляется через специальный банковский счет для расходования фондов ГАВИ, выделенных для ПСИ, который был открыт в Государственном сберегательном банке «Амонатбанк», Отделение №2.
- Все закупки были произведены по безналичному расчету путем перечисления денежных средств на счета поставщиков.
- Финансовые отчеты расходования денежных средств ГАВИ для ПСИ обсуждались на заседаниях МКК.
- После завершения финансового года в феврале-марте 2013 года был проведен тендер по выбору аудиторской компании для проведения аудиторской проверки расходования фондов ГАВИ для ПСИ в 2012 году, которая была утверждена на заседании МКК.
- Результаты аудиторского заключения аудиторской проверки были обсуждены на внеочередном заседании МКК (Протокол №3 от 25 апреля 2013 года).

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

- Специальный банковский счет для расходования фондов ГАВИ для ПСИ открыт в Государственном сберегательном банке «Амонатбанк», Отделение №2, который является правительственным банком.
- Бюджет расходования средств ГАВИ для ПСИ предварительно обсуждается на заседании МКК (см. Протокол №1 от 27 января 2012 года) и затем утверждается Министерством здравоохранения республики.
- Основные средства для ПСИ в 2012 году были израсходованы на центральном уровне.
- Расходование средств предварительно ежеквартально согласовывалось со страновым офисом ВОЗ в Таджикистане.
- Отчет о расходовании средств ГАВИ для ПСИ обсуждается на заседании МКК.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

- Приобретение двух транспортных средств и запасных частей к ним для поддержки мобильных бригад в двух горных районах республики.
- Приобретение оборудования Холодовой цепи и запасных частей к холодильному оборудованию.
- Приобретение оргтехники для улучшения системы электронной отчетности.
- Проведение обучающих семинаров по безопасности иммунизации, совершенствованию системы управления и соблюдения Холодовой цепи, отчетности, активного эпиднадзора.
- Размножение и обеспечение всех медучреждений учетно-отчетной документацией по иммунизации.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	728,676	728,800	0	No

**Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

- Отсутствие вакцин на областном / городском / районном / ПМСП уровнях из-за неправильного распределения и порой из-за задержек в получении вакцин.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

- Своевременная осуществление расчетов по потребностям.
- Своевременное оповещение о поставках новых партий вакцин.
- Улучшение системы соблюдения холодовой цепи.
- Улучшение работы по социальной мобилизации о своевременной иммунизации с целью сокращения потерь вакцины и т.д.

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 at lower facility level.

- От 1 до 3 месяцев.

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	01/01/2011
Nationwide introduction	Yes	01/01/2011
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Внедрение было осуществлено сразу по всей республике.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2013**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

- Не применимо

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

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 around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

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? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

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

- Результаты пока еще не доступны, находятся в сыром виде.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0

Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

- Не применимо

Please describe any problem encountered and solutions in the implementation of the planned activities

- Не применимо

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

- Не применимо

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1,800,000	728,676
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	219000	
Donor	1581000	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	13,249	83,300
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	May	Правительство Республики Таджикистан
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Мобилизация ресурсов для службы иммунизации	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

Уверены, что обязательства по выплатам согласно условиям со-финансирования, принятые страной, будут выполнены в полной мере.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2012**

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

Министерство здравоохранения получило финальный отчет две недели тому назад и делегировала рабочей группе изучить отчет и разработать План действий для улучшения эффективного управления вакцинами - срок до 25 мая 2013 г.

When is the next Effective Vaccine Management (EVM) assessment planned? **May 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Tajikistan does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Tajikistan does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Tajikistan is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for **2014** vaccination do the following

Confirm here below that your request for **2014** vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

- Таджикистан подтверждает запрос на поддержку пентавалентной вакциной в 2014 году.

