GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Kyrgyzstan Republic

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **6/14/2012**

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

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

For the Government of Kyrgyzstan Republic

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	САГИНБАЕВА Д.З.	**Name**	НАЗАРОВА З.Д.
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
Суюмбаева П.У. - Статс-секретарь	Министерство здравоохранения		
Мамбетов К.Б. - Заместитель министра	Министерство здравоохранения		
Калиев М.Т. - Заместитель министра	Министерство здравоохранения		
Качыбекова Л.И. - Начальник Управления анализа политики здравоохранения	Министерство здравоохранения		
Ешходжаева А.С. - И.о. Начальника Управления лечебно-профилактической помощи и лицензирования	Министерство здравоохранения		
Исмаилов М.А. - Начальник Управления организационно-кадровой работы и медицинского образования	Министерство здравоохранения		
Назарова З.Д. - Начальник Управления финансовой политики	Министерство здравоохранения		

Абдикаримов С.Т. - Генеральный директор	ДГСЭН		
Курманов Р.А. - Генеральный директор	ДЛОиМТ		
Джемуратов К.А. - Председатель Ассоциации	Ассоциация больниц		
Мукеева С.Т. - Исполнительный директор АГСВ	Ассоциация ГСВ		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Kyrgyzstan Republic is not reporting on CSO (Type A & B) fund utilisation in 2012

3. Table of Contents

This APR reports on Kyrgyzstan Republic's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	138,043	142,563	139,355	144,885	140,679	147,192	142,015	149,534	143,364	152,492
Total infants' deaths	3,313	3,150	3,205	3,100	3,095	3,050	2,982	2,970	2,867	2,850
Total surviving infants	134730	139,413	136,150	141,785	137,584	144,142	139,033	146,564	140,497	149,642
Total pregnant women	169,200	175,762	173,000	173,862	177,000	176,631	181,000	179,440	184,000	182,991
Number of infants vaccinated (to be vaccinated) with BCG	135,282	140,830	136,568	141,988	137,865	144,248	139,173	146,543	140,497	149,442
BCG coverage	98 %	99 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	129,341	130,722	130,704	135,752	133,456	138,055	134,862	141,125	136,282	144,065
OPV3 coverage	96 %	94 %	96 %	96 %	97 %	96 %	97 %	96 %	97 %	96 %
Number of infants vaccinated (to be vaccinated) with DTP1	132,521	134,959	133,781	0	136,458	0	137,754	0	139,063	0
Number of infants vaccinated (to be vaccinated) with DTP3	129,341	133,834	130,704	0	133,456	0	134,862	0	136,282	0
DTP3 coverage	97 %	96 %	96 %	0 %	97 %	0 %	97 %	0 %	97 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	118,562	124,973	119,812	131,112	122,450	132,967	123,739	134,837	125,042	140,705
Measles coverage	88 %	90 %	88 %	92 %	89 %	92 %	89 %	92 %	89 %	94 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	78,155	0	80,155	0	82,155	0	84,155	0	86,155	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	2 %	1 %	2 %	0 %	2 %	0 %	2 %	0 %	2 %	0 %

*

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

В настоящем отчете за 2011 год изменено количество новорожденных детей по сравнению с данными, указанными в "Совместной отчетной форме (СОФ) ВОЗ/ЮНИСЕФ за 2011 год". Это связано с тем, что в марте 2012 года при подготовке СОФ ВОЗ/ЮНИСЕФ использовались предварительные данные Национального статистического комитета (НСК) Кыргызской Республики, согласно которым количество новорожденных за 2011 год составило 143 934 чел.

При подготовке данного отчета были использованы официальные демографические данные НСК, опубликованные в апреле 2012 года. В соответствии с этими данными количество новорожденных в 2011 г. составило 142 563 чел.

Разница в представленных цифрах объясняется тем, что 1 371 детей были рождены и проживают за пределами Кыргызской Республики (в России, Казахстане, Южной Корее и др.), где и получают вакцинацию. Однако, регистрация этих детей, как граждан Кыргызстана проводится в Кыргызской Республике. Если ребенок, родившийся за пределами КР, впервые приедет в Кыргызстан в возрасте один год и выше, то при оформлении документов система регистрации НСК автоматически зачислит его в группу новорожденных.

Количество новорожденных, представленных в отчете ГОВР (142 563 чел.), отражает более достоверную информацию, поскольку соответствует количеству родов, зарегистрированных в 2011 году на территории Кыргызстана - 143 003 родов.

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

По количеству выживших младенцев различий между ГОВР и СОФ ВОЗ/ЮНИСЕФ за 2011 год нет.

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

Цели по вакцинации, изложенные в данном ГОВР, были изменены в связи с ростом рождаемости, наблюдаемым в республике в 2008-2011гг. Так, фактическое количество новорожденных детей в КР за 2011 год на 4 520 чел превышает первоначальную цель, указанную в письме-заявке в ГАВИ и в ГОВРе за 2010 год (142 563 против 138 043 чел).

При подготовке нового КМПИ на 2012-2016 гг., для прогноза целевых групп были использованы новые коэффициенты естественного движения населения Кыргызстана, ориентированные на увеличение показателя прироста населения (1,2%) и показателя рождаемости (2,6%).

Цели, определенные в данном ГОВР полностью совпадают с целями, определенными в КМПИ на 2012-2016 гг.

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

Показатель потерь вакцины АКДС+ВГВ+ХИБ за 2011 год соответствует цели, однако с 2012 года этот показатель был увеличен с 5% до 25% в связи с изменением презентации данной вакцины с 1-дозной на 10-ти дозную.

