



Partnering with The Vaccine Fund

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY:	Republic of Tajikistan
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Date of submission: ...**21 May 2004**.....

Reporting period: ...**2003** (Previous calendar year)..

Inception report	ρ
First annual progress report	ρ
Second annual progress report	+
Third annual progress report	ρ
Fourth annual progress report	ρ
Fifth annual progress report	ρ

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1. Report on progress made during the previous calendar year

1.1 Immunization Services Support (ISS)

Immunization coverage in 2003 (WHO/UNICEF Joint Reporting Form)

Vaccine/Administration	Description of target group used as denominator in coverage calculation	Number target group (denominator)	Number of districts providing coverage numerator data	Number of immunized children Reported	Percent coverage Reported	Percent coverage Survey* In GBAO and Rasht Valley
BCG	Newborns	145,802	100%	143,813	98,6%	90,7%
Hepatitis B-1 – at birth**	85% of Newborns	123,931	100%	109,144	88,0%	-
Hepatitis B – 3**	85% of survived newborns	123,931	100%	90,728	73,2%	-
DPT – 1	Survived newborns	158,343	100%	155,129	98,0%	88,6%
DPT – 3	Survived newborns	158,343	100%	152,407	96,2%	85,3%
Measles – 1	At 12 months	157,616	100%	152,879	97,0%	76,0%

* Health infrastructure in the regions surveyed (GBAO and Six Rayons of Rasht Valley) is the most vulnerable and poor. Both surveyed areas are mountainous. In Rasht valley more than 90% are home deliveries. 95% of the population in both surveyed regions live in rural areas.

** Children born in 2001 and 2002 were included for the target groups of the survey, but only one rayon (Rasht) started vaccination of newborns in 2002. Therefore immunization coverage for hepatitis B was not included in survey questionnaire.

1.1.1 Management of ISS Funds

*Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

Funds provided by the Global Alliance for Vaccines and Immunization and Children Fund for strengthening immunization services arrive on the special Bank Account RCIP/GAVI. A working group on planning and budgeting of the Interagency Coordinating Committee (ICC) on Immunoprophylaxis develops a budget of the funds use, which later on is reviewed and approved on the ICC meeting.

The results of the funds expenditure are discussed on the ICC meetings. After reviewing and approval of the final financial report on the funds use a special auditing committee with the participation of the ICC members and one or two representatives of the Ministry of Finance and the Department of Economy and Finance Planning of the Ministry of Health is created, which within one week conducts a financial audit of proper and rational funds expenditure. The results of the financial audit are discussed on the up-coming ICC meeting.

Problems

In 2003 immunization service of the Republic of Tajikistan did not face any problems regarding funds receive and use.

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year	<u>\$250,000.00</u>
Remaining funds (carry over) from the previous year	<u>\$54,270.70</u>
Remaining funds (carry over) for the next year	<u>\$70,933.00</u>

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	-	-	-	-	-
Injection supplies	25,912.79	0	0	25,912.79	0
Personnel	0	0	0	0	0
Vaccine transportation	11,090.50	0	4,563.50	6,527.00	0
Office equipment	12,902.93	4,130.00	8,772.93	0	0
Training	65,735.12	0	21,312.06	44,423.06	0
Monitoring and evaluation	16,627.83	0	3,420.20	13,207.63	0
Outreach	9,763.23	0	0	9,763.23	0
Printing and IEC	41,172.16	0	0	41,172.16	0
Vehicles and spare parts	28,438.51	0	28,438.51	0	0
Office supplies (stationery)	3,575.47	1,804.23	1,771.24	0	0
Communication (tel., e-mail)	1,474.77	1,474.77	0	0	0
Translation of documents	250.39	250.39	0	0	0
Others	16,394.00	2,514.45	7,314.40	6,565.15	0
Total:	233,337.70	10,173.84	75,592.84	147,571.02	0
Remaining funds for next year:	70,933.00				

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

- ❑ Minutes # 1 from 27 February 2003
- ❑ Minutes # 2 from 15 April 2003
- ❑ Minutes # 5 from 5 November 2003

Document ...# 1 a...
Document ...# 1 b...
Document ...# 1 c...

