Joint Appraisal (JA) Report

The Joint Appraisal (JA) is an **essential element of Gavi's regular monitoring and performance management (MPM).** The JA has evolved to align with Gavi 5.0 strategic shifts.

The JA is an **annual, country-led, multi-stakeholder** review/discussion that represents an important opportunity for countries to engage Gavi Alliance partners and other key stakeholders on annual progress of routine immunisation programmes against national goals and objectives, and to discuss how Gavi support is contributing to this progress. Key stakeholders involved in the country's immunisation programme should be represented at the Joint Appraisal, including civil society organisations (CSOs).

As an integrated part of Gavi's portfolio management process, the JA discussion should review **Gavi's contribution to immunisation programme performance** in 2022/early 2023, including current status of your COVID-19 programme and efforts on integration. A key feature of the JA is the joint discussion about the **promising practices, challenges met and future needs** for improving immunisation performance with a focus on reaching zero-dose children and missed communities.

The modality of the Joint Appraisal exercise is tailored to the country context and may be scheduled taking into consideration other planning exercises such as EPI reviews or National Immunisation Strategy Development.[1] The JA process will involve preparatory work to assemble and analyse data in advance of the discussion, exchange on the trends and their implications for the EPI program, and will conclude with the finalisation of a report and relevant deliberation outcomes and follow-up actions. At least one live discussion (in person or virtual) of the multiple stakeholders engaged in the Joint Appraisal should be organised.

The 2022 Joint Appraisal template is structured as follows

- **Section 1: Country situation**: overview of performance of Gavi support & discussion on progress and challenges faced
- **Section 2: Looking forward**: summary of discussion points and follow up actions

The information and indicators contained in section 1 on the country immunisation programme performance and Gavi support are mostly based on standard reporting. They are part of Gavi's monitoring and performance management framework, which will inform ongoing portfolio discussions, the JA, as well as discussions at Gavi's High-Level Review Panel (HLRP).

Section 1 is also where Gavi expects reporting against the Grant-linked Key Performance Indicators developed during FPP / EAF applications. For these indicators, results are to be analysed as (1) the absolute change in the indicator as a trend over time and; (2) the percent change in the indicator against the baseline value from the FPP or EAF application. Changes over time will be assessed against the end of grant target set during the application stage. Please ensure that sufficient data is provided to conduct such analyses, including the baseline values, targets, and sufficient annual data to infer trends.

The below set of cross-cutting questions should be considered to structure qualitative information:

Cross-cutting Questions

1. What factors have facilitated or impeded progress?
2. What promising practices and/or innovations have emerged?
3. What key contributions have partners made to drive performance?
4. What are the top risks that should be mitigated?

[1] Countries which are finalising in the course of 2022 a Full Portfolio Planning are not expected to conduct a JA.

Section 1 forms the analytical foundation to structure the JA discussion with Section 2 summarising the outcome of the JA and follow-up actions.

The outcome of this Joint Appraisal will include a joint assessment of promising practices, perceived challenges and opportunities for Gavi investments, and should elaborate future actions with clear targets and assigned responsibilities which is owned by the full set of in-country stakeholders.

Section 1: Country situation: overview of performance of support & discussion on progress, challenges faced

A. Immunisation Programme Performance – Zero-dose, Routine immunisation coverage, Vaccine introductions, campaigns, and outbreak response

1. Learning Question: What progress has been made to reach zero-dose and under-immunised children with vaccinations?

Indicator	2019	2020	2021	% change, 2019-2021	% change, 2020-2021
Number of zero dose children at national level[1]	12 575	18 080	19 813	+36,6% (+7 238)	+8,8% (+1,733)
Drop out from DTP1 to DTP3 at national level[1]	3,4%	3%	-1,5%	-1,9%	1,5%
Drop out from DTP1 to last routine dose of MCV at national level[1]	1,6%	-2,1%	4%	2,4%	-1,9%
Percentage of health facilities that reported no stock-outs for the full year for DTP[2]	100%	100%	100%		

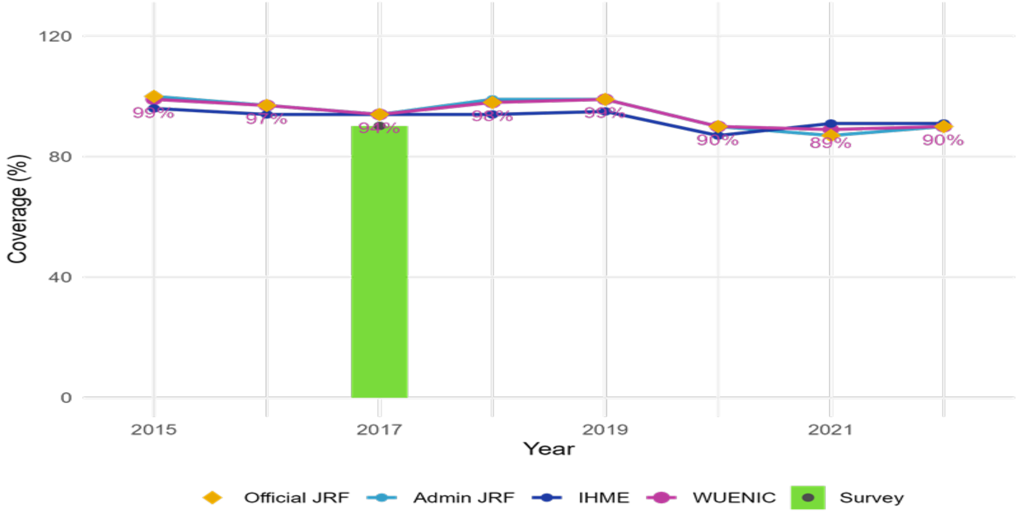
[1]Source: WHO/UNICEF Estimates of National Immunisation Coverage (WUENIC), July 2022. https://immunizationdata.who.int/listing.html?topic=coverage

[2] Country data submitted to WHO/UNICEF using the electronic Joint Reporting Form (eJRF), July 2022. https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/who-unicef-joint-reporting-process

Zero dose analysis

Indicator	WUENIC	Admin JRF	IHME
# Zero dose	**15,298**	14,478	13,768
# Undervaccinated	**15,298**	14,478	26,006
Target population	**152,979**	144,783	152,979
DTP1 coverage	**90%**	90%	91%
DTP3 coverage	**90%**	90%	83%
Zero dose trend (2019-2022)	**+830%**	+870%	+67%
DTP1 trend (2019-2022)	**-9pp**	-9pp	-4pp

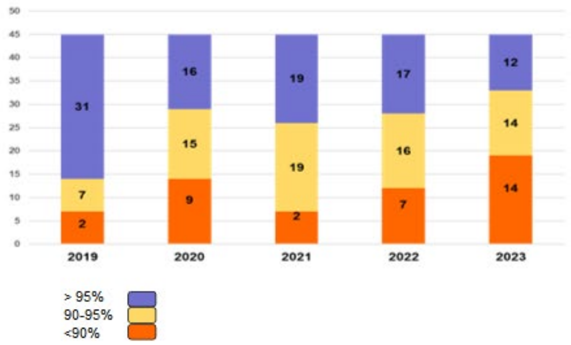
National DTP1 coverage by source



Source: WUENIC, July 2023. JRF Admin, July 2023. IHME, November 2023. Survey Data.

Penta-3 coverage at the district level, 2019-2023

In 2023, 14 districts (35%) have not reached 90% coverage



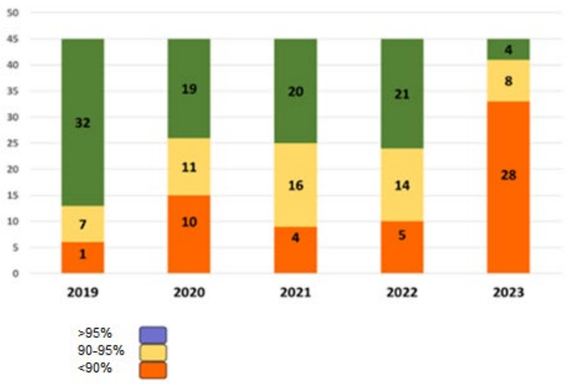
Эмдөөлөрдүн түрү Вид прививки	Саптын коду Код строки	Календардын негизинде, жасалган эмдөөлөрдүн саны Количество прививок, сделанных в установленные сроки календаря		Календардын мөөнөтүнөн өтүп кеткен эмдөөлөрдүн саны Количество прививок, сделанных вне сроков календаря	Бардыгы Всего
		План боюнча Плановые	Келгендер Приезжие		
А	Б	1	2	3	4
Жасалган эмдөөлөрдүн бардыгы Итого сделано прививок	**5,0**	**136 764**	**1 337**	**2 999**	**141 100**
Пента – 1 Хиб-оорусуна каршы эмдөө Вакцинация против гемофильной инфекции типа В	5,1	47 307	395	933	x
Пента – 2 Хиб-оорусуна каршы эмдөө Вакцинация против гемофильной инфекции типа В	5,2	45 869	379	900	x
Пента – 3 Хиб-оорусуна каршы эмдөө Вакцинация против гемофильной инфекции типа В	5,3	43 588	363	1 166	x

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ КЫРГЫЗСКОЙ РЕСПУБЛИКИ

Республиканский Центр Иммунопрофилактики

OPV3 coverage at the district level, 2019-2023

In 2023, 28 districts (70%) have not reached 90% coverage , there is a risk of cVDPV