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

В 2011 году удалось сохранить высокий уровень охвата профилактическими прививками на национальном уровне (96% и выше). Не зарегистрировано случаев заболевания дифтерией, столбняком и полиомиелитом. Заболеваемость краснухой снизилась до единичных случаев (3).

В целях предотвращения завоза и распространения дикого полиовируса в Кыргызской Республике, в апреле-мае 2011 года на всей территории республики были проведены два тура дополнительной вакцинации против полиомиелита населения в возрасте от 0 до 14 лет. В ходе этих туров две дополнительные дозы ОПВ (I,II,III) получили более 1,6 млн.человек, охват вакцинацией составил 95,0% и 95,9% (соответственно в каждом туре).

В целях купирования вспышки кори, возникшей среди населения приграничных с Узбекистаном районов Ошской области, пострадавших в результате межнационального конфликта в июне 2010 года, в мае-июне 2011 года была проведена "подчищающая кампания" иммунизации против кори и краснухи среди детей от 1 до 6 лет. Всего дополнительную дозу ККВ получили свыше 80 тыс.детей данной возрастной группы, что составило 97% от числа запланированных детей. "Подчищающая кампания" была проведена на территории пяти приграничных с Узбекистаном районах Ошской области и в г.Ош.

Финансовые средства, необходимые для закупки годового запаса вакцинных препаратов, были профинансированы Правительством КР в 2011 году на 97%. Полностью со стороны Правительства КР были профинансированы средства в рамках со-финансирования с ГАВИ закупок вакцины АКДС+ВГВ +ХИБ.

Благодаря финансовой поддержке ВОЗ, ЮНИСЕФ, ЮСАИД, в 2011 году были проведены тренинги для специалистов ПМСП, госпитальной службы и службы общественного здравоохранения по усилению системы надзора за полиомиелитом/ОВП, корью и краснухой с охватом более 600 чел.

В 2011 году были разработаны новые стратегические документы на период 2012-2016 гг, касающиеся службы иммунизации - Национальная программа "Иммунопрофилактика 2012-2016 гг" и комплексный многолетний план по иммунизации (КМПИ) также на 2012-2016 гг. Оба документа были синхронизированы с национальной программой реформирования здравоохранения КР "Ден Соолук".

В 2011 году была создана независимая научно-техническая группа экспертов по иммунизации (НТЭГИ).

В октябре 2011 года специалистами ВОЗ и ЮНИСЕФ была проведена экспертная оценка эффективности управления вакцинами (ЭУВ).

В ноябре 2011 года специалистами ВОЗ и CDC была проведена экспертная оценка готовности медицинских организаций республики к внедрению новых вакцин против пневмо и ротавирусной инфекции.

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

1. Низкий кадровый потенциал для управления программой иммунизации на областном и районном уровнях (причина - неоправданное сокращение штатных единиц в ЦГСЭН в рамках реформирования общественного здравоохранения).

2. Неполное и несвоевременное представление отчетных данных с уровня района/области на национальный уровень (причина - дефицит кадров, большая нагрузка на районных/областных специалистов, курирующих вопросы иммунизации).

3. Невозможность осуществлять регулярные кураторские визиты областных и районных кураторов на прививочные пункты (причина - дефицит и большая загруженность специалистов, ответственных за иммунизацию на областном/районном уровне, неэффективная кадровая политика).

4. Невозможность проведения исследования уровня охвата профилактическими прививками (причина - отсутствие на национальном уровне кадров, владеющих методикой проведения данного исследования, отсутствие технической поддержки со стороны ВОЗ для проведения подобного исследования).

5. Недостаточно эффективное проведение работы по социальной мобилизации населения, усиление антипрививочных настроений в обществе (причина - отсутствие интегрированного подхода к популяризации и адвокации вакцинопрофилактики среди медицинских организаций, органов государственной власти, представителей духовенства, СМИ и НПО).

Все вышеперечисленные проблемы, а также пути их решения отражены в Национальной программе "Иммунопрофилактика 2012-2016 гг. и КМПИ.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **yes, available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate
Консалтинговая компания "М-вектор" - Отчет по НДИ	июль-сентябрь 2010 год, охват полиовакциной в НДИ	Гендерных различий не выявлено (м-95,4%; д- 95,6%)

How have you been using the above data to address gender-related barrier to immunisation access?

Гендерных различий в доступе к услугам иммунизации не выявлено.

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Not selected**

What action have you taken to achieve this goal?

5.4. Data assessments

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

В показателях охвата детей до 1 года существуют незначительные (на 0,2%) расхождения между данными, представленными в отчете ВОЗ/ЮНИСЕФ, и официальными показателями страны. Так охват АКДС3 по данным отчета ВОЗ/ЮНИСЕФ составляет 96,2%, по официальным данным - 96,0%. Охват против гепатита В (3 доза) - 96,4% и 96,2%, охват против полиомиелита (3 доза) - 94,5% и 93,8% соответственно. Незначительные расхождения в охвате прививками объясняются несоответствием статистических данных с фактическими данными о родившихся детях в республике из-за того, что часть детей (особенно тех, кто родился за пределами республики) официально регистрируются в КР в возрасте старше 1 года. Но при оформлении документов на таких детей система регистрации НСК автоматически зачисляет их в группу новорожденных. В связи с этим, за 2011 год в КР по предварительным данным количество новорожденных составило 143 934 чел., что и было отражено в отчете ВОЗ/ЮНИСЕФ. Однако после уточнения, в апреле 2012 года количество новорожденных по официальным данным НСК составило - 142 563 чел. Из -за изменения знаменателя в расчетах охвата прививками, на 0,2% изменились официальные показатели охвата детей АКДС3, ВГВ3 и ОПВ3 - в возрасте до 1 года.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

При определении знаменателя (т.е. количества детей в целевых группах), данные по численности населения, представляемые медицинскими организациями на основе "переписи населения", корректируются с официальными данными национального статистического комитета.