Major activities conducted to strengthen immunization, as well as, problems encountered in relation to the multi-year plan.

1.1.1. Strategy	Indicator	Measurements	Problems	Actions
Increasing immunization coverage	1. In all 100% of cities and rayons >90% of immunization coverage for all traditional vaccine preventable diseases is supported. 2. Immunization coverage for DPT3 on the results of the 2003 survey increased from 65,2% (nationwide figure) in 2000 to - 96,7% in GBAO and - 78,5% in Rasht Valley 3. All remote and mountainous rayons have started implementation of outreach and mobile teams strategy of vaccination.	1. – Administrative reports (Form #2) - Monitoring reports 2. Report on the immunization coverage survey in Sogd and Khatlon Oblast, October 2002. 3. Monitoring reports	1. Incomplete registration of newborns. 2. Continuing tendency of increasing home deliveries. 3. Turn over health staff.	1. To continue efforts on timely newborns registration for their follow-up immunization. 2. To continue strengthening collaboration with the obstetrics-gynecologists services for timely registration of pregnant women and improving the quality of home deliveries. 3. To look for alternative ways for health staff motivation.
Improving safe immunization	1. a) A new National Policy for Ensuring Safety of Injections and Safe Disposal was developed and approved by the MoH in October 2003. b) A National Plan of Actions for Improving Safety of Injections and Safe Disposal in 2003-2007 was developed and approved by the MoH in October 2003. 2. Immunization for all vaccine preventable diseases except BSG in all health facilities have been done only with AD syringes. 3. More than 1200 vaccinators improved their knowledge and skills on safe immunization practices.	1. Existing documents 2. a) Monitoring reports. б) Vaccines and safe injection materials stock ledger. в) Report on safe immunization in GBAO and Rasht Valley. 3. Reports about conducted workshops and training and lists of participants.	1. Lack of AD syringes for BCG vaccination. 2. Not all vaccination rooms mainly in rural areas adequately equipped (with tables, washing basins, sterile swaps, etc.).	1. To request UNICEF and GAVI for support with AD syringes for all kinds of immunization. 2. To continue work on fundraising for immunization services (from local budgets and commercial sector).

	4. Absence of AIFI.			
Safe disposal and destruction of used syringes and needles	1. More than 95% of health facilities in surveyed regions use safety boxes for disposal of used syringes and needles. 2. Additionally 10 incinerators (Total 20 incinerators) have been constructed.	1. Monitoring reports. 2. Report on safe immunization in GBAO and Rasht Valley.	1. Difficulties with transportation of filled safety boxes from health facilities to the Rayon SES for the follow-up incineration. 2. Evidences of improper distribution and use of safety boxes. 3. Evidence of absence of safety boxes in stock in some health facilities.	1. To look for alternative ways for filled safety boxes transportation or their open burning in the health facilities. 2. To continue regular training of persons in charge for safety injections during training or/and monitoring. 3. To strengthen monitoring of adequate distribution of safe injection materials, in particular for having safety boxes in stock in all vaccination points.
Strengthening institutional capacities	1. Three new regional Centres for Immunoprophylaxics were created in GBAO, Kulob and Rasht. 2. Electronic network for reporting between national and four regional centres was established. 3. Five specialists of the MoH and MoF enlarged their knowledge on development of the plan for ensuring financial sustainability of immunization. 4. 15 trainers and all directors of the regional immunization centers enlarged their knowledge and skills on all aspects of EPI, including microplanning.	1. Order of the MoH and functioning of the Centres. 2. Functioning of electronic network. 3. Developed plan for ensuring financial sustainability of immunization (Plan was submitted to GAVI on Nov.2003). 4. Involved trainers in conducting workshops and training at regional and rayon level.	1. Poor communication infrastructure (telephone line) between rayons and regional centers, especially with remote mountainous rayons. 2. Shortage of specialist who can work on basic computer programs.	1. To establish electronic network between centers of immunoprophylaxics and those rayons, which have access to e-mail system. 2. To conduct intensive training of National and Regional Centres for Immunoprophylaxics' staff on work of basic computer programs.
Improving and strengthening Cold Chain system	1. 25 trainers have been trained on the main questions of cold chain management basic skills for refrigerators repairing. 2. 65 persons in charge and more than 2000 health workers improved their knowledge and skills on cold chain. 3. Construction of the central vaccine storage warehouse started in October 2003. 4. Centralized vaccine and safe	1. Involvement of the trainers in conducting cold chain workshops and training at regional and rayon level.. 2. Check lists of the participants of the workshops and training. 3. Monitoring reports.	1. About 10% of "headed" health facilities have no refrigerators. 2. 75% of SES faces difficulties with regular electricity supply during wintertime. 3. Most of rural health facilities face difficulties with regular electricity supply during wintertime.	1. To continue supply health facilities with ILR through UNICEF, GAVI and other donors. 2. To continue efforts on liaising with local authorities (Rayon Hukumats) to provide a "clean" line of electricity supply for all Rayon SES and if possible for health facilities.