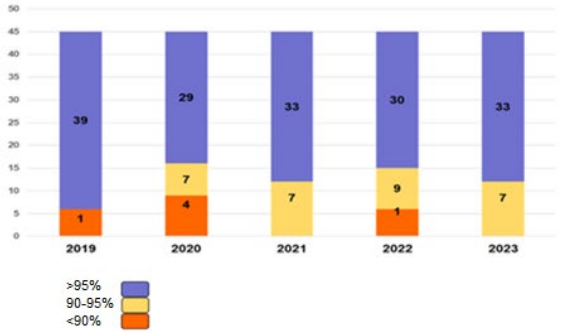
Эмдөөлөрдүн түрү Вид прививки	Саптын коду Код строки	Календардын негизинде, жасалган эмдөөлөрдүн саны Количество прививок, сделанных в установленные сроки календаря		Календардын мөөнөтүнөн өтүп кеткен эмдөөлөрдүн саны Количество прививок, сделанных вне сроков календаря	Бардыгы Всего
		План боюнча Плановые	Келгендер Приезжие		
А	Б	1	2	3	4
Жасалган эмдөөлөрдүн бардыгы Итого сделано прививок	**3,0**	**131 744**	**1 988**	**30 555**	**164 287**
бОПВ – 1 Шал оорусуна каршы эмдөө бОПВ Вакцинация против полиомиелита бОПВ	3,1	47 436	879	9 302	x
бОПВ – 2 Шал оорусуна каршы эмдөө бОПВ Вакцинация против полиомиелита бОПВ	3,2	43 690	567	10 419	x
бОПВ – 3 Шал оорусуна каршы эмдөө бОПВ Вакцинация против полиомиелита бОПВ	3,3	40 618	542	10 834	x

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ КЫРГЫЗСКОЙ РЕСПУБЛИКИ

Республиканский Центр Иммунопрофилактики

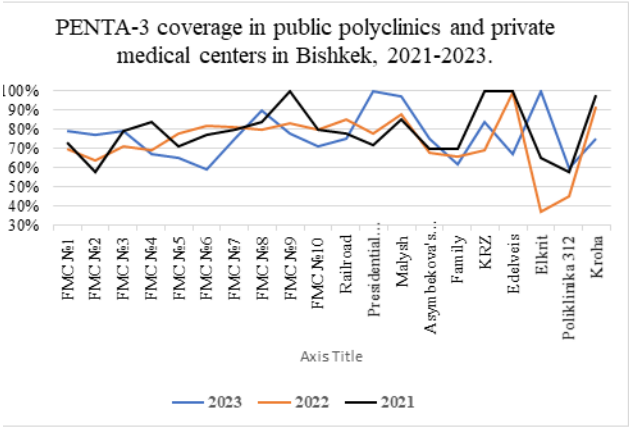
MMR1 coverage at the district level, 2019-2023

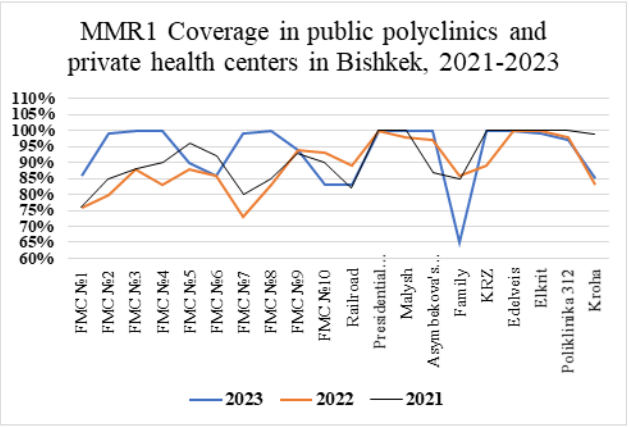
In 2023, 33 districts (82.5%) have reached more than 95% coverage



Эмдөөлүүдүн түрү Вид прививки	Саптын коду Код строки	Календардык мезгилде, жасалгы эмдөөлүүдүн сөмө Количество прививок, сделанных в установленные сроки календаря		Календардык мезгилдөн өтүп кеткен эмдөөлүүдүн сөмө Количество прививок, сделанных вне сроков календаря	Бардыгы Всего
		План боюнча Плановые	Келгендер Привитые		
А	Б	1	2	3	4
Жасалган эмдөөлөрдүн бардыгы Итого сделано прививок	10,0	106 259	1 770	10 637	118 666
1 жаш (год)	10,1	49 002	1 043	4 622	x
6 жаш (лет)	10,2	57 257	727	6 015	x

Disaggregated data on Penta3 and MMR1 coverage among immunization providers of Bishkek city, 2021-2023





Routine immunization in Kyrgyzstan was disrupted during the COVID-19 pandemic, resulting in DTP3 coverage dropping to 87% in 2020 and only partially recovering to 89% in 2021 (WHO/UNICEF estimates of national immunization coverage, revision G. for 2020). Similarly, coverage of MMR2 also declined to 93% in 2020, recovering to 97% in 2021. Coverage estimates in Kyrgyzstan for 2020 show the lowest coverage for most antigens in the last two decades.
Problems related to internal migration, increased refusals of vaccinations due to doubts about vaccine safety and religious beliefs are growing every year.
According to administrative data for 2023, under-1 immunization coverage (DTP-3) in Kyrgyzstan decreased by 3% to 87%; decreases were also observed for other antigens.

Table 1. Vaccination coverage by region, Kyrgyz Republic, 2023.

Region	Data on coverage				
	DTP-3	IPV 2	PCV 3	RV 3	bOPV 3
	%	%	%	%	%
Bishkek city	76	54	77	80	74
Chui region	86	64	91	83	85
Issyk-Kul region	90	81	99	90	90
Talas region	90	40	94	91	77

Naryn region	86	70	94	85	82
Jalal-Abad region	89	70	98	88	58
Osh city	86	67	94	85	67
Osh region	93	72	95	90	63
Batken region	95	71	99	95	71

Administrative data do not allow to classify groups with low vaccination coverage by ethnic, religious or other attribute. As for parents' behavior, socio-demographic characteristics did not play a significant role. However, a study of vaccination coverage among migrants living in the cities of Bishkek and Osh (2018) showed that only 45.2% and 70.9% of migrant children in the age group of 12-35 months in these cities were fully immunized.

The measles outbreak continues in the country: as of 05.07.2024, a total of 10,282 cases of suspected measles and rubella have been reported, 9509 cases classified as measles, of which 1635 laboratory confirmed, 4183 clinically confirmed and 3691 epidemiologically related cases with an intensive rate of 135.1 per 100,000 population.

Analysis of the age-specific distribution of measles cases indicates a high proportion of cases in children: at the age of 1 to 4 years - 3,398 cases (35.7%), at the age of under 1 year - 3,042 cases (31.9%), 5 - 9 years of age - 1,470 cases (15.4%).
High incidence rate of measles, as during the previous outbreaks of 2017-2019, is observed in areas with immunization coverage gaps among the unregistered population of new housing areas in Bishkek city, Osh city and among the migratory population of Chui and Osh oblasts and among the age group under 7 years old who missed the planned immunization during the COVID-19 pandemic.

Measures taken by the country to increase vaccination coverage:

- State support is available, the Government of the Kyrgyz Republic issued a decree on 22 December 2023 to increase preventive vaccination coverage and increase immunization demand and acceptance.
- The country has a National Immunization Coverage Improvement Plan, approved by the Ministry of Health in 2023, to rapidly close immunity gaps with a focus on coverage of zero-dose children and undervaccinated/missing communities.
- Policy of the Ministry of Health of the Kyrgyz Republic includes catch-up immunization as a permanent component of routine immunization.
- Periodic Intensification of Routine Immunization (PIRI) is conducted in areas with low vaccination coverage (new housing areas, population migration, refusal to vaccinate).
- Obtaining Gavi support for zero dose/EAF.
- In response to measles and rubella outbreak, selective and general immunization campaigns are conducted to quickly fill gaps in routine immunization (2023, 2024).
- Stage 1 of measles outbreak response immunization (ORI): on September 7, 2023, 755.5 thousand doses of MR vaccine arrived in the country through the Measles and Rubella Outbreak Response Fund; as part of the September-November ORI and clean-up immunization, children aged 9 months to 7 years were vaccinated in Bishkek and Osh cities, and Osh and Chui regions. Of the 605,492 children in the target group of the measles vaccination campaign, 516,407 children were immunized (86% coverage).
- On 26.02.2024, 264,500 doses of MR vaccine, purchased at the expense of the state budget, arrived in the country to conduct ORI in Jalal-Abad region. Since March 2024, the ORI campaign has been started in Jalal-Abad region, with the target group of children from 9 months to 7 years old. From the target group of 183,607 children, 161,546 children were vaccinated, which is 86% coverage.
- As a part of Stage 2 ORI at the expense of the Measles Outbreak Response Fund for Issyk-Kul, Talas, Naryn and Batken regions, 305,500 doses of MR vaccine arrived in the country on June 1, 2024, thanks to which ORI started in these territories on June 10. Immunization is in progress.
- Catch-up immunization, as a component of routine immunization, has been conducted since 2020 with the support of Gavi grants (HSS-2,3).

However, along with short-term measures, Kyrgyzstan also envisages actions to restore and strengthen the Immunization Programme. With technical support from WHO and UNICEF country and regional offices, a National Immunization Strategy (NIS) 2030 has been developed. Currently, the document is being harmonized and undergoing approval procedures by the Government of the Kyrgyz Republic.

In order to quickly close the gaps in immunization and strengthen the Immunization Program, the Ministry of Health of the Kyrgyz Republic counts on the support of large-scale catch-up immunization activities - Big Catch-Up application has been submitted.

BCU policy and target groups:

Target age 12-59 months, cohort of children born in 2019-2022
Requested antigens: DPT-HepV-Hib-1 (lcd), IPV-1, PCV-10, RV5-2, the country also requested Gavi support for the procurement of bOPV-10.
Planned target coverage **– 85%**
Priority groups: Children 1 to 5 years of age who have not been immunized with the target antigens, as well as undervaccinated children.