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

Для улучшения системы сбора административных данных в республике разработана специальная компьютерная программа по персонифицированному учету лиц, подлежащих вакцинации. В 2011 году началось тестирование данной программы. в 2012-2016 гг будет продолжена работа по формированию базы данных по привитым лицам. Данная база данных по иммунизации будет синхронизирована с регистром новорожденных и базой по приписанному населению республики, имеющихся на уровне ПМСП.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 46.5	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	JICA	0	0
Traditional Vaccines*	744,000	744,000	0	0	0	0	0	0
New and underused Vaccines**	1,245,536	114,520	1,131,016	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	69,464	12,480	56,984	0	0	0	0	0
Cold Chain equipment	513,777	0	8,562	6,215	0	499,000	0	0
Personnel	1,314,131	1,244,736	8,792	4,753	55,850	0	0	0
Other routine recurrent costs	978,683	946,662	32,021	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,455,609	456,989	0	783,870	214,750	0	0	0

нет		0	0	0	0	0	0	0
Total Expenditures for Immunisation	6,321,200							
Total Government Health		3,519,387	1,237,375	794,838	270,600	499,000	0	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

В 2011 году все мероприятия, кроме двух туров дополнительной кампании иммунизации против полиомиелита (НДИ) детей от 0 до 14 лет, были разработаны на основе плана КМП.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Финансовые средства расходовались согласно плана, дефицита средств не было. Часть мероприятий не была осуществлена за счет нехватки времени у персонала, который с марта по май 2011 года был вовлечен в подготовку и проведение внеплановых туров НДИ против полиомиелита.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Правительство КР профинансировало закупку традиционных вакцин в 2011 году на 97%. В 2012 и 2013 году ожидается 100% финансирование их закупок за счет Правительства КР.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	815,000	901,000
New and underused Vaccines**	1,094,192	2,767,955
Injection supplies (both AD syringes and syringes other than ADs)	164,222	186,529
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	140,725	143,540
Personnel	1,300,000	1,315,000
Other routine recurrent costs	891,397	923,709
Supplemental Immunisation Activities	0	0
Total Expenditures for Immunisation	4,405,536	6,237,733

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

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Возможно недофинансирование закупок традиционных вакцин со стороны Правительства КР, а также мероприятий по обучению персонала, социальной мобилизации, эффективности управления программой, иммунизации посредством мобильных и выездных бригад.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

Для предотвращения дефицита закупок традиционных вакцин со стороны Правительства КР, внесено предложение в Национальную программу "Иммунопрофилактика на 2012-2016 гг" и выделении средств на закупки вакцинных препаратов в отдельную защищенную статью расходов Минздрава.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Implemented**

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

Action plan from Aide Mémoire	Implemented?
Затраты на командировочные расходы	Yes
Усиление холодовой цепи	Yes
Тренинги/совещания усиление кадрового потенциала	Yes
Социальная мобилизация	Yes
Мероприятия по усилению эпиднадзора	Yes
Мероприятия по повышению эффективности управления программой	Yes

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

Средства, полученные от ГАВИ по проектам ISS и NVI в 2011 году были использованы для оплаты командировочных расходов специалистам национального и областного уровней в ходе проведения кураторских визитов, на модернизацию помещений для вакцинных складов, постройку нового склада для хранения шприцов и КБУ, для организации рабочих совещаний и тренингов для персонала, ответственного за иммунизацию, для разработки и размножения буклетов и постеров в ходе ЕНИ, для обеспечения транспортировки вакцинных препаратов и оперативной транспортировки клинического материалв в рамках эпиднадзора за ОВП, корью и краснухой, для оплаты интернет связи и международной телефонной и сотовой связи, для закупки компьютерного оборудования, канцелярских товаров и др. расходных материалов для РЦИ.

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **5**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

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

Замечаний по разделам 5.1 и 5.5 у членов МКК не было.

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Ассоциация групп семейных врачей

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

на 2012 год:

1. Обеспечение устойчивого финансирования программы иммунизации.

2. Улучшение инфраструктуры и материально-технической базы системы транспортировки, хранения и использования вакцин.

3. Повышение доступности населения к услугам иммунизации и поддержание высокого уровня охвата профпрививками.

4. Обеспечение качества и безопасности иммунизационных услуг.

5. Повышение эффективности мониторинга и управления данными по иммунизации.

6. Усиление эпиднадзора за полио/ОВП, корью, краснухой и другими вакциноуправляемыми инфекциями.

7. Усиление кадрового потенциала.

8.Усиление социальной мобилизации.

9. Подготовка и оформление заявки в ГАВИ на получение поддержки для внедрения пневмококковой (2013), ротавирусной (2014) вакцин.

10. В случае одобрения со стороны ГАВИ - разработка плана внедрения пневмококковой вакцины на 2013 год.

В 2013 году данные приоритеты остаются, (кроме 9 и 10) и добавляются еще один - внедрение пневмококковой вакцины согласно плана внедрения.

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	СБ-шприцы, 0,05 мл.	Правительство КР
Measles	СБ-шприцы, 0,5 мл.	Правительство КР
TT	СБ-шприцы, 0,5 мл.	Правительство КР
DTP-containing vaccine	СБ-шприцы, 0,5 мл.	Приавительство КР/ГАВИ (со-финансирование)

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

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

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

Нет

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Использованные шприцы сбрасываются в КБУ, которые потом сжигаются в специально вырытых ямах на территории медицинской организации (ФАП, ГСВ или ЦСМ, ТБ). Проблема утилизации существует только в двух крупных городах - г.Бишкек и г.Ош, где не допускается сжигание на открытом воздухе. Для утилизации шприцов и КБУ городские специалисты, курирующие иммунизацию заключают краткосрочные договора с предприятиями, имеющими печи для сжигания (бани, котельные, ТЭЦ и др.).