	injection materials distribution to all regional centers and most of rayons has been established.			
Improving recording and reporting system	1. Administrative reports from for regional immunization centers go to national level through e-mail system. 2. All administrative and vaccination health facilities have been supplied with required recording and reporting documentation. 3. Passports of child immunization for mothers have been introduced in big cities and rayon centers distributed in maternities.	1. Presence of electronic versions of reports from Four Regional Centers for Immunoprophylaxis. 2. Monitoring reports.	1. Reports at rayon level are still filled in by hand and delivered to upper level by courier. 2. Evidences of reports falsification for immunization coverage in some health facilities.	1. Establish electronic network for reporting in the rayons where there is an access to e-mail system. 2. Give to all mothers of newborns passports of child immunization.

1.1.3 Immunization Data Quality Audit (DQA)

Data Quality Audit (DQA) of immunization in the Republic of Tajikistan was conducted in August 2002 by GAVI by means of two auditing groups. Each auditing group consisted of one international and one national auditor. The report of the DQA was provided to GAVI with the First Annual Progress Report in September 2002.

Based on the results of the DQA a Plan of actions for improving and strengthening recording and reporting system was developed and approved in the ICC meeting on 19 September 2002.

The results of the Plan's implementation were discussed on the ICC meeting on 28 August 2003 (Minutes # 4).

The Republican Center for Immunoprophylaxis with the technical support of International Agencies, involved in immunization in tajikistan, is planning to conduct DQA in spring 2005 based on the GAVI methodology and recommendations.

□ Attached is the Minutes # 4 from 03.09.2003

Document ...# 1 d ...

The following documents of studies conducted regarding EPI issues during 2003 are attached:

- | | |
|---|--------------------|
| 1. Safe Immunization Survey in GBAO and Rasht Valley, 15-25 May 2003 | Document ...# 2... |
| 2. Immunization Coverage Survey in GBAO and Rasht Valley, 03-25 July 2003 | Document ...# 3... |
| 3. Intermediate review of the National Immunization Strategy in Tajikistan, 10-14 November 2003 | Document ...# 4... |

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the 2003 calendar year

Start of vaccinations with the new and under-used vaccine: **MONTH...**January .. **YEAR...**2002....

Receipt of vaccines provided by GAVI/VF, including problems encountered.

- ❑ Hepatitis B vaccine and safe injection materials provided from GAVI/The vaccines Fund arrive to Tajikistan through UNICEF.
- ❑ Starting from 2001 Hepatitis B vaccine and safe injection materials arrive to Dushanbe in December following all the rules of cold chain during transportation and handling.