Geographic areas with the highest proportion of children with zero dose:

- Bishkek city with a focus on new housing areas;
- Osh city with a focus on migrants;
- Chui region - Sokuluk and Alamedin districts;
- Osh region - Kara-Suu, Kara-Kulja, Nookat and Chon-Alai districts;
- Batken region - Kyzyl-Kiya city, Batken, Leilek and Kadamjai districts,
- Jalal-Abad region - Suzak, Bazar-Korgon and Nooken districts..

Table 2. Number of zero-dose and under-immunized children by antigen.

Antigens	Number of zero-dose children (2019-2022)	Number of under-immunized children (2019-2022)	Planned target coverage (%)	Share of remaining children (%)
DTP-HepB-Hib-1 (lcd)	33 068	16492	85	15
IPV-1	59 557	75168	85	15
PCV-10	47 025	27924	85	15
RV5-2	25 243	5732	85	15
bOPV-10	47 721	34814	85	15[2]

Service delivery strategy - a combination of strategies is planned, including:
- Identification of zero-dose and under-immunized children
- Routine immunization services (throughout the year);
- Periodic intensification of routine immunization (4 cycles per year);
- Strategies to reduce the risk of missed opportunities;
- Strategies for providing mobile immunization services;
- Strategies for providing immunization services together with other essential health services (home visits, screening, etc.).

Upon approval of the Big Catch-Up application, a system-strengthening approach will be used that integrates health programs with existing Gavi zero-dose grants, HSS-3 health system strengthening, and other ongoing efforts to ensure coverage and equity.
BCU will integrate immunization service delivery platforms with other essential health services to strengthen primary health care and help achieve universal health coverage.

[2]Not included in the BCU package, but the country requests to consider bOPV financing.

National Immunization Technical Advisory Group (NITAG) is engaged to provide technical and programmatic expertise to develop catch-up immunization policies and schedules based on WHO recommendations on missed and delayed immunizations.
The Ministry of Health together with the Inter-agency Coordinating Committee on Immunization and development partners will be involved in coordination, mapping and resource mobilization, and monitoring of progress in the country. Regular monitoring will be assured to identify all necessary conditions.

Country comments (please consider the set of cross-cutting questions to structure comments):

1. **What factors have facilitated or impeded progress?**

Measles epidemiological situation, decreased trust in routine immunization, as well as migratory movements within the country, relocants, and cross-border conflicts contribute to the decline in immunization coverage.
Analysis of the State Health Development Programme for 2019-2030, situational analysis including desk review of all reports and evaluations in the Immunization Programme, and root cause analysis of the measles outbreak confirm the existing barriers affecting inequities in access to immunization services in order of priority:
- Accessibility problems related to imperfections in legislation and by-laws concerning state immunization policy;
- Accessibility problems related to human resources:
    - ✓ Shortage/absence of medical staff in health care organizations to provide immunization services (staffing of family physicians including part-time work is 77.6%, family nurses - 90%),
    - ✓ high workload on health care workers in view of competing health care programs at the PHC level;
    - ✓ low quality of services evident to mothers/caregivers, low access to immunization services due to physical capacity of PHCs;
    - ✓ quality of services provided is substandard and well below approved norms;
    - ✓ Inadequate mechanisms, procedures, knowledge and capacity of health facilities and health workers to track and identify children, with missed opportunities for vaccination;
- Accessibility problems due to lack of effective systems for recording and registering vaccination at the PHC level among internally migrating populations;
- Accessibility problems due to lack of residence registration and health facility registration;
- Accessibility problems related to:
    - ✓ Geographical and social inaccessibility;
    - ✓ Limited opportunities for the most vulnerable segments of the population (children with special needs, from single-parent families, from families of labor migrants, children under the care of relatives);
    - ✓ Living in the zone of border conflicts.

All types of Gavi grants are aimed at overcoming the above-mentioned barriers related to physical capacity (TIP approach), but due to the systemic nature of the problems in health care in terms of human resources for health (HRH), the issue of access to health services, including immunization services, will not be resolved without human resource reform.
Lack of medical personnel in the public health sector, especially in remote and rural areas, persists and gets worse from year to year, and this is the main problem in the provision of immunization services.
The Ministry of Health has continued and strengthened measures to attract and retain personnel at the PHC level (state-funded slots at the level of pre- and post-graduate education, the "Doctor's Deposit" program, salary increases for health workers).
Despite the efforts made, the measures taken at the MoH level alone are not sufficient to solve the problems in the area of human resources for health. Intersectoral coordination with local self-governments, Ministry of Education, Ministry of Labor and Social Welfare, Ministry of Finance and other agencies, and state bodies is necessary (source: MoH Report for 2023).

2. **What promising practices and/or innovations have emerged?**

Based on the Decree of the President of the Kyrgyz Republic, the Ministry of Health conducted an inventory of 22 laws of the Kyrgyz Republic in the field of health, with classification into 4 subgroups (strategic governance, public health, medical policy, drug policy and procurement).
Law of the Kyrgyz Republic "On Immunoprophylaxis of Communicable Diseases" lost its force, but the state policy in the field of immunization was included in the new version of the Law "On Public Health" approved by the Resolution of the Government of the Kyrgyz Republic dated January 12, 2024 № 10, which will come into force on July 16, 2024.
Paragraph 8 of Part 1 of Article 14 "Rights and Obligations of Citizens in the Implementation of Immunoprophylaxis" in the new version of the Law of the Kyrgyz Republic "On Public Health" retains the right of citizens to refuse vaccination.
However, clarifications have been introduced on the procedure of refusal of vaccinations with the need to indicate the consequences, make entries in medical documents, including in electronic format, signed both by the person who refused vaccination and a medical worker.
At the same time, the Law introduces the responsibility of health workers to inform in writing within two days the relevant territorial division of the authorized child protection agency about the deliberate refusal of parents and persons in loco parentis to provide preventive vaccinations to a child, as provided for in the National Immunization Schedule, as well as in cases of damage to the child's health due to the refusal of parents and persons in loco parentis to receive vaccination.
The territorial subdivisions of the authorized child protection agency submit, in accordance with the established procedure, cases of deliberate refusal by parents and persons in loco parentis of preventive vaccinations provided for in the National Immunization Schedule to the children's affairs commissions for consideration in order to make decisions on child protection measures.
With technical support and recommendations of NITAG, the National Immunization Schedule has been revised and approved, with amendments made in respect of the second dose against measles, mumps and rubella and the single vaccination scheme against papillomavirus

3. What key contributions have partners made to drive performance?

National Immunization Strategy 2030 has been drafted (programmatic part with technical support of WHO, financial part with technical support of UNICEF), measles outbreak response immunization (ORI) campaign was prepared and launched in 4 high-risk areas of Bishkek city, Chui region, Osh region and Osh city. 1st stage was supported by the WHO and organized in August 2023 thanks to the Measles and Rubella Partnership, 2nd stage of ORI for the remaining territories (Issyk-Kul, Naryn, Talas and Batken regions) was conducted with the participation of both WHO and UNICEF partners.

4. What are the top risks that should be mitigated?

If immunization coverage continues to decline, there is a risk of outbreaks of other vaccine-preventable diseases besides measles and pertussis, such as diphtheria, mumps and case reports of circulating vaccine-derived poliovirus.
The main measure is to fill immunity gaps by accelerating the intensification of routine and catch-up immunization, combined with additional SIA activities.
Supported by HSS-3 and EAF grants and a Big Catch-up campaign (BCU).

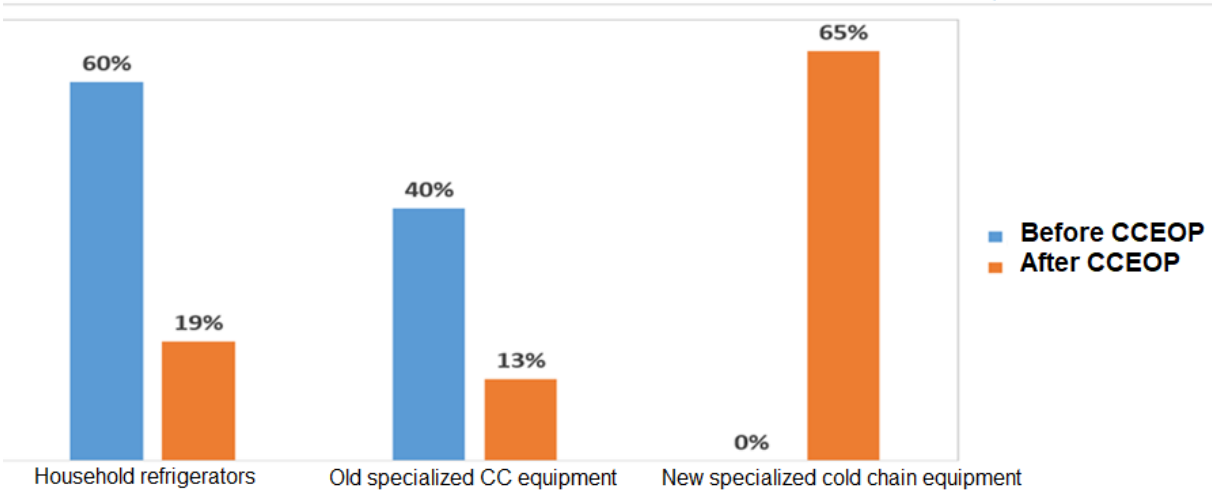
2. Learning Question: How well are vaccine stocks being managed?