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	303,000	14,150,100
Remaining funds (carry over) from 2010 *(B)*	57,463	2,564,761
Total funds available in 2011 *(C=A+B)*	360,463	16,714,861
Total Expenditures in 2011 *(D)*	37,768	1,763,770
Balance carried over to 2012 *(E=C-D)*	322,695	14,951,091

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

Средства ПСИ были включены в национальный бюджет системы здравоохранения. Для использования средств ПСИ для РЦИ был открыт специальный счет, на который и перечисляются средства, получаемые от ГАВИ. Ежегодно разрабатывается план мероприятий по использованию данных средств, основанный на КМП.

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

Для средств ГАВИ используется специальный счет для РЦИ, бюджет утверждается заместителем Министра и начальником финансового управления Минздрава. Деньги на спецсчет поступают через РСК Банк г.Бишкек банковским переводом. Финансовая отчетность по использованию средств ГАВИ оформляется и предоставляется РЦИ аудиторам в соответствии с Законами и нормативными документами Кыргызской Республики.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

1. Транспортировка вакцинных препаратов

2. Обслуживание холодовой цепи

3. Командировочные расходы для кураторских визитов.

4. Проведение тренингов и совещаний.

5. Мероприятия по социальной мобилизации.

6. Мероприятия по эффективному управлению программой.

7. Мероприятия по эпиднадзору

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

6.3. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			132152	133834
2	Number of **additional** infants that are reported to be vaccinated with DTP3				1682
3	Calculating	$20	per additional child vaccinated with DTP3		33640
4	**Rounded-up estimate of expected reward**				34000

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		382,100	0

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

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

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

  Проблем с поставками вакцины АКДС+ВГВ+ХИБ в 2011 году не было.

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

  План поставок вакцины АКДС+ВГВ+ХИБ скорректирован с ЮНИСЕФ, перебоев в поставках не было.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

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

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	В 2011 году новая вакцина в КР не внедрялась	
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **November 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

Оценка состояния после внедрения АКДС+ВГВ+ХИБ не проводилась.

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

Does the country have an institutional development plan for vaccine safety? **No**

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	70,893	3,119,292
Total funds available in 2011 (C=A+B)	70,893	3,119,292
Total Expenditures in 2011 (D)	11,607	510,696
Balance carried over to 2012 (E=C-D)	59,286	2,608,596

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

1. Оплата командировочных расходов в ходе кураторских визитов на прививочные пункты.

2. Обслуживание холодовой цепи для хранения АКДС+ВГВ+ХИБ.

3. Транспортировка вакцины АКДС+ВГВ+ХИБ.

4. Размножение руководств по использованию АКДС+ВГВ+ХИБ.

5. Оплата коммуникационных услуг для предоставления отчетных материалов с районного и областного уровней на национальный по использованию АКДС+ВГВ+ХИБ.

6. Другие накладные расходы.

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

Проблем не было.

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

Остаток средств NVI будет использован на следующие мероприятия:

1. Обслуживание холодовой цепи.

2. Транспортировка вакцинных препаратов.

3. Кураторские визиты для мониторинга холодовой цепи.

4.Проведение тренингов по БПИ.

5. Разработка и внедрение системы эпиднадзора за ХИБ-инфекцией.

6. Разработка информационных материалов о пользе вакцинации.

7. Обслуживание и ремонт компьютерной техники РЦИ.

8.Мониторинг выполнения станадртов БПИ.

9. Размножение отчетных форм и распределение их по медицинским организациям республики.

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	114,520	40,900
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Правительство (республиканский бюджет)	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	512,480	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	October	Правительство
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Техническая помощь в содействии Правительству выделить средства на закупку вакцин в отдельную статью.	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2011**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Недостаточный температурный мониторинг	Внедрить автоматическую систему регистрации t-ры	Запланировано на II полугодие 2012 года
Состояние вакцинного склада	Расширить помещения вакцинного склада РЦИ	Проведена реконструкция, расширен вакцинный склад
Отсутствие здания для сухого склада	Построить здание для сухого склада	Идет строительство сухого склада, возведены стены
Проблемы с тех.обслуживанием	Заключить договора с обученными техниками	Отсутствие в КР обученных кадров по ремонту МК-074
Недостатки в управлении вакцинами	Разработка форм для регистрации показаний термоинд	Готовится новое руководство по ХЦ,
Недостатки в поддерживающем кураторстве	Регулярные тренинги с персоналом вакцинных складов	Будут проведены после утверждения нового руководст

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

If yes, provide details

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Kyrgyzstan Republic does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Due to the high demand in the early years of introduction, and in order to ensure safe introductions of this new vaccine, countries' requests for switch of PCV presentation (PCV10 or PCV13) will not be considered until 2015.

Countries wishing to apply for switch from one PCV to another may apply in 2014 Annual Progress Report for consideration by the IRC

For vaccines other than PCV, if you would prefer, during 2011, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, …), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. The reasons for requesting a change in vaccine presentation should be provided (e.g. cost of administration, epidemiologic data, number of children per session). Requests for change in presentation will be noted and considered based on the supply availability and GAVI's overall objective to shape vaccine markets, including existing contractual commitments. Country will be notified in the If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, about the ability to meet the requirement including timelines for supply availability, if applicable. Countries should inform about the time required to undertake necessary activities for preparing such a taking into account country activities needed in order to switch as well as supply availability.