There were no any problems with Hepatitis B vaccine delivery to Tajikistan.

1.2.2 Major activities undertaken in relation to introduction of Hepatitis B introduction and problems encountered.

Strategy	Indicator	Measurements	Problems	Actions
Introduction of Hepatitis B vaccination	• 100% of maternities in all 65 cities/rayons started immunization against Hepatitis B. • 70% of newborns were targeted for vaccination against hepatitis B in 2003 according to the plan of introduction, and 99,1% of targeted newborns received the first dose of hepatitis B vaccine.	• Reporting Forms # 2 • Reports on monitoring • Training evaluation lists	• Difficulties with vaccine transportation to some mountainous areas in winter time • Poor communication system between maternities and other health facilities for the	• Conduct micro planning and identify appropriate strategies for vaccination in the mountainous areas. • Strengthening monitoring for timely registration of newborns

	• More than 1200 health workers enlarged their knowledge on Hepatitis B vaccination. • Articles about Hepatitis B have been published in several national and local newspapers. • The results of the Hepatitis B immunization introduction were discussed in the ICC meeting on 27 February 2003 (Minutes # 1).		following immunization sessions. The drop out between the 1st and the 2nd doses is 17,3%. • The continuing tendency of growth of home deliveries. • Problems with electricity supply in winter time in most of the rural areas, which causes break of cold chain.	• Supply all mothers of newborns with child immunization passports.
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1.3 Injection Safety

1.3.1 Receipt of injection safety support

On 25 September 2003 the Government of the Republic of Tajikistan submitted to GAVI/The Vaccine Fund the proposal for support with safe injection materials in 2004-2006. The proposal with some clarifications was approved by the GAVI Secretariat.

A shipment of safe injection materials for 2004 is scheduled to supply to Tajikistan in the end of May 2004 through UNICEF.

2. Financial sustainability

- A group of specialists from the Ministry of Health and the Ministry of Finance of Tajikistan consisted of 5 people with the financial support of the World Bank attended the Workshop on “Development of the Plan for Ensuring Financial Sustainability of Immunization” in June 2003 in Moscow, Russian Federation.
- According to the Order # 324 of the Ministry of Health of Tajikistan from 30 June 2003 a working group on the Plan development was created.
- A project proposal for support to develop a plan submitted by the Ministry of Health was approved by WHO in August 2003.
- In August a working group conducted financial data collection survey, met with the Government, different ministries, governmental, international and local agencies and NGOs in different regions of the country.
- In August 2003 WHO sent a consultant to provide technical assistance in the development of the plan.

- In the end of September 2003 a working group together with ICC members and WHO consultant did analyses of collected data and develop a draft of the Plan.
- The final version of the Plan was reviewed and endorsed by the ICC, signed by the Government and submitted to the GAVI/The Fund in November 2003.

By the time being it difficult to present the outputs of the developed plan, but some activities implemented by the Government of Tajikistan in the end of 2003 are remarkable:

- A new line for “Vaccines Procurement” has been created in the National Health Budget.
- The GoT of Tajikistan allocated \$31,000 for vaccines procurement in 2004. DT vaccine and safe injection materials for revaccination of children at the age of 6 years has been ordered through UNICEF in April 2004.

Table 2 : Sources (planned) of financing of new vaccine – Hepatitis B

Proportion of vaccines supported by	Annual proportion of vaccines								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
Proportion funded by GAVI/VF (%)	100%	100%	100%	100%	100%	100%	0%	0%	0%
Proportion funded by the Government and other sources (%)	0%	0%	0%	0%	0%	0%	100%	100%	100%
Total funding for Hepatitis B *	\$129,922 (1)	\$122,568 (1)	\$192,653 (1)	\$202,901 (1)	\$195,186 (1)	\$199,500 (2)	203,910 (2)	\$208,416 (2)	\$ 213,021 (2)