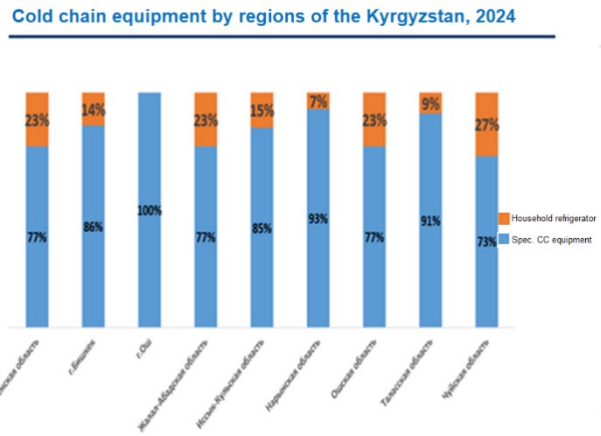
Indicators	2021	2022	2023	% of change, 2019-2021	% of change, 2020-2021
Number of health facilities that reported no stock-outs of DTP containing vaccine	0	0	0	0%	+0%
Closed vial wastage of DTP-containing vaccine	0	0	0	0%	0%
Number of CCE received/installed/ leased through providers.	0	0	0	0	0
Equipment maintenance and/or onsite readiness	100%	100%	100%	100 %	

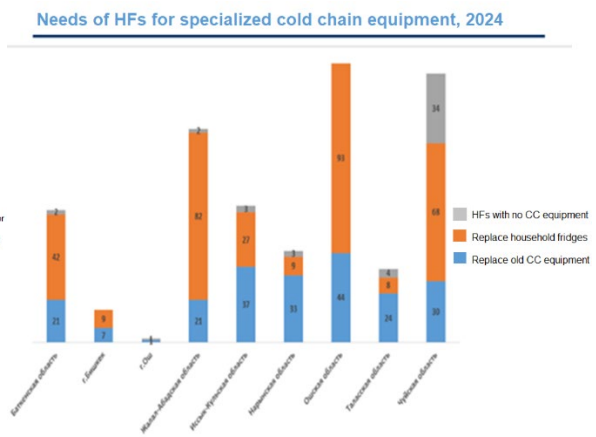
Cumulative volume of C19 doses expired to date (and volume specific to COVAX supported doses, if the data is available)	0%	0%	0%	0	0

Country comments (please consider the set of cross-cutting questions to structure comments):

Situation before and after CCEOP implementation (all phases)







3. Learning Question: Are vaccines being consumed at rates that are in-line with approved forecasts? What are the key drivers of consumption compared to expectation (e.g., stockouts, increased coverage, wastage)?

Indicator(s):	**Graphs:**
• Percentage of forecasted Annual Vaccine Requirement (AVR) consumed in prior period (by antigen)	*(Examples to be replaced with specific country versions)*

Country comments (please consider the set of cross-cutting questions to structure comments):

Vaccines	Received (doses)	Consumed (doses)	Remaining stock as of 31.12.2023 (doses)
PCV-10	378 000	161 250	216 750
DTP-HepB-Hib	270 850	116 400	154 450
IPV	219 600	124 786	94 814
RV-5	280 000	163 350	116 650
HPV-4	122 800	73 020	49 780

Gavi-supported vaccines, 2024

Vaccines	Received (doses)	Consumed (doses)	Remaining stock as of 01.06.2024 (doses)
PCV-10	250 000	115 020	134 980
DTP-HepB-Hib	150 000	69 100	80 900
IPV	109 800	63 000	46 800
RV-5	306 800	72 250	234 550
HPV-4	69 580	20 870	48 710

Vaccines purchased at the expense of state budget for the period 2022-2023

Vaccine	Target age	2022		2023	
		Subject to vaccination	Actual consumption	Subject to vaccination	Actual consumption
BCG (20-dose)	Newborns	157280	118500	147969	220400
bOPV (10-dose)	0-1 y.o	151210	45600	146053	509000
DTP (10-dose)	0-2 y.o	146885	0	144905	185440
PENTA 1-dose	0-1 y.o	151210	351500	146053	372000
PCV (0,5 ml -1 dose)	0-1 y.o	151210	382750	146053	402500
RV	0-1 y.o	151210	273200	146053	425300
MMR (5-dose)	1 y.o, 6 y.o	300418	170800	292541	385250
IPV	0-1 y.o	151210	299520	146053	209253
HepB (1-dose)	Newborns	157280	85800	147969	173700
DT (10-dose)	6 y.o	149208	0	146488	183700
Td (10-dose)	11-56 y.o	535120	107200	547830	532800
HPV (1-dose)	11 y.o	69095	93500	80886	221260

As part of the measles outbreak response, **30,000 doses** of measles and rubella BAC vaccine were supplied through the national budget on August 24, 2023.
Next, on September 8, 2023, **755,500 doses** of measles and rubella vaccine arrived through the MRI fund (Phase I)
On March 6, 2024, **264,500 doses** of measles and rubella vaccine were received through the national budget.
On June 13, 2024, **305,500 doses** of measles and rubella vaccine were received through the MRI fund (second phase).
The total number of vaccines received is **1,355,500 doses**.

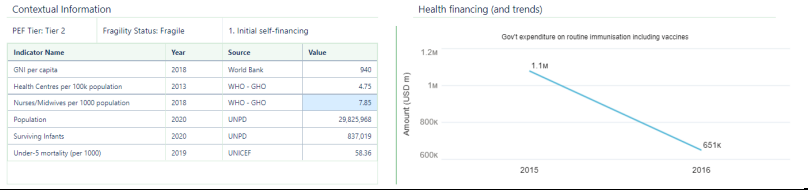
4. Learning Question: Is the country complying with co-financing requirements in a timely manner?

Indicator(s):

- Country co-financing obligation met in a timely manner

Graphs:

(Examples to be replaced with specific country versions)



Contextual Information

PEF Tier: Tier 2 | Fragility Status: Fragile | 1. Initial self-financing

Indicator Name	Year	Source	Value
GNI per capita	2018	World Bank	940
Health Centres per 100k population	2013	WHO - GHO	4.75
Nurses/Midwives per 1000 population	2018	WHO - GHO	7.85
Population	2020	UNPD	29,825,968
Surviving Infants	2020	UNPD	837,019
Under-5 mortality (per 1000)	2019	UNICEF	58.36

Country comments:

Kyrgyzstan has been timely meeting its co-financing commitments to Gavi for 100% for the past several years.

5. Learning Question: If applicable, have new vaccines been introduced as planned and if not, why? Is coverage of recently introduced vaccines being scaled-up as expected?

Indicator(s):

- Number of routine introductions completed over number of targets set for the calendar year
- Coverage of recently introduced vaccines

In addition, forecasted routine introduction & campaign dates should be validated during the JA discussion

Graphs:

(Examples to be replaced with specific country versions)

Vaccine Name	Type	Sub-Type	Status	CP Date ↑	Phase
MR	Campaign	Follow-up	Forecasted	2021-12-31	NA
MR	Routine	1st D	Forecasted	2024-12-31	NA
MR	Routine	2nd D	Forecasted	2024-12-31	NA
MR	Campaign	Catch-up	Forecasted	2024-12-31	NA
MR	Campaign	Follow-up	Forecasted	2027-12-31	NA

Country comments (please consider the set of cross-cutting questions to structure comments):

Grant for introduction of the second dose of IPV (IPV-2):

- Grant to support operational costs of IPV-2 immunization - $39,072.
- Gavi support for IPV procurement - 299,520 doses (routine immunization).

Efficiency of the Gavi grant:

- National Immunization Schedule introduced the second dose of IPV at the age of 9 months as per the Order of the Ministry of Health of the Kyrgyz Republic (№ 276 of 04.03.2022).
- Since April 11, 2022, the vaccination with the second dose of inactivated polio vaccine (IPV-2) has started throughout the country.
- At the end of 2023, the coverage of IPV-2 amounted to 66.2% (123,700).

Introduction of the human papillomavirus vaccine

- NITAG made recommendations to the MoH of the Kyrgyz Republic to support the transition to single-dose HPV vaccination.
- According to the MoH Order No.237 dated 05.03.2024, HPV vaccination is conducted once for 11-year-old girls.

At the end of 2023, HPV coverage was: 1 dose - 71.2% (50,041), 2 dose - 61.8% (42,733). For the first quarter of 2024 coverage amounted to - 5.4% (4,021).

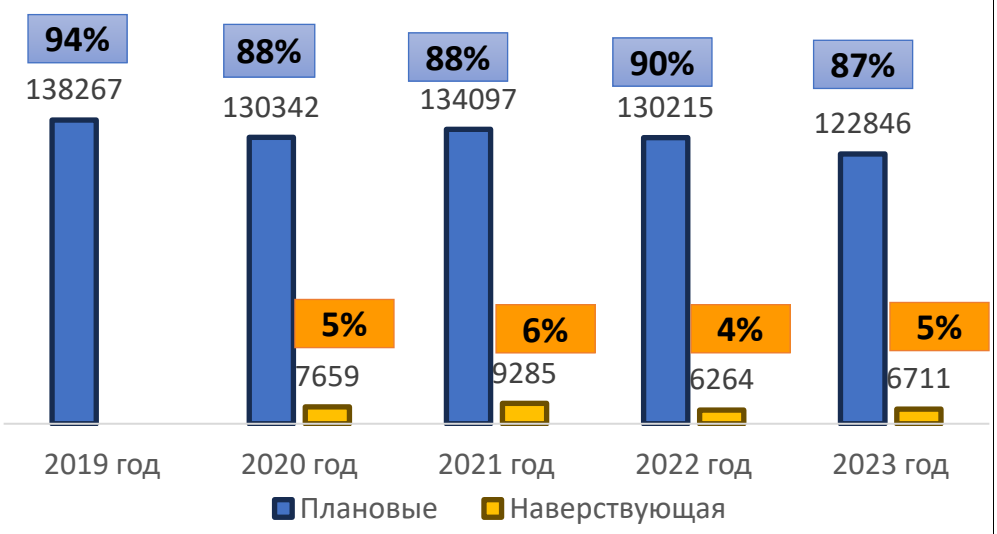
6. Learning Question: If relevant, how effective have recent Gavi supported vaccination campaigns been?[3] Please highlight lessons learned which are applicable for routine immunisation and upcoming campaigns (e.g., timeliness of outbreak response, quality, campaign reach and link back to strengthening routine immunisation).