You have requested switch of presentation(s); Below is (are) the new presentation(s) :

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

Please attach the minutes of the ICC and NITAG (if available) meeting (Document N° **10**) that has endorsed the requested change.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Kyrgyzstan Republic is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	139,413	141,785	144,142	146,564	149,642	721,546
	Number of children to be vaccinated with the first dose	Table 4	#	134,959	138,780	141,150	143,940	147,005	705,834
	Number of children to be vaccinated with the third dose	Table 4	#	133,834	135,752	138,055	141,125	144,065	692,831
	Immunisation coverage with the third dose	Table 4	%	96.00 %	95.74 %	95.78 %	96.29 %	96.27 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.30	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.30	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.30	0.30	0.30
Your co-financing	0.30	0.30	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	383,100	404,800	412,400	420,100
Number of AD syringes	#	465,500	472,200	481,800	492,300
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	5,175	5,250	5,350	5,475
Total value to be co-financed by GAVI	$	910,000	889,500	893,000	886,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	57,100	41,800	43,300	45,500
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	132,500	89,500	91,500	93,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	12.97 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	134,959	138,780	18,001	120,779
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	404,877	416,340	54,002	362,338
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	425,121	437,157	56,702	380,455
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		3,009	391	2,618
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		440,166	57,093	383,073
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		465,478	0	465,478
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		5,167	0	5,167
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		960,443	124,576	835,867
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		21,645	0	21,645
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		30	0	30
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		57,627	7,475	50,152
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		2,168	0	2,168
T	**Total fund needed**	*(N+O+P+Q+R+S)*		1,041,913	132,050	909,863
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		132,050		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		12.97 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.35 %			9.50 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	141,150	13,204	127,946	143,940	13,676	130,264
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	423,450	39,612	383,838	431,820	41,026	390,794
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	444,623	41,592	403,031	453,411	43,077	410,334
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	1,867	175	1,692	2,197	209	1,988
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	446,490	41,767	404,723	455,608	43,286	412,322
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	472,102	0	472,102	481,759	0	481,759
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	5,241	0	5,241	5,348	0	5,348
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	900,571	84,244	816,327	904,838	85,965	818,873
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	900,571	0	21,953	904,838	0	22,402
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	31	0	31	32	0	32
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	54,035	5,055	48,980	54,291	5,158	49,133
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	2,199	0	2,199	2,244	0	2,244
T	Total fund needed	*(N+O+P+Q+R+S)*	978,789	89,298	889,491	983,807	91,122	892,685
U	Total country co-financing	*I x country co-financing per dose (cc)*	89,298			91,122		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.35 %			9.50 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	147,005	14,350	132,655
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	441,015	43,048	397,967
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	463,066	45,200	417,866
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	2,414	236	2,178
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	465,480	45,436	420,044
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	492,207	0	492,207
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	5,464	0	5,464
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	899,773	87,827	811,946
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	22,888	0	22,888
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	32	0	32
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	53,987	5,270	48,717
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	2,292	0	2,292
T	Total fund needed	*(N+O+P+Q+R+S)*	978,972	93,096	885,876
U	Total country co-financing	*I x country co-financing per dose (cc)*	93,096		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.76 %		

8. Injection Safety Support (INS)

Kyrgyzstan Republic is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

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

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

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

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

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

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	424000	255500	255500	220000		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)	424000	255500	255500		220000	
Remaining funds (carry over) from previous year (*B*)		394664	345851	392018	38418	193043
Total Funds available during the calendar year (*C=A+B*)	424000	650164	601351	392018	258418	
Total expenditure during the calendar year (*D*)	29336	304313	209333	353600	65375	
Balance carried forward to next calendar year (*E=C-D*)	394664	345851	392018	38418	193043	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)	15900000	9044700	10870887		10241000	

Remaining funds (carry over) from previous year (*B*)		14799898	12501002	15650023	1476023	8864417
Total Funds available during the calendar year (*C=A+B*)	15900000	23844598	23371889	15650023	11717023	8864417
Total expenditure during the calendar year (*D*)	11001102	11343596	7721866	14174000	2852606	
Balance carried forward to next calendar year (*E=C-D*)	14799898	12501002	15650023	1476023	8864417	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	38.12	35.49	39.41	44.09	47.12	46.48
Closing on 31 December	35.49	39.41	44.09	47.09	46.48	

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

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

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

Средства для УСЗ аккумулированы на специальном счете Министерства здравоохранения, который открыт в региональном отделении казначейства. Министерство здравоохранения, в соответствии с планом мероприятий УСЗ, проводит финансирование организаций, ответственных за реализацию мероприятий, путем перечисления денежных средств (платежными поручениями) на расчетные счета организаций. На банковские документы имеют право первой подписи - министр здравоохранения и статс-секретарь, второй подписи - начальник финансового управления и главный бухгалтер министерства. По факту реализации мероприятий, организациями, ответственными за выполнение мероприятий, предоставляется финансовая документация и отчеты.
Задержка в предоставлении средств для выполнения программы УСЗ повлияла на сроки реализации мероприятий. По ряду мероприятий было проведено финансирование из ранее поступивших средств, предусмотренных на выполнение программы. Завершение выполнения и финансирование других мероприятий перенесено на более поздние сроки, после получения средств.
Компонент УСЗ находится под контролем заместителя министра. Технический координатор работает со всеми управлениями министерства, организациями, вовлеченными в реализацию УСЗ ГАВИ. опросы, связанные с финансовым менеджментом, координируются финансовым менеджером. Существующий механизм управления средствами УСЗ является оптимальным для финансирования реализуемых мероприятий. За время реализации мероприятий УСЗ не отмечалось каких-либо проблем при использовании данной схемы денежных потоков.