3. Request for new and under-used vaccines (Hepatitis B) for year 2005

3.1. Up-dated immunization targets

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	159150	161026	158723	161100	162700	164000	165800	167300	169000
Infants' deaths	2737	2522	2691	2650	2650	2650	2650	2650	2650
Surviving infants	156413	158504	156032	158343	160050	161350	163150	164650	166350
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*	151239	157598	155296	155129	158000	159500	161000	163000	165000
Infants vaccinated / to be vaccinated with 3 rd dose of DTP (DTP3)*	148692	155738	153342	152407	157500	158000	160000	161500	163100
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1 st dose of HepB	-	-	53287	109144	136000	153300	157500	160060	165500
Infants vaccinated / to be vaccinated with 3 rd dose of HepB	-	-	35019	90728	123100	153300	157500	160600	165500
Wastage rate of Hepatitis B***	-	-	1.23	1.21	1.25	1.18	1.18	1.18	1.18
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	-	-	-	-	163500	165000	167000	168500	170000
Infants vaccinated / to be vaccinated with BCG	153589	148411	154357	143813	160100	160500	162500	164000	166000
Infants vaccinated / to be vaccinated with Measles	151026	145524	147470	152879	154300	155700	156800	160000	162000

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

** Use 3 rows for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

3.2 Confirmed request for new vaccine (to be shared with UNICEF Supply Division) for the year 2005

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

- In April 2004 UNICEF Dushanbe Office sent to the UNICEF Supply Division confirmed request for 2005.
- The copies of the Annual Progress Report and Proposal have been disseminated to all ICC members, including UNICEF and the Government.

Table 3.1: Estimated number of doses of Hepatitis B vaccine (1 dose vial)

		Formula	For year 2004
A	Number of children to receive Hepatitis B	20% of targeted newborns	30,660
B	Percentage of vaccines requested from The Vaccine Fund	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	91,980
E	Estimated wastage factor		1.05
F	Number of doses (including wastage)	$A \times C \times E \times B/100$	96,579
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year 2004		0
I	Total vaccine doses requested	$F + G$	96,579
J	Number of AD syringes (+ 10% wastage)	$D \times 1.11$	102,100
K	Total of safety boxes (+ 10% of extra need)	$J/100 \times 1.11$	1,133

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3.2: Estimated number of doses of Hepatitis B vaccine (10 dose vial)

		Formula	For year 2004
A	Number of children to receive Hepatitis B	<i>80% of targeted newborns</i>	122,640
B	Percentage of vaccines requested from The Vaccine Fund	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B / 100 \times C$	367,920
E	Estimated wastage factor		1.18
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	434,150
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year 2004		0
I	Total vaccine doses requested	$F + G$	434,150
J	Number of AD syringes (+ 10% wastage)	$D \times 1.11$	408,390
K	Total of safety boxes (+ 10% of extra need)	$J / 100 \times 1.11$	4,533

* Anticipated vaccine stock is a vaccine buffer stock

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

3.3 Confirmed/revised request for injection safety support for the years 2005 and 2006

Table 6.1: Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	For year 2005	For year 2006
A	Target of children for BCG vaccination	#	160500	162500
B	Number of doses per child	#	1	1
C	Number of BCG doses	$A \times B$	160500	162500
D	AD syringes (+10% wastage)	$C \times 1.11$	178155	180375
E	AD syringes buffer stock	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	178155	180375
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor	<i>Either 2 or 1.6</i>	2.00	2.00
I	Number of reconstitution syringes (+10% wastage)	$C \times H \times 1.11 / G$	17815	18037
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	2175	2202

Table 6.2: Estimated supplies for safety of vaccination for the next two years with DPT

		Formula	For year 2005	For year 2006
A	Target of children for DPT vaccination	#	158000	160000
B	Number of doses per child	#	3	3
C	Number of DPT doses	$A \times B$	474000	480000
D	AD syringes (+10% wastage)	$C \times 1.11$	526140	532800
E	AD syringes buffer stock	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	526140	532800
G	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	5840	5914