7.11. Calculation of requirements

Table 7.11.1: Specifications for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	230,832	238,179	243,890	249,743	962,644
	Number of children to be vaccinated with the first dose	Table 4	#	221,383	232,176	240,224	245,990	939,773
	Number of children to be vaccinated with the third dose	Table 4	#	217,776	232,176	239,012	244,748	933,712
	Immunisation coverage with the third dose	Table 4	%	94.34 %	97.48 %	98.00 %	98.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.04	1.03	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	3,650				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	3,650				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.30	0.30	0.30	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	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 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

Co-financing tables for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

Co-financing group	Low			
	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.30	0.30
Your co-financing	0.30	0.30	0.30	0.30

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	637,500	649,700	654,600
Number of AD syringes	#	782,600	805,000	822,100
Number of re-constitution syringes	#	0	0	0

Number of safety boxes	#	8,700	8,950	9,150
Total value to be co-financed by GAVI	\$	1,422,500	1,450,000	1,427,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	102,500	104,500	108,300
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	222,000	226,500	229,000

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	13.85 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	221,383	232,176	32,153	200,023
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	664,149	696,528	96,459	600,069
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	D X E	697,357	731,355	101,282	630,073
G	Vaccines buffer stock	(F – F of previous year) * 0.25		8,500	1,178	7,322
H	Stock on 1 January 2013	Table 7.11.1	3,650			
I	Total vaccine doses needed	F + G – H		739,905	102,466	637,439
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		782,582	0	782,582
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		8,687	0	8,687
N	Cost of vaccines needed	I x vaccine price per dose (g)		1,506,447	208,621	1,297,826
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		36,391	0	36,391
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		5,039	0	5,039
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		96,413	13,352	83,061
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T	Total fund needed	(N+O+P+Q+R+S)		1,644,290	221,973	1,422,317
U	Total country co-financing	I x country co-financing per dose (cc)		221,972		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		13.85 %		

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	13.85 %			14.20 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	240,224	33,268	206,956	245,990	34,924	211,066
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	720,672	99,803	620,869	737,970	104,771	633,199
E	Estimated vaccine wastage factor	Table 4	1.04			1.03		
F	Number of doses needed including wastage	$D \times E$	749,499	103,795	645,704	760,110	107,914	652,196
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	4,536	629	3,907	2,653	377	2,276
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	754,085	104,430	649,655	762,813	108,298	654,515
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	804,981	0	804,981	822,092	0	822,092
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	8,936	0	8,936	9,126	0	9,126
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,535,318	212,619	1,322,699	1,514,947	215,079	1,299,868
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	1,535,318	0	37,432	1,514,947	0	38,228
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	5,183	0	5,183	5,294	0	5,294
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	98,261	13,608	84,653	96,957	13,766	83,191
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	1,676,194	226,226	1,449,968	1,655,426	228,844	1,426,582
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	226,226			228,844		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	13.85 %			14.20 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to 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 this 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 required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in 2012

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **333800** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0	328235	698530
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	328235	698530
Total funds received from GAVI during the calendar year (A)	0	0	0	0	328235	0
Remaining funds (carry over) from previous year (B)	0	0	0	0	328235	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0	328235	0
Total expenditure during the calendar year (D)	0	0	0	0	328235	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	698530

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	333800	333800	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	333800	333800	0	0
Total funds received from GAVI during the calendar year (A)	698530	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	698530	0	0	0
Total expenditure during the calendar year (D)	267309	0	0	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	333800	0	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0	1258768	3338973
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	1258768	3338973
Total funds received from GAVI during the calendar year (A)	0	0	0	0	1258768	0
Remaining funds (carry over) from previous year (B)	0	0	0	0	0	0
Total Funds available during the calendar year (C=A+B)	0	0	0	0	1258768	0
Total expenditure during the calendar year (D)	0	0		0	1258768	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	3338973	1605578

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	1605578	1605578	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	1605578	1605578	0	0
Total funds received from GAVI during the calendar year (A)	3338973	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	3338973	0	0	0
Total expenditure during the calendar year (D)	1285756	0	0	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	2053217	1605578	0	0

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	4.26	4.32	4.38	4.43	4.46	4.81
Closing on 31 December	4.32	4.38	4.43	4.46	4.78	4.81