Indicator(s):

- Number of vaccination campaigns conducted (stratified by type of campaigns, including preventive, reactive, catch-up, follow-up, sub-national and national)
- Coverage of recent Gavi-supported campaigns, compared to target (coverage rate disaggregated by sex if collected)
- Number of reported outbreaks of vaccine-preventable diseases (for which GAVI supports with reactive campaigns)

Graphs:

Catch-up immunization, through the efforts of routine immunization and mobile teams with the support of GAVI grants (CDS, HSS-2,3), for missed cohorts of children of routine immunization 2019-2022. (DTP-3)



Country comments (please consider the set of cross-cutting questions to structure comments):

Not applicable

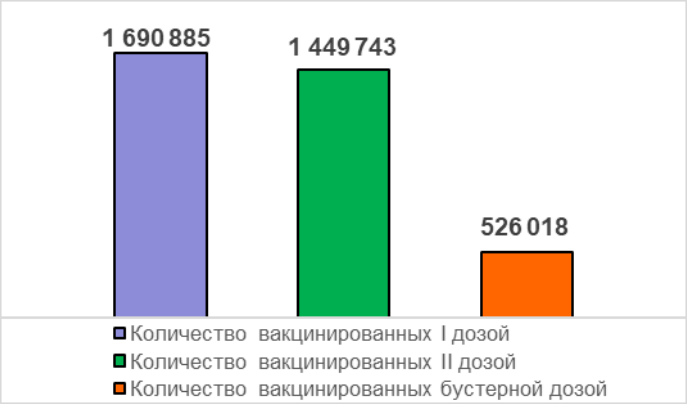
7. Learning Question: What is the current status of your COVID-19 vaccination?

Indicator(s):

- Report and reflect on progress in uptake, with particular emphasis on older adults, health workers and other high-priority population group (as defined by WHO SAGE guidance). Analyse both primary series uptake and boosting.
- Describe if and how the country is integrating delivery of COVID-19

Graphs:

[3] Please reflect on those campaigns conducted since the last Joint Appraisal/Multi-Stakeholder Dialogue exercise.

vaccine with routine immunisation & other primary health care services, including reflecting on how Gavi CDS has been used to support these integration efforts (if applicable). • How have CDS funds been used to strengthen broader RI efforts beyond COVID-19?	 *(Examples to be replaced with specific country versions)*

Country comments (please consider the set of cross-cutting questions to structure comments):

As of 11.09.2024, the following were vaccinated against coronavirus infection:
1 - 1,642,615 people with a dose, which amounted to 25% of the total population of 6,636,803;
2 - 1,449,763 people with a dose, which amounted to 22%;
3 - 526,018 people with a dose, which amounted to 8%;
4 - 165,250 with a dose;
5 - 39,648 with a dose;

It should be noted that more than 50 thousand health workers or 83.1%, teachers and staff of educational institutions more than 91 thousand people or 82.7%, the population over 60 years old more than 180 thousand or 32.6% were vaccinated with these doses.

The number of COVID-19 vaccines received is 6,909,940 doses.
of which:
2,780,200 - Humanitarian aid;
1,568,940 - COVAX mechanism;
2,560,800 - Republican budget.

In accordance with the National Plan for the Deployment of Vaccination against COVID-19 and global recommendations of the World Health Organization (WHO). The Kyrgyz Republic continues to vaccinate priority groups among the population in the country.
In order to carry out vaccination after the integration of COVID-19 into the primary health care system, more than 1,700 vaccination points in healthcare organizations (FMC, GSV) and 75 mobile teams for hard-to-reach populations are operating in the republic.
An agreement was signed with GAVI on the program for providing support for the COVID-19 vaccine for 2024-2025 and additional doses of vaccines are expected for 2024-2025.In 2023, CDS funds to strengthen the expanded routine immunization activities in the post COVID-19 period were used to procure medical waste management supplies - 2,462 medical waste receptacles, 1,750 needle cutters, 227,500 polypropylene bags.

On 31.05.2024, 16 Toyota Hilux pickup trucks were delivered using CDS-3 funds. 10 more vehicles are expected to be delivered for district levels to transport vaccines to remote settlements.
To ensure adequate storage of vaccines and consumables, a storage facility was rented for 18 months.

8. Learning Question: Trajectory and progress against targets set

- **How does the progress over the past year compare with your Theory of Change or programme objectives?**

- How has **COVID-19** and **COVID-19 vaccination** impacted your routine immunisation programme, what has been done to maintain and restore immunisation and what has been the impact of it (please include reference to trends in DTP3 and MCV1 coverage)?
- If there are **other factors** (e.g., government transitions, natural disasters, other disease outbreaks, etc.) which have led to disruptions in your immunisation programme over the last year, please also reflect on those.

Indicator(s):	**Graphs:**
• Number of children who received DTP3 and number of children who received MCV1 in the past year compared to the number who received those vaccines in 2019. • Qualitative information	*(Examples to be replaced with specific country* The number of children immunized with PENTA-3 in 2019 was 143,815. In 2023, the number of children immunized with PENTA-3 amounted to 122,037 children. The number of children immunized with PCV-1 in 2019 was 146,174. In 2023, the number of children immunized with PCV-1 vaccine was 128,707 children. Comparing the numbers of immunized children in 2019 and 2023, a decrease in the number of immunized children can be observed. **Qualitative information** **Routine immunization in Kyrgyzstan was disrupted during the COVID-19 pandemic, resulting in DTP-3 coverage dropping to 87% in 2020 and only partially recovering to 89% in 2021versions)** **Similarly, MMR2 coverage also declined to 93% in 2020, recovering to 97% in 2021. Kyrgyzstan's coverage estimates for 2020 show the lowest level of coverage for most antigens in the last two decades.** **According to administrative data for 2023, the coverage of preventive vaccinations for children under 1 year of age (DTP-3) in Kyrgyzstan decreased by 3% and amounted to 87%; A decrease was also noted for other antigens.** Actions taken by the country to increase vaccination coverage: There is state support, the Government of the Kyrgyz Republic issued an order dated December 22, 2023 to expand the coverage of preventive vaccinations and increase demand and confidence in immunization. The country has a national plan to improve immunization coverage, approved by the Ministry of Health in 2023, aimed at rapidly closing immunity gaps, with a focus on reaching zero-dose children and unreached/missed communities. • The policy of the Ministry of Health of the Kyrgyz Republic provides for catch-up immunization as a permanent component of routine immunization. • Periodic intensification of routine immunization (PIR) is carried out in areas with low vaccination coverage (new buildings, population migration, vaccine refusal). Obtaining Gavi support for zero-dose/EAF. • In response to the outbreak of measles and rubella, selective and general measles and rubella campaigns are being conducted • Phase 1 of immunization for measles outbreak response (ISS), on September 7, 2023, 755.5

	thousand doses of KCI arrived in the country at the expense of the Measles and Rubella Outbreak Response Fund, children aged 9 months to 7 years were vaccinated in Bishkek, Osh from September to November 2023 and clean-up immunization, Osh and Chui regions. Of the 605,492 children in the target group of the measles vaccination campaign, 516407 children were vaccinated, or 86% coverage. On 26.02.2024, 264,500 doses of QC vaccine purchased at the expense of the state budget for the OV in the Jalal-Abad region arrived in the republic. Since March.2024, an IO campaign has been launched in the Jalal-Abad region, where the target group of children from 9 months. Up to 7 years old, out of a target group of 183,607 children, 161546 were vaccinated, which amounted to 86%. • Phase 2 At the expense of the Measles Outbreak Response Fund, ISS for I-Kul, Talas, Naryn and Batken regions, on June 1, 2024, the KK vaccine arrived in the country in the amount of 305,500 doses, thanks to the
Country comments (please consider the set of cross-cutting questions to structure comments):	

B. Programme Management

Financial implementation of Gavi cash grants

Cash[4] Support Summary*

Grant	Recipient	Period	Status as of 10 June 2024					Cash Bal	Compliance**	
			Grant Value	Appr.	Disb.	Expenditure	Utilisation		Fin. Rep	Audit
TCA 2023	WHO	1/12/2022 - 31/12/2023	735,984.52	735,984.52	687,836.00	674,722.00	96.9%	13,114.00		
VIG Rotavirus	RCI	2019-2022	$116 237,00	$116 237,00	$116 237,00	$116 237,00	100%			
IPV campaign	RCI	2021-2022	$ 164 980,00	$ 164 980,00	$ 164 980,00	$ 164 980,00	100%			
IPV-2 capaign	RCI	2022-2024	$39 072,00	$39 072,00	$39 072,00	$29 451,51	75,4%	$9 620,49		
VIG HPV	RCI	2022-2024	$268 009,00	$268 009,00	$268 009,00	$185 650,27	69,3%	$82 58,73		
TCA2023	UNICEF	6.12.2022 – 31.12.2023		356,036	356,036	347,821	97.69%	8,215		
HSS-3	UNICEF		2,557,756.74	2,435,958.80		955,440.55	39%	1,480,518.25		
CDS-3	UNICEF	17.02.2023 – 31.12.2025		2,200,407.00	2,095, 625.71	1,915,770.27	87%*	284,636.73		

[4] All HSIS grants (HSS, VIGs, OPS, Switch), EAF and CDS cash support as applicable.