Table 6.3: Estimated supplies for safety of vaccination for the next two years with Measles

		Formula	For year 2005	For year 2006
A	Target of children for measles vaccination	#	155700	156800
B	Number of doses per child	#	1	1
C	Number of Measles doses	$A \times B$	155700	156800
D	AD syringes (+10% wastage)	$C \times 1.11$	172827	174048
E	AD syringes buffer stock	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	172827	174048
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution syringes (+10% wastage)	$C \times H \times 1.11 / G$	27652	27848
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	2225	2241

Table 6.4: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	For year 2005	For year 2006
A	Target of women for TT vaccination	#	165000	167000
B	Number of doses per woman	#	2	2
C	Number of TT doses	$A \times B$	330000	334000
D	AD syringes (+10% wastage)	$C \times 1.11$	366300	370740
E	AD syringes buffer stock	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	366300	370740
G	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4066	4115

4. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	21.05.2004	
Reporting Period (consistent with previous calendar year)	2003 year	
Table 1 filled-in	+	
DQA reported on	+	
Reported on use of 100,000 US\$	-	
Injection Safety Reported on	+	
FSP Reported on (progress against country FSP indicators)	+	
Table 2 filled-in	+	
New Vaccine Request completed	+	
Revised request for injection safety completed (where applicable)	+	
ICC minutes attached to the report	+	
Government signatures	+	
ICC endorsed	+	

5. Comments

ICC/RWG comments:

- Review the issue for support with measles vaccine for revaccination.
- For estimating vaccine requirements birth cohort should be considered instead of surviving infants.

7. Signatures

For the Government of ... THE REPUBLIC OF TAJIKISTAN.....

Signature:

Title: MINISTER OF HEALTH.....

Date: 21 MAY 2004.....



We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Ministry of Health	A.Temurov, Deputy Minister, ICC Chairman	20.05.04	[Signature]	World Health Organization	N.Artykova, Liaising Officer	21.05.04	[Signature]
Ministry of Health	D.Pirov, Head of Sanitary-Epidemiology Department	20.05.04	[Signature]	UNICEF	Tarek Hussain, EPI Program Officer	21/05/04	[Signature]
Ministry of Health	Kh.Aminov, Head of Health Care Services for Mother and Child Department	20.05.04	[Signature]	World bank	S.Bazarova, Social Support Program Coordinator	On trip	
Ministry of Health	N.Sharipova, Head of Economy and Financial Planning Dep.	20.05.04	[Signature]	Aga Khan Foundation	K.Faromuzova, Medical Coordinator	20.05.04	[Signature]
Ministry of Health	L.Mirzoeva, Chief Specialist of Planning, Coordination and Health Reform Introduction Dep.	21.05.04	[Signature]	USAID	A.Khamidova, Medical Coordinator	On trip	
Ministry of Finance	S.Abdujabarov, Head of Planning and Health Budget Development Department	21.05.04	[Signature]	Republican Centre for Immunoprophylaxis	Ibod Sharifi, Advocacy and Social Mobilization Program Coordinator	20.05.04	[Signature]
Republican Centre for Immunoprophylaxis	Sh.Jabirov, General Director, ICC C-Chairman	20.05	[Signature]	Health Implementation Unit Project	M.Sheralieva, Executive Director	21.05.04	[Signature]
Republican Centre for Immunoprophylaxis	S.Turkov, Deputy General Director	20.05	[Signature]	Zdrav Plus	Kh.Dogarbekova, Medical Coordinator	21.05.04	[Signature]
Republican Centre for State SES	N.Jafarov, Deputy Chief Doctor for Epidemiology	20.05	[Signature]	Coordinating Child Centre for International Develop.	Sh.Abdumamadova, Medical Coordinator, ICC Secretary	20.05.04	[Signature]