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

- Средства ГАВИ для УСЗ включены в планы и бюджет сектора здравоохранения страны.
- Механизм перевода фондов ГАВИ для УСЗ первоначально в 2011 году осуществлялся через банковский счет странового офиса ВОЗ в Таджикистане.
- В 2011 году произошли задержки в переводе фондов с банковского счета ВОЗ на специальный банковский счет РЦИП МЗ РТ/ГАВИ, в связи с чем, деятельность по осуществлению Проекта началась только в начале апреля 2011 года вместо запланированного января 2011 года.
- Специальный банковский счет для расходования фондов ГАВИ, выделенных для УСЗ, был открыт в Государственном сберегательном банке «Амонатбанк», Отделение №2.
- Все закупки производятся по безналичному расчету путем перечисления денежных средств на счета поставщиков.
- Финансовые отчеты расходования денежных средств ГАВИ для УСЗ обсуждаются на заседаниях НККСЗ.
- После завершения финансового года проводится тендер по выбору аудиторской компании для проведения аудиторской проверки расходования фондов ГАВИ для УСЗ, которая затем утверждается на заседании НККСЗ.

Has an external audit been conducted? **Yes**

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Не были выполнены по причине задержки в финансировании	Не применимо	0	Не применимо

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
Не были выполнены	Не применимо

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

- Как уже было отмечено в Разделе 9.1.1., Республика Таджикистан должна была получить второй транш для УСЗ в 2012 году в сумме **\$698,530.00**, тем не менее, эти средства поступили на специальный счет для УСЗ 10 января 2013 года. В связи с этим, все мероприятия, запланированные в 2012 году, были перенесены на 2013 год.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

- Не применимо

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2008	2009	2010	2011	2012		
Не применимо, так как были задержки в финансировании	Не применимо	Не применимо	Не применимо	Не применимо	Не применимо	Не применимо	не применимо	не применимо	не применимо	не применимо	не применимо

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

- Не применимо

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

Не применимо

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

Не применимо

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

Не применимо

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.

- Не применимо

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

- Не применимо

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

- Не применимо

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
Задача 1.	Усиление принятия решений на основе доказательств на Центральном и местном уровне	0	0	нет	нет	0
1.1.	1.1 Публикация и распространение кратких отчетов по политике и воздействию государственной политики и реформы ПМСП на ЦРТ 4 и 5 с использованием индикаторов мониторинга и различных исследований	2250	565	нет	нет	
1.2.	1.2 Рассмотрение проблем, связанных с охватом иммунизации и услуг ПМСП в целом на межсекторальных правительственных совещаниях МКК МЗ РТ в процессе формирования бюджета для лоббирования соответствующего финансирования	2800	650	нет	нет	

1.3.	1.3 Рассмотрение проблем, связанных с охватом иммунизации и услуг ПМСП в целом на встречах на региональном, районном, уровне Джамоата для лоббирования соответствующего финансирования	300	300	нет	нет	
Задача 2.	Увеличение доступа к услугам ПМСП в отдаленных и труднодоступных районах	0	0	нет	нет	
2.1.	2.1 Ремонт сельских медучреждений в отдаленных населенных пунктах с участием местных органов власти и общин на основании их заявок в МЗ	280300	94825	нет	нет	
2.2.	2.2 Закупка и предоставление основного оборудования Холодовой цепи и запасных частей к оборудованию	144000	79560	нет	нет	
2.3.	2.3 Поддержка персонала ПМСП для проведения патронажной деятельности (транспортные и суточные расходы)	48000	12640	нет	нет	
2.4.	2.4 Поддержка мобильных бригад (транспортные и суточные расходы)	32000	10680	нет	нет	
Задача 3.	Усиление потенциала персонала ПМСП на основе интегрированных руководств по ИББДВ, ИПВ, эпидзору.	0	0	нет	нет	

3.1.	3.1 Обучение по надзору за вакцино-управляемым и инфекциями, ПВРиО для медперсонала ПМСП	44200	0	нет	нет	
3.2.	3.2 Обучение по надзору за вакцино-управляемым и инфекциями, ПВРиО для персонала сан-эпид служб	6400	0	нет	нет	
3.3.	3.3 Обучение менеджеров ПМСП по использованию данных, мониторингу и планированию, для улучшения эффективности ПМСП (на основе руководств СИДА и Всемирного банка)	2000	0	нет	нет	
3.4.	3.4 Мониторинг процесса реабилитации и медучреждений и качества предоставляемых услуг ПМСП в пилотных районах (командировочные и транспортные расходы)	10210	6420	нет	нет	
Задача 4.	Усиление информированности населения о важности своевременной иммунизации и создание системы поощрения матерей	0	0	нет	нет	
4.1.	4.1 Усиление информированности населения о важности своевременной иммунизации и охвата новорожденных после домашних родов	24000	24185	нет	нет	