*All amounts are in USD
**Comment below in case of non-compliance

Implementation of the Gavi Targeted Country Assistance (TCA) Grant for 2021
WHO financial support

Programmatic area	Activity	Implementation status	Budget	Implemented sub-activities	Contribution to the Health system
Service delivery	Technical support in identification of the missed opportunities in vaccination (MoV)	Implemented	**28,100**	WHO's MOV evaluation and planning materials were specifically tailored to the Kyrgyz Republic context. MOV training materials were developed based on best international standards.	The use of developed training materials will reduce missed opportunities for vaccination, which will have a positive impact on increasing immunization coverage.
Governance, policy, strategic planning and program management	Technical support in strengthening capacities of MoH staff	Implemented	**19,000**	Activities related to strengthening the capacity of MoH staff continue (technical specialists have been hired to support the RCI: on coordination of Gavi projects implementation and Monitoring and Evaluation).	Successful implementation of immunization program activities requires strengthening programme management capacity at national and subnational levels, with a clear delineation of roles and responsibilities at each level
Service delivery	Technical support in strengthening AEFI surveillance capacities (VigiBase & VigiFlow)	Implemented	**18,000**	WHO supports national regulatory Authority (NRA) to strengthen their Adverse Events Following Immunization (AEFI) surveillance capacity: National counterparts attended the "Sub-regional Training Workshop on Quality assurance and data management in vaccine safety monitoring". WHO technical experts provide ongoing support to the national AEFI causality assessment commission.	Implemented activities will improve the reporting of AEFIs, including investigation and response actions.
Supply chain	Technical support in preparation of the process of the construction of National warehouse	Partially implemented, to be continued in 2024-2025.	**23,000**	National vaccine store capacity estimates report accompanied by WHO guidance and resources was submitted to MoH/RCI in October 2023.	Activity was conducted in preparation for the construction of a National vaccine warehouse.
Supply chain	Technical support in implementation of EVM improvement plan	Implemented	**19,000**	Final version of EVM assessment and improvement plan submitted to the NIP. WHO provided support to conduct the national inventory of the immunization facilities, services, resources and cold chain equipment, using the Immunization Gap Analysis (IGA) web-based tool developed by WHO.	Web-based and mobile application for cold chain equipment inventory will allow to conduct cold chain inventory, will not require lengthy user training, work on both computers and smartphones. Once the tool is introduced, the immunization program will be able to have real-time data on cold chain equipment.

Data	Technical support in implementation of digitalization road map activities	Implemented	**75,000**	Implementation of the digitalization roadmap continues in accordance with the Order of the Ministry of Health approved in March 2023.	The introduction of digital technologies along with a review of data quality and solutions into various aspects of existing record-keeping, reporting and user solutions at all administrative levels, will improve the quality of immunization programme data. Digitalization will facilitate accurate and timely data recording, data collection and analysis, and record-keeping of patients to be vaccinated.
Human resources for health	Technical support in strengthening the system of epidemiological surveillance of vaccine-preventable infections	Implemented	**60,000**	WHO CO supported Measles active surveillance activities in Kyrgyzstan and integrated trainings of PHC health workers on Measles/Rubella and Poliomyelitis surveillance; training of specialists from Kyrgyzstan on the World Health Organization tool for assessing program risks for measles. Support was provided in the preparation and implementation of ORI implementation (1st and 2nd application to the Measles and Rubella Partnership) and assessment of the root causes of the measles outbreak; support was provided to specialists from the national and subnational measles laboratory (laboratory network meeting).	Strengthening the capacity and vigilance of health care providers with regard to measles and rubella. Improved quality of MR epidemiologic surveillance Potential reduction in the MR morbidity rates in the country's child population.
Demand Generation and Community Engagement	Technical support on increasing HW confidence in vaccination and Strengthen HW skills in recommending vaccination with subsequent institutionalizatio n in postgraduate education	Implemented	**32,000**	The WHO CO supports the implementation of activities aimed at increasing the knowledge of health workers about vaccination and strengthening the skills of health workers in recommending vaccination, including the implementation of European Immunization Week. A pocket guide on immunoprophylaxis has been developed and printed. Communication training on HPV vaccination was conducted.	Strengthening the capacity and vigilance of health care providers with regard to vaccine-preventable diseases
Vaccine-Specific Support	Continuing support in building NITAG capacity	Implemented	**38,000**	NITAG members took part in the WHO Regional Meeting on HPV Vaccination. NITAG members attend all relevant WHO EURO meetings and consultations, including the ETAGE meeting. NITAG members visited STIKO (German NITAG) to complete joint assessment of NITAG performance and develop improvement plan.	Strengthening the capacity of NITAG members
Vaccine-Specific Support	Technical support - HPV vaccine post introduction evaluation (PIE)	Implemented	**56,000**	A post-introduction evaluation of the HPV vaccine was conducted in Kyrgyzstan in May 2023. Report and recommendations submitted to MoH.	HPV vaccine introduced into the National Immunization Schedule
Governance, policy, strategic planning and program management	Technical support - review of the National immunization programme (NIP)	Implemented	**46,000**	Situation analysis of current performances of the National Immunization Program (NIP) implemented during NIS development process.	The current National Immunoprophylaxis Program expires in 2024. Work is underway to develop an NIS 2030, which will replace the Immunoprophylaxis Program.

Governance, policy, strategic planning and program management	Technical support in cMYP development and National Immunization Programme development	Implemented	**38,000**	NIS Advocacy Roadmap has been prepared in accordance with the NIS guidelines and using the NIS costing tool. Final package submitted to RCI for review and feedback.	A draft National Immunization Strategy 2030 has been developed.
Financial/General Management	Advocacy support to communicate calculated vaccine resource requirements to the budgetary process	Not implemented, to be implemented in 2024-2025.	**9,336**	In agreement with the RCI, the events have been postponed until next year.	Technical assistance in preparing the case for investment in immunization within the primary health care system
Governance, policy, strategic planning and program management	Technical support for the development of a national plan to increase immunization coverage	Implemented	**20,000**	As part of the implementation of the national plan to increase immunization coverage, KSMA specialists adapted clinical protocols, modules "Immunization in practice" and "Training course for mid-level managers" (MLM) for further implementation in the training program for primary care specialists and medical universities.	Updating the curriculum for primary care specialists and medical students will strengthen the capacity of health workers, which will have a positive impact on routine immunization coverage.

Implementation of Gavi TCA, HSS-3, CDS-3 grants UNICEF

TCA					
Programmatic Area	**Activity**	**Status**	**Budget, USD**	**Implemented sub-activities**	**Contribution to the Health system**
Supply chain	2 national consultants for in-country vaccine logistics	Implemented and will continue until the end of 2024	12,000	2 consultants have been hired for in-country logistics, customs clearance and shipment of vaccines to the regions in 2023. Starting from 2024, 1 logistics specialist has been hired as requested by TCA.	All logistical procedures have been completed and vaccines have been cleared in time and shipped to the regions according to schedule
Supply chain	Capacity building of RCI on forecasting and budgeting	Implemented	10,000	2 RCI workers, accountant and national warehouse manager participated in a 3-day training on forecasting and budgeting, which was organized by UNICEF Country Office and UNICEF Supply Division. The training took place in Copenhagen at the UNICEF Supply Division in November 2023. The program was developed jointly with WHO and some sessions were facilitated by colleagues from the WHO Regional Office	This TCA activity, in coordination with the UNICEF Regional Office and Supply Division, was scaled up to the regional level as other countries in the region (Kyrgyzstan, Turkmenistan, Uzbekistan, Macedonia, Ukraine, Moldova, Tajikistan, Kosovo, Bosnia and Herzegovina, Albania, Romania and Serbia) participated in the training. Thus, this TCA program item also contributed to capacity building in other countries. Also from UNICEF's own sources, a representative of Kyrgyzpharmacia enterprise participated in this training to enhance capacity in vaccine procurement and forecasting.
Supply chain	Technical support on disposal and decommissioning of cold chain equipment (CCE)	Completed	4,000	A national consultant was hired and a roadmap for the disposal and decommissioning of CCE was developed, taking into account WHO and UNICEF recommendations and national standards. A draft roadmap has been provided to the RCI and has undergone initial validation. Meeting to discuss the roadmap with a wider range of stakeholders is planned for September 2024.	The country did not have a roadmap for CCE disposal and decommissioning, which would include all information on national standards and requirements and the latest recommendations of WHO and UNICEF. This roadmap will assist the health care facilities in establishing the correct processes for the disposal and decommissioning of cold chain equipment

Supply chain	Technical support on vaccine budgeting	Completed	7,560	National budgeting consultant was hired to develop an annual and medium term vaccine budget. The budget was submitted to the MoH and funds were disbursed on time and the country has timely closed its co-financing obligations in 2023. For 2024, the country has covered 100% of the co-financing.	The country timely closes its co-financing obligations every year. Moreover, it is also one of the achievements that with the support of this activity, the 2nd paragraph of the Law "On Public Health", Article 42, described below, was introduced Vaccine supply 1. Health care organizations will be provided with vaccines for conducting prophylactic vaccinations included in the National Immunization Schedule and vaccinations for epidemic indications by the authorized state body in the field of health through the state public health organization. 2. To ensure timely provision of vaccines, the state reserve stock of vaccines shall be formed in the amount sufficient to cover at least 6 months of the annual need, as determined by the Cabinet of Ministers. The Law comes into force on July 31, 2024. It is necessary to further work on the development of by-laws
Supply chain	Installation of a remote temperature monitoring device (RTMD)	Completed	8,000	The installation of the RTMD was done with technical support from the "Beyond wireless" manufacturer itself, with the involvement of UNICEF's Supply Division.	This support was necessary for the installation of the RTMD on the cold room, which was disassembled and reinstalled in its new location and thus contributed to meeting EVM standards and recommendations.
Demand Generation and Community Engagement	Analysis of barriers and factors that influence hesitant fathers and mothers living without a partner	At the completion stage	27900	Barriers have been identified. Report is being finalized	Data to inform strategic decisions
Demand Generation and Community Engagement (CSO component)	Working in communities through selected CSOs that will identify and engage with influencers in the missing communities.	At the launch stage	87900	The project with the National Red Crescent Society has been developed. Activities start in July 2024.	Community engagement to support systemic action in missed communities, including in the processes of identifying unvaccinated children and referring them for immunization, is essential to increase coverage