Has an external audit been conducted? Yes

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

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
1. Усиление политической приверженности поддержки	A1.Ежегодный анализ влияния программ по иммунизации на состояние здоровья населения		По итогам 2011 года охват всеми видами профилактических прививок составляет выше 95%. Благодаря высокому уровню охвата профилактическими прививками детского населения, заболеваемость по ряду управляемых инфекций находится на низком уровне.
A. Продвижение мероприятий, направленных на формир	A7. Освещение результатов исследований, оценок программ по иммунизации и общественному здравоохранению		Растиражирован отчет по исследованию по оценке экономической эффективности иммунизации.
2. Улучшение физической инфраструктуры и условий	A4. Разработка и внедрение программного обеспечения по учету холодового оборудования	80	Проводится внедрение разработанного программного обеспечения.

. Повышение доступности к качественным услугам ПМС	B3. Проведение совместных комплексных кураторских выездов (иммунолог, специалист ЦСМ) по мониторингу качества мероприятий по иммунопрофилактике, программ по охране материнства и детства	35	
	B4. Техническая поддержка мобильных выездных бригад по иммунизации для отдаленных населенных пунктов	40	
4. Повышение эффективности мониторинга мероприятий	A1. Формирование регистра о статусе вакцинации детей с формированием индивидуального календаря прививок	80	Проводится внедрение разработанного программного обеспечения.

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
B3. Проведение совместных комплексных кураторских	В связи с поступлением финансовых средств в декабре 2011 года проведение и финансирование данного мероприятия в полном объеме будет проведено в 2012 году.
B4. Техническая поддержка мобильных выездных брига	В связи с поступлением финансовых средств в декабре 2011 года проведение и финансирование данного мероприятия в полном объеме будет проведено в 2012 году.
D3. Первый этап внедрения методов стимулирования	В связи с поступлением финансовых средств в декабре 2011 года завершение финансирования данного мероприятия в полном объеме будет проведено в 2012 году.
A6. Мониторинг своевременности и качества иммунопр	Необходима техническая поддержка в обучении национальных специалистов методике проведения кластерных исследований уровня охвата прививок и качественных исследований методом лота. После получения технической поддержки планируется проведение исследований своевременности и качества иммунизации.

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

Задержка в предоставлении средств для выполнения программы УСЗ повлияла на сроки реализации мероприятий. Ряд мероприятий финансирован и проведен из ранее поступивших средств, предусмотренных на выполнение программы. Финансовые средства, предусмотренные на 2010 год поступили в декабре 2011 года, в связи с чем, завершение реализации и финансирование некоторых мероприятий перенесено на 2012 год.

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

Разработанный в рамках компонента "Укрепление систем здравоохранения" механизм экономического стимулирования призван повысить охват и качество медицинских услуг на уровне ПМСП за счет усиления мотивации медицинского персонала ГСВ. Основной принцип данного механизма заключается в начислении материального поощрения, размер которого напрямую зависит от достижения ГСВ по ключевым индикаторам. Экономическое стимулирование внедрено для всех поставщиков медицинских услуг первичного уровня в областях республики. Из средств компонента "Укрепление систем здравоохранения" стимулирующие механизмы оплаты проводились для 50 поставщиков первичного уровня в 4 областях. За счет средств Фонда Обязательного Медицинского Страхования (ФОМС) экономическое стимулирование проводилось для 41 организации первичного уровня, предоставляющих медицинские услуги

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
Количество закупленных транспортных средств		2005	27			18				МЗ КР	В связи с инфляцией отмечается рост цен. Вместо заявленных 27 закуплены 18 автомашин для транспортировки вакцин, проведения оперативных и кураторских выездов на предусмотренную в заявке сумму (стоимость 1 автомашины составила 10 500 $).
Кол-во закупленного оборудования холодовой цепи		2005	10			30				МЗ КР	Закуплены 30 холодильников марки NORD ДХ 245-010, для оснащения районных вакцинных складов.
Количество отремонтированных районных складов вакц		2005	16			29	7			МЗ КР	
Кол-во созданных и обученных кураторских групп		2005	40				12	12		РЦИ	В связи с поздним поступлением финансовых средств выполнение данного мероприятия в полном объеме и достижение данной цели будет в 2012 г.
Кол-во тренеров, обученных на областном и районном		2005	26		15		15			КГМИПиПК	По вопросам иммунопрофилактики были обучены 15 тренер-фельдшеров. Обученные тренера обучили 145 (в 2008 году) и 189 (в 2009 году) фельдшеров ФАП в регионах республики.
Кол-во ФАПов, обученных по Программе ВОЗ "Иммуниз		2005	420			170		240		РЦИ	

Кол-во созданных мобильных бригад		2005	40				12	12		РЦИ	В связи с поздним поступлением финансовых средств выполнение данного мероприятия в полном объеме и достижение данной цели будет в 2012 г.
Кол-во поставщиков ПМСП, получающих поощрение за р		2005	85			8	50	91		ФОМС	
Кол-во НПО, работающих с мигрантами по проблемам з		2005	20			14	23	22		РЦУЗ	
% случаев кори и краснухи, получивших лабораторное		2005	90%		87,2%	93%	98,6%	100%	100%	РЦИ	
АКДС 3	90,3%	2005	95,6%		94,1%	95,4%	95,7%	96,5%	95,5%	РЦИ	
Количество / % районов, достигших охвата АКДС3≥80%		2005	100%		100%	100%	100%	100%	100%	РЦИ	
Показатель материнской смертности (на 100 000 жи		2005			62,5	58,9	75,3	50,6	47,5	РМИЦ	
Показатель детской смертности до 5 лет	35,2	2005	0,6-0,8 ежегодного снижения		35,3	31,5	29,3	26,5		РМИЦ	Данные за 2011 год будут представлены позже.
Показатель младенческой смертности	29,7	2005	(0,8 ежегодного снижения)		30,6	27,1	25,0	22,8	21,1	РМИЦ	