4.2.	4.2 Выполнение программы социальной мобилизации и распространение на пилотные районы	13350	0	нет	нет	
4.3.	4.3 Проведение краткосрочных курсов для тренеров по гармонизации деятельности местных органов здравоохранения и НПО, работающих в сфере здоровья матери и ребенка	2720	0	нет	нет	
4.4.	4.4 Пилотирование системы поощрения для самых бедных матерей в труднодоступных районах с высоким уровнем домашних родов (основа межд. опыта)	38588	2875	нет	нет	
Задача 5.	Усиление потенциала учреждений ПМСП по своевременному сбору и отчетности данных для основания принятия решений на основе доказательств	0	0	нет	нет	
5.1.	5.1 Улучшение информированной системы здравоохранения на уровне ПМСП и дальнейшей автоматизации	24000	23738	нет	нет	
6.	Административные расходы и оплата услуг местных консультантов в Проекта (включая местные налоги)	23412	10871	нет	нет	
		698530	267309			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. 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 for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Задача 1.	Усиление принятия решений на основе доказательств на Центральном и местном уровне	0	нет	нет	0
1.1	1.1 Рассмотрение проблем, связанных с охватом иммунизации и услуг ПМСП в целом на межсекторальных правительственных совещаниях МКК МЗ РТ в процессе формирования бюджета для лоббирования соответствующего финансирования	2250	нет	нет	2250
1.2.	1.2 Рассмотрение проблем, связанных с охватом иммунизации и услуг ПМСП в целом на встречах на региональном, районном, уровне Джамоата для лоббирования соответствующего финансирования	2800	нет	нет	2800

1.3.	1.3 Рассмотрение проблем, связанных с охватом иммунизации и услуг ПМСП в целом на встречах на региональном, районном, уровне Джамоата для лобирования соответствующего финансирования	300	нет	нет	300
Задача 2.	Увеличение доступа к услугам ПМСП в отдаленных и труднодоступных районах	0	нет	нет	0
2.1.	2.1 Поддержка персонала ПМСП для проведения патронажной деятельности (транспортные и суточные расходы)	72000	нет	нет	72000
2.2.	2.2 Поддержка мобильных бригад (транспортные и суточные расходы)	59040	нет	нет	59040
Задача 3.	Усиление потенциала персонала ПМСП на основе интегрированных руководств по ИВБДВ, ИПВ, эпидзору	0	нет	нет	0
3.1.	3.1 Обучение по надзору за вакциноуправляемым и инфекциями, ПВРиО для медперсонала ПМСП	66378	нет	нет	66378
3.2.	3.2 Мониторинг процесса реабилитации и медучреждений и качества предоставляемых услуг ПМСП в пилотных районах (командировочные расходы)	14800	нет	нет	14800

Задача 4.	Усиление информированности населения о важности своевременной иммунизации и создание системы поощрения матерей	0	нет	нет	0
4.1.	4.1 Усиление информированности населения о важности своевременной иммунизации и охвата новорожденных после домашних родов	800	нет	нет	800
4.2.	4.2 Проведение краткосрочных курсов для тренеров по гармонизации деятельности местных органов здравоохранения и НПО, работающих в сфере здоровья матери и ребенка	2720	нет	нет	2720
4.3.	4.3 Пилотирование системы поощрения для самых бедных матерей в труднодоступных районах с высоким уровнем домашних родов (основа межд. опыта)	51000	нет	нет	51000
4.4.	4.4 Проведение оперативного исследования по эффективности и финансовой устойчивости службы здравоохранения в пилотных районах для оценки возможного его расширения	14300	нет	нет	14300