HSS-3

Programmatic Area	Activity	Status	Budget, USD	Implemented sub-activities	Contribution to the Health system
Goal 1 Improve coverage and equity for populations who have missed opportunities for vaccination	National action plan to improve vaccination coverage, focusing on priority groups and territories	Implemented	8 400		NAP will contribute to the development of a national immunization strategy and a multi-year plan
	Support for operating costs of mobile teams/clinics (76 MTs (each year)-39840	Implemented	16645.76	76 mobile immunization teams have been deployed and are immunizing children and adults in remote and hard-to-reach communities.	The contribution of mobile teams in increasing vaccination coverage and providing access to children in remote and hard-to-reach communities. In addition, it allows vaccination of certain groups of internal migrants in large populated areas - Bishkek and Osh.

	Monitoring and evaluation of the implementation of the action plan (monitoring visits each year to ensure that the plan is being implemented)	In progress	6 460	A budget is drawn up and implemented according to the signed contract.	Ensuring quality of the work of mobile teams
	Operational costs of the plan (visits of PHC specialists to identify and register children with zero dose and missed opportunities for vaccination throughout the Republic (every year-37860)	Implemented		During 2023, 3 rounds were conducted to identify missed opportunities at the PHC level in 4 regions of the Republic: Osh, Chui, Jalalabad oblasts and Bishkek city. A total of 14991 children were identified, of whom 7002 were immunized -46.7%. For the 1st round-51.5%, for the 2nd round-51.0%, for the 3rd round-38.5%	Identification of zero-dose children and their immunization
	Vaccine safety training for health workers (training of 1250 health workers) (each year-43127)	In progress	43 127	This line has been postponed to 2024 as the Association of FPGs needs to be registered on the UNICEF portal. In this budget, the modality goes through DCT with the Association of Family Physicians Groups and Family Nurses Groups of Kyrgyzstan.	Improving the safety of vaccination in the country's health facilities
	Renovation / construction of new infrastructure / storage facilities	In progress		Feasibility study of warehouse construction in Uzgen and Zhayil district was conducted. An engineer will be selected for the construction of a vaccine warehouse in Uzgen.	Improving the reliability and safety of vaccine storage for Uzgen district of Osh oblast.
Objective 2: Strengthen the national immunization programme by investing in governance, management and efficiency improvement	Provide operational support to ensure the quality operation of the National Immunization Technical Advisory Group (NITAG) and the ICC	Implemented	1960	In 2023, 4 ICC meetings including 2 off-site meetings and 5 meetings of NITAG were held	Supporting the functionality of the governance mechanism at the country level
Development of a demand generation strategy	Demand Promotion Plan for 2024-2030 developed and approved	Implemented	9600	Objectives were included in the National Immunization Strategy (2023).	Strategic document for consistent actions
Training health workers in interpersonal communication skills	Sessions and mentoring on interpersonal communication skills for health care workers	As planned	134798	The Republican Center for Health Promotion and Mass Communication (RCHPMC) continues trainings and mentoring visits on interpersonal communication. 4372 health workers involved in vaccination were covered in 2019-2024 => 1/4 (taking into account staff turnover). Partnership with Kyrgyz Medical Institute of Retraining and Advanced Training and medical colleges	Strengthening human resources on a project basis and on the Ministry of Health's pre- and post-graduate training platforms

Community-based interventions	Social mobilization for child vaccination Engagement of community influencers	As planned	184440	30,000 residents of Razzakov, Batken, Kadamjai and Aidarker towns of Batken oblast received information from trustworthy sources (teachers, imams, medical workers, active members of parental committees and educators who were trained by RCHP specialists and UNICEF volunteers. A total of 332 people were trained. Partnership with the "Association for Health Promotion" was launched	Engaging communities in support of systemic action, which is important for increasing coverage
Develop, implement and evaluate social media campaigns Technical assistance in promoting the web portal www.privivka.kg	Communication in online media	As planned	33200	Information on RCI's social media reached 2.5 mln. people and 7,900 through www.privivka.kg. Work with bloggers helped to achieve 131,000 social media users	Improving the public awareness of immunization, which is an important aspect for increasing coverage.
Technical assistance in conducting a social hearing	Social hearing	As planned	28200	Reports on a weekly basis. Used in the preparation of communication activities (media statements, social media posts, materials)	Availability of up-to-date data to develop Ministry of Health responses to new challenges and increase confidence in the system
CDS-3					
Programmatic Area	**Activity**	**Status**	**Budget, USD**	**Implemented sub-activities**	**Contribution to the Health system**
Communications and demand generation	Social mobilization activities Press tours for representatives of traditional and online media.	In progress	43640	Press tours were conducted on the work of the Ministry of Health to improve immunization services and their importance. 70% of the population (potential media users) informed (2023) 74452 parents in 1546 schools and 1044 pre-schools across the country participated in discussions on the importance of measles vaccination. RCHP (2023)	Improving public awareness of immunization, which is an important aspect of increasing coverage Engaging communities to support systemic action, which is important for increasing coverage

9. Learning Question: How well is the country able to absorb Gavi funding and what are the drivers? (This should cover all funding including funds channelled through partners.)

- Comment on the financial implementation progress of grants including but not limited to the utilisation rates. What are the key issues?

Indicator(s):

- Percentage of grant funds utilised
- Amount of cash balance in-country

Country comments:

TCA 2023 grant was fully implemented by UNICEF in terms of activities and the percentage of grant implementation is 97.69% due to availability of budgeted funds, i.e. the grant was almost 100% implemented. CDS-3 grant was implemented for 87% taking into account the amount of USD 412,509.14 to be returned to Gavi for the construction of the National Vaccine Warehouse and to cover the outstanding debt to UNICEF SD. The HSS-3 grant is 39% implemented and a

Plan for Accelerated Implementation for 2024 has been jointly developed. A number of HSS-3 grant activities were awaiting reprogramming but were not confirmed in 2023. After discussion with UNICEF Country Office, it was decided that only 4 HSS-3 activities aimed at health system strengthening with a focus on measles outbreak with a total amount of USD 60,000 will be re-programmed.
On 09.04.2024 the issue of re-programming for procurement due to measles outbreak in Kyrgyzstan was approved by GAVI. These activities will be implemented in 2024. Re-programmed activities are presented in the table below.

Revision of regulations on Integrated management of childhood illnesses (IMCI) and home visits, with a focus on immunization ***(first year)***	**$10 000**	Gavi's approval for reprogramming received
Finalization and printing of home-based Vaccination Certificate cards ***(first year)***	**$83 422**	Gavi's approval for reprogramming received
Adaptation of clinical protocols / algorithms to identify missed opportunities for vaccination ***(first year)***	**$20 000**	Gavi's approval for reprogramming received
National and international assessment of coverage data to identify gaps in vaccination coverage and equity ***(first year)***	**$15 000**	Gavi's approval for reprogramming received
Field consultancy support for a focus study to identify missed opportunities in priority areas of Chui and Jalal-Abad regions (including transportation and per diem) ***(first year)***	**$15 000**	Gavi's approval for reprogramming received

In addition, construction/ renovation of the vaccine warehouses of the Centers for Disease Prevention and State Sanitary and Epidemiological Surveillance (CDP&SSES) of the Kyrgyz Republic is envisaged in the HSS-3 project. Out of the available 195 thousand dollars there is an opportunity to cover 3 vaccine warehouses instead of 2 planned earlier: renovation of Jaiyl District CDP&SSES warehouse and construction of Uzgen vaccine warehouse (USD 110,000). The remaining amount of USD 85,000 can be used for the construction of a vaccine warehouse for the Bishkek City CDP&SSES. According to the Decree of the President of the Kyrgyz Republic dated December 29, 2023 № 370 "On pilot administrative-territorial reform at the level of villages and cities of the Kyrgyz Republic" the territory and area of Bishkek city increased by 3 times, it incorporated border residential areas, villages and areas for further settlement. By combining the city with border villages, more problems arise, such as the growth of refusals, increase in the incidence of communicable diseases. In addition, in Bishkek city there are a lot of residential areas located far from the city, large migration of population, which requires strengthening of sanitary awareness raising efforts with the population and preventive measures. Therefore, the construction of a vaccine warehouse is very important for the implementation of the EPI in the Kyrgyz Republic.
As for the construction of the Karakol CDP&SSES vaccine warehouse, USD 70,000 from the CDS-3 grant can be re-programmed and used for this purpose.

10. Learning Question: How well is the country resolving issues arising from assurance activities? What issues are left to solve and what is the path forward?

- What is the progress of Grant Management Requirements implementation?
- How has the country addressed recommendations arising from past audit recommendations (annual external audits + Gavi Programme Audit)?
- Comment on the improvements that have been made to financial management and risk assurance activities with support of assurance providers (e.g., Fiscal Agents, Monitoring Agents, Financial Management Technical Assistance)?
- Specifically, what actions have been taken to enable a larger % of Gavi funds to be channelled back through government systems?