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

Информация о мероприятиях, проводимых по компоненту УСЗ была заслушана и обсуждена на круглом столе по итогам реализации Национальной программы "Иммунопрофилактика 2006-2010" и определению основных стратегий в области иммунизации на 2012-2016 гг. с сотрудниками Министерства здравоохранения, подведомственных учреждений и международных организаций, оказывающих поддержку программе иммунизации в республике.
Результаты исследования по оценке экономической эффективности иммунопрофилактики в Кыргызской Республике, проведенного в рамках компонента УСЗ были обсуждены на круглом столе с сотрудниками МЗ КР, подведомственных учреждений и международных организаций.
Продолжалось внедрение механизма экономического стимулирования. Данный механизм призван повысить охват и качество медицинских услуг на уровне ПМСП за счет усиления мотивации медицинского персонала ГСВ. основной принцип данного механизма заключается в начислении материального поощрения, размер которого зависит от достижения ГСВ показателей по ключевым индикаторам.

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

Задержка в предоставлении средств для выполнения программы УСЗ повлияла на сроки реализации мероприятий. Ряд мероприятий был проведен и профинансирован из ранее поступивших средств, предусмотренных на выполнение программы. В связи с поступлением финансовых средств в декабре 2011 года, проведение и завершение финансирования ряда других запланированных мероприятий будет реализовано в 2012 году.

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

Республиканским Центром иммунопрофилактики проводится мониторинг мероприятий по иммунопрофилактике.
Специалистами центров иммунопрофилактики на районном и областном уровнях также проводится мониторинг мероприятий по иммунопрофилактике данного уровня.
С учетом внедрения экономического стимулирования поставщиков первичного уровня ФОМС проводился мониторинг областных и районных организаций, с целью определения прогресса в качестве предоставления медицинской помощи и достоверности предоставляемых индикаторов.

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

УСЗ ГАВИ внедряется с помощью механизмов программы "Манас Таалими" и продолжающихся инициатив по укреплению системы здравоохранения в рамках SWAP. Программа УСЗ приведена в соответствие со стратегиями и процессами планирования других партнеров по развитию. Индикаторы мониторинга УСЗ включены в пакет индикаторов по мониторингу и оценке.
Индикаторы УСЗ выносятся на рассмотрение Совета по политике здравоохранения и включены в комплексный многолетний план по иммунизации

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

Управления Министерства здравоохранения КР участвовали в разработке руководств по внедрению экономического стимулирования, проведению кураторских выездов, закупке автомашин, холодового оборудования и программного обеспечения.
Фонд Обязательного Медицинского Страхования проводил работу по внедрению методов стимулирования поставщиков первичного уровня, ориентированных на улучшение качества предоставляемых услуг ПМСП, проведению мониторинга с целью определения прогресса в качестве предоставления медицинской помощи.
ДГСЭН участвовал в мероприятиях по улучшению физической инфраструктуры и условий предоставления услуг и повышении потенциала персонала ПМСП (проведение тренингов).
Республиканский центр развития здравоохранения и информационных технологий совместно с другими учреждениями провели исследование по оценке экономической эффективности иммунизации в республике.
Республиканский центр иммунопрофилактики проводил мероприятия по повышению потенциала персонала ПМСП, улучшению физической инфраструктуры, оказанию методической и практической помощи по повышению эффективности и качества мероприятий по иммунопрофилактике.
Республиканским центром укрепления здоровья проводилась работа по вовлечению общественных организаций по социальной мобилизации и вовлечению населения в решение вопросов по укреплению здоровья.

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

В выполнение работ в рамках поддержки УСЗ вовлечены организации гражданского общества - РКЗ (районные комитеты здоровья), объединяющие сельские комитеты здоровья. Для данных организаций были разработаны и растиражированы руководства и информационные материалы. разработана программа малых грантов для проведения мероприятий по укреплению здоровья населения в регионах. которая включает мероприятия по информированию населения по вопросам иммунопрофилактики, профилактике инфекционных заболеваний, пропаганде здорового образа жизни.

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

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

Денежные средства УСЗ ГАВИ аккумулированы на специальном счете Министерства здравоохранения, который открыт в региональном отделении казначейства.
Министерство здравоохранения, в соответствии с планом мероприятий УСЗ, проводит финансирование организаций, ответственных за реализацию мероприятий, путем перечисления денежных средств (платежными поручениями) на расчетные счета организаций. По факту реализации мероприятий, организациями, ответственными за реализацию компонентов, Министерству здравоохранения предоставляется финансовая документация (квитанции об оплате, счет-фактуры и др.) и отчеты.
Существующий механиз управления средствами УСЗ является оптимальным для финансирования реализуемых мероприятий. За время реализации мероприятий УСЗ не отмечалось каких-либо проблем при использовании данной схемы денежных потоков.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
2. Улучшение физической инфраструктуры и условий	А4. Разработка и внедрение программного обеспечения по учету холодового оборудования	1895				
. Повышение доступности к качественным услугам ПМС	В3. Проведение совместных комплексных кураторских выездов (иммунолог, специалист ЦСМ) по мониторингу качества мероприятий по иммунопрофилактике, программ по охране материнства и детства	47340				