Задача 5.	Усиление потенциала учреждений ПМСП по своевременному сбору и отчетности данных для основания принятия решений на основе доказательств	0	нет	нет	0
5.1.	5.1 Улучшение информированной системы здравоохранения на уровне ПМСП и дальнейшей автоматизации	24000	нет	нет	24000
6.	Администрация и консультанты Проекта (включая местные налоги)	23412	нет	нет	23412
		333800			

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 funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
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1. Подтверждающая финансовая документация (финансовые отчеты, платежные поручения, квитанции, чеки, расходные ордера, ведомости) 2. Банковские денежные выплаты и переводы денежных средств. 3. Инвентарные книги об оприходовании закупленного оборудования, транспортных средств. 3. Требования выданные и подписанные получателями оборудования и транспортных средств.	1. Проверка ревизионной комиссии МКК за 1-ый квартал 2013 года.	Проблем не возникло
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9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

Проблем не возникло

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012??2

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Tajikistan **has NOT received GAVI TYPE A CSO support**

Tajikistan is not reporting on GAVI TYPE A CSO support for 2012

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Tajikistan **has NOT received GAVI TYPE B CSO support**

Tajikistan is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

НККСЗ и МКК Республики Таджикистан благодарят Альянс ГАВИ за финансовую и техническую поддержку системы здравоохранения и, в частности, службы иммунизации Таджикистана, что, несомненно, внесет существенный вклад в процесс реформирования системы здравоохранения республики, направленной, прежде всего, на улучшение доступа и качества предоставляемых услуг на уровне ПМСП и увеличения охвата иммунизации с целью искоренения инфекционных заболеваний, предупреждаемых путем иммунизации.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
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
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
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
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
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
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		TJK APR 2012_GoT Sign.PDF File desc: Date/time: 5/12/2013 2:58:49 AM Size: 880105
2	Signature of Minister of Finance (or delegated authority)	2.1		TJK APR 2012_GoT Sign.PDF File desc: Date/time: 5/12/2013 3:00:11 AM Size: 880105
3	Signatures of members of ICC	2.2		TJK APR 2012_ICC Sign.PDF File desc: Date/time: 5/12/2013 3:01:08 AM Size: 1419129
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		TJK APR 2012_ICC Minute#2_2013.PDF File desc: Date/time: 5/12/2013 3:03:08 AM Size: 3897774
5	Signatures of members of HSCC	2.3		TJK APR 2012_NHCC Sign.PDF File desc: Date/time: 5/12/2013 3:04:39 AM Size: 1231694
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		TJK APR 2012_NHCC Minute#2_2013.PDF File desc: Date/time: 5/12/2013 3:07:40 AM Size: 644246
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		TJK APR 2012_ISS Finance Report.PDF File desc: Date/time: 5/12/2013 3:08:58 AM Size: 1094001
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		TJK APR_2012_ISS Audit Report.PDF File desc: Date/time: 5/12/2013 3:12:58 AM Size: 6305797
9	Post Introduction Evaluation Report	7.2.2		TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:09:16 AM Size: 31232
				TJK APR 2012_Other Documents.doc

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		File desc: Date/time: 5/12/2013 9:09:54 AM Size: 31232
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
12	Latest EVSM/VMA/EVM report	7.5		TJK APR 2012_EVM Assessment Report 2012.doc File desc: Date/time: 5/12/2013 3:25:20 AM Size: 9995264
13	Latest EVSM/VMA/EVM improvement plan	7.5		TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
14	EVSM/VMA/EVM improvement plan implementation status	7.5		TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
17	Valid cMYP if requesting extension of support	7.8		TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
18	Valid cMYP costing tool if requesting extension of support	7.8		TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
				TJK APR 2012_Other Documents.doc

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	TJK APR 2012_HSS Fin Report_2013.PDF File desc: Date/time: 5/12/2013 3:31:05 AM Size: 2045090
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	X	TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
22	HSS Health Sector review report	9.9.3	X	TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
23	Report for Mapping Exercise CSO Type A	10.1.1	X	TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	X	TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	X	TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232
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 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	TJK APR 2012_Other Documents.doc File desc: Date/time: 5/12/2013 9:12:33 AM Size: 31232