Country comments:

Coordination with the government (RCI) and WHO improved during the period under review through regular in-country coordination meetings to plan, implement and monitor grant implementation and performance, capitalize on each partner agency's comparative advantage, and collaborate in implementing past audit recommendations. UNICEF sought to utilize a variety of ways to transfer funds. - Direct cash transfers are designed to ensure that a greater percentage of Gavi's funds are channeled back into government systems, and the direct payment method can also be used for third parties hired through a transparent bidding process. UNICEF is conducting assurance activities that helps capacity building of RCI on funds utilization monitoring and reporting.

11. Learning Question: Please comment on any other financial management-related bottlenecks for implementation and compliance.

Country comments:

UNICEF and RCI discussed and agreed that instead of providing monthly updates on grant balances, regular checks and updates on grant balances will be conducted on a quarterly basis. A training event on Gavi grant management for in-country stakeholders and implementing partners is required.

12. Learning Question: Is the country effectively addressing gender related barriers (e.g. faced by caregivers or adolescents in accessing immunisation services and barriers faced by health workers in delivering immunisation services)?

Indicator(s):	**Graphs:**
• Did (when) the country conduct a gender analysis that identified barriers faced by health workers, caregivers and adolescents (yes/no) • Has the country implemented initiatives that remove or reduce gender related barriers?	*(Examples to be replaced with specific country versions)*

Country comments:

UNICEF Kyrgyzstan brought together key stakeholders to review and validate the results of the Gender Barriers in Immunization Study on 30 April 2024 in Bishkek. The event was attended by the Ministry of Health, the Republican Center for Immunoprophylaxis, regional immunologists, Kyrgyz Medical Postgraduate Institute, representatives of international organizations, gender experts and researchers. The study was conducted to obtain data on the barriers and bottlenecks to achieving universal vaccination coverage in the country that arise as a result of gender inequality. The first session focused on global evidence on why gender matters in immunization, as well as best practices of gender-sensitive immunization services in other countries. A question-and-answer session followed the presentation of the research findings. Participants worked in groups to develop actionable recommendations for each stakeholder group: (i) women and men; (ii) community leaders; (iii) health workers; (iv) populations facing intersecting forms of

discrimination; and (v) the policy and institutional level. These recommendations, along with additional interview data from key Ministry of Health officials, will be used to finalize the report, which is expected in late July 2024.

Please use the below table when reporting on initiatives that remove or reduce gender related barriers.

Barriers faced by caregivers

Barrier (state the barriers that restricts the caregiver from access the service)	Intervention that addresses barriers (state the interventions planned)	Was the intervention implemented? (no, partially, fully)	What was the impact (provide evidence)?
Difficult access in new housing areas in Bishkek city	CSO engagement (Red Crescent): provision of transportation	just started	
Fears	CSO engagement (Red Crescent): engaging a psychologist for parents who have had negative experiences; motivational activities	just started	
Religious concerns	CSO engagement: Discussions and training for religious leaders	In progress	religious leaders convince their followers
Lack of knowledge	CSO engagement: awareness raising on various platforms	In progress	

Barriers faced by health workers

Barrier (state the barriers that restricts the caregiver from accessing services)	Intervention that addresses barriers (state the interventions planned)	Was the intervention implemented? (no, partially, fully)	What was the impact (provide evidence)?
Lack of knowledge	Development of a module on technical knowledge at Kyrgyz Medical Postgraduate Institute	started	
Poor interpersonal communication skills	Development of a module and training at Kyrgyz Medical Postgraduate Institute	In progress	72% of trainees demonstrate solid interpersonal communication skills

Barriers faced by adolescents

Barrier (state the barriers that restricts the adolescents from accessing services)	Intervention that addresses barriers (state the interventions planned)	Was the intervention implemented? (no, partially, fully)	What was the impact (provide evidence)?

What new programming or reprogramming is required to improve impact?

13. Learning Question: How well is the country implementing its health information systems and data strengthening, monitoring and learning activities?

- What is the progress of planning and implementing health information system and data strengthening, monitoring and learning activities? Do these collectively constitute at least 10% of your HSIS/EAF grant budget?
- How will the country address remaining data-related gaps or barriers to immunization programme performance?
- Comment on key results or findings for identified learning priorities based on country's application. Specifically, what actions have been taken to improve immunization programme performance based on these data? e.g. better understand specific barriers to immunisation, successfully guide implementation, inform course correction for grant activities

Please share any documentation of learning results if available (e.g. reports, evaluations, assessments, etc).

Country comments:

According to the order of the Ministry of Health "On Approval of the Immunization Digitalization Roadmap of the Kyrgyz Republic" dated March 6, 2023:

1. Service on generation of immunization certificate in the IS IEmdoo and in the State portal of e-services "Tunduk" of the Kyrgyz Republic was revised and developed;
2. The I-Emdoo system "Immunization" is introduced in all maternity hospitals of the republic;
3. IS IEmdoo is integrated with IS Medical Certificate through which the fact of child's birth is registered (with a unique certificate number) and the vaccination record (Form 063U) is automatically created through the certificate number, and vaccines received in the maternity hospital are registered. After that, an exchange card is formed in Sanarip Clinic database, through the exchange card the child is assigned\registered to the same health care organization where the child's mother is assigned\registered.
4. Starting from January 2024, the registration of preventive vaccinations for all available antigens was started.
5. IS "IEmdoo" is integrated with IS "Sanarip Clinic", where maternity hospitals generate a maternal and newborn record upon discharge from the maternity hospital. Using this record, child is assigned\registered to the same health care organization where the child's mother is assigned\registered.
6. A push notification system has been developed for the population of the Kyrgyz Republic about upcoming vaccinations.
7. Reporting forms for the MR campaign were developed, a module for adding information on the number of persons subject to MR immunization by health facilities.
8. Vaccination reporting form was redesigned. Check-boxes were added: catch-up, campaign, routine, epidemiologically indicated. Check boxes were added to identify organized/unorganized children.
9. COVID vaccination data from the old "Register of vaccinated persons" information system were migrated to IS "IEmdoo"
10. Dashboards on COVID-19 were developed for general access for the population, as well as for operational reporting and analysis..

C. Implementation of Technical Country Assistance (PEF-TCA)

14. Learning Question: Is the country implementing PEF TCA and COVAX TA as expected? Please explain how the TCA has helped to support the achievement of the country objectives.

Indicator(s):	**Graphs:**
• Country analysis on partner performance as per workplans	*(Examples to be replaced with specific country versions)*

Country comments:

Yes, the country is implementing activities under the PEF TCA. Vaccine budgeting support activity helps in timely closure of co-financing obligations and timely preparation of vaccine budgets for

current year, annual budgets (for the next year, and medium term (3 years) and their submission to MoH.

Also one of the achievements is that with the support of this activity, the 2nd paragraph to the Law "On Public Health" Article 42, described below, was introduced

Vaccine supply

1. Health care organizations will be provided with vaccines for conducting prophylactic vaccinations included in the National Immunization Schedule and vaccinations for epidemic indications by the authorized state body in the field of health through the state public health organization.
2. To ensure timely provision of vaccines, the state reserve stock of vaccines shall be formed in the amount sufficient to cover at least 6 months of the annual need, as determined by the Cabinet of Ministers.

The Law comes into force on July 31, 2024. It is necessary to further work on the development of by-laws

Also as part of the vaccine forecasting activity, UNICEF Supply Division conducted a Regional Vaccine Forecasting Training. The country application to the TCA on this line was scaled up to the regional level with 12 countries participating.

Row Labels	Completed	Major Delays	Minor Delays	On Track	Re-programmed	Unreported	Grand Total	Achievement
COVAX Technical Assistance								
Target Country Assistance								
Grand Total								

Section 2: Looking forward: Summary of key discussion points and follow up actions

Briefly summarise the **key discussion points**, including **identified needs** and **follow up actions** resulting from the Joint Appraisal review and dialogue. This may include

- Identified (future) needs and priorities
- Follow-up actions to accelerate planned activities
- Expected adjustments to activities and as applicable the Gavi workplan, targets and budget, such as budget reallocations, modifications in TCA planning, revision of dates for anticipated new vaccine applications or introductions, etc. [5]
- Roll-out or expansion of promising practices and innovations
- Other aspects and follow up actions

Follow up action	Timeline	Responsible person/partner
Construction of the National Vaccine Warehouse	2025	MoH
Feasibility for the construction of vaccine warehouses in Bishkek city and Issyk-kul oblast in Karakol	2025	MoH
Strategies to improve immunization coverage -National catch-up immunization tool as per WHO guidelines, - National tool on missed opportunities for vaccination (MOV), - Tailoring Immunization Programmes (TIP) for subnational level	2024-2025	MoH RCI WHO
Implementation of the Roadmap for Digitalization in Immunization; Implementation of the Data Quality Improvement Plan	2024-2025	MoH RCI e-Health Center WHO
Promotion of the Communication Strategy on Raising Public Awareness on Immunization	2024-2025	MoH RC for Health Promotion RCI UNICEF
Plan for the accelerated implementation of HSS-3 funds	2024-2025	MoH RCI UNICEF
EVM Improvement Plan (budgeting) and preparation for submission of an application for CCEOP-2	2024-2025	MoH RCI UNICEF WHO
Disposal of Sinopharm vaccines received as humanitarian aid. Vaccines expired, the process of preparation for the disposal of this series of vaccines is underway	July - August 2024	MoH RCI UNICEF
Building the capacity of partners to apply new technologies	2024-2025	MoH RCI UNICEF WHO
Continue to support the implementation of the Demand Promotion Plan of the Ministry of Health.	Until 2030	UNICEF
Support capacity building of national partners on social and behavioral change techniques	2025	UNICEF

[5] This refers to all types of Gavi support

and tools through exchange of experience or international training		