	B4. Техническая поддержка мобильных выездных бригад по иммунизации для отдаленных населенных пунктов	96760	7444			
	D3. Первый этап внедрения методов стимулирования медицинских работников в регионах с наихудшими показателями материнской и детской смертности	7690	7690			
4. Повышение эффективности мониторинга мероприятий	A1. Формирование регистра о статусе вакцинации детей с формированием индивидуального календаря прививок	6700				
	A6. Мониторинг своевременности и качества иммунопрофилактики в рамках Национального календаря прививок	21443				
Администрирование, финансовый менеджмент		10700	3570			
Управленческие расходы		515	172			
		193043	18876			0

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
		0			

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Внутренние источники	2515500	2007-2011	Улучшение физической инфраструктуры и условий предоставления услуг ПМСП и общественного здравоохранения Повышение доступности к качественным услугам ПМСП , внедрение экономических стимулов
ВОЗ	100000	2007-2011	Техническая помощь, аналитическая работа при подготовке документов
КШППРЗ/SDC	585600	2007-2011	Социальная мобилизация и активное вовлечение населения в решение вопросов по укреплению здоровья
Совместно финансирующие организации SWAp	6083400	2007-2011	Улучшение физической инфраструктуры и условий предоставления услуг ПМСП и общественного здравоохранения
ЮНИСЕФ	27000	2007-2008	Безопасная практика вакцинации, холодовая цепь, тренинги.
ЮСАИД/Здрав+	301400	2007-2010	Социальная мобилизация и активное вовлечение населения в решение вопросов по укреплению здоровья

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

9.9. Reporting on the HSS grant

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

- How information was validated at country level prior to its submission to the GAVI Alliance.

- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Отчеты о состоянии прививочной работы за 2011 год (РЦИ)		
Отчеты по индикаторам качества медицинской помощи (ФОМС)		
Статистические отчеты (РМИЦ)		
Финансовые отчеты	Финансовые расходы и остатки ежемесячно сверяются с казначейством и предоставляются отчеты об использовании финансовых средств. ежемесячно предоставляюся	

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

Технический координатор и финансовый менеджер проводят и координируют мероприятия по компоненту УСЗ ГАВИ. Для подготовки и своевременного предоставления отчета по УСЗ необходимо предоставлять коды доступа в страновой портал техническому координатору УСЗ. При подготовке данного отчета возникли трудности с работой странового портала.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 2

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

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

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

Kyrgyzstan Republic is not reporting on GAVI TYPE A CSO support for 2012

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

Kyrgyzstan Republic is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

Положительным моментом является готовность Правительства КР двигаться в направлении достижения финансовой устойчивости программы иммунизации.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	MoH Sign.pdf File desc: Описание файла... Date/time: 5/22/2012 2:40:16 PM Size: 839141
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	MoF Sign.JPG File desc: Описание файла... Date/time: 5/23/2012 3:51:46 AM Size: 1811961
3	Signatures of members of ICC	2.2	✓	ICC Sign..pdf File desc: Описание файла... Date/time: 5/22/2012 2:40:59 PM Size: 962329
4	Signatures of members of HSCC	2.3	✗	Signatures HSS 2011.pdf File desc: Описание файла... Date/time: 5/22/2012 11:47:48 PM Size: 1658157
5	Minutes of ICC meetings in 2011	2.2	✓	Протокол заседания МКК №5.doc File desc: Описание файла... Date/time: 5/23/2012 2:07:08 AM Size: 57856
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Протокол МКК 2012.doc File desc: Описание файла... Date/time: 5/23/2012 2:06:38 AM Size: 57856
7	Minutes of HSCC meetings in 2011	2.3	✗	Minutes HPC 2011.pdf File desc: Описание файла... Date/time: 5/23/2012 2:13:56 AM Size: 487893
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	Протокол МКК 2012.doc File desc: Описание файла... Date/time: 5/23/2012 2:17:21 AM Size: 57856
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	Report HSS 2011.PDF File desc: Описание файла... Date/time: 5/23/2012 2:13:12 AM Size: 3865570
10	new cMYP APR 2011	7.7	✓	MYP 2010 KGZ (RUS)-OK (исправл2-2).doc File desc: Описание файла... Date/time: 5/23/2012 12:06:23 AM

				Size: 1899520
11	new cMYP costing tool APR 2011	7.8	✓	KGZ_cMYP_Scenario_A_revised Oct2011_revised May2012.xls File desc: Описание файла... Date/time: 5/23/2012 12:07:47 AM Size: 3534336
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Fin.report ISS.pdf File desc: Описание файла... Date/time: 5/22/2012 2:42:11 PM Size: 1178508
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Fin.report of NVI.pdf File desc: Описание файла... Date/time: 5/22/2012 2:42:47 PM Size: 1125320
15	EVSM/VMA/EVM report APR 2011	7.5	✓	EVM_report-KGZ_V4-19Dec - копия.doc File desc: Описание файла... Date/time: 5/22/2012 2:54:25 PM Size: 991232
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	EVM_imp_plan-KGZ_V4_21Dec.doc File desc: Описание файла... Date/time: 5/22/2012 2:43:47 PM Size: 83456
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	EVM_imp_plan-KGZ_V4_21Dec-Report.doc File desc: Описание файла... Date/time: 5/23/2012 2:37:46 AM Size: 92160
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	Акт РЦИ.doc File desc: Описание файла... Date/time: 5/22/2012 11:54:49 PM Size: 220672
20	Post Introduction Evaluation Report	7.2.2	✓	Письмо об оценке пента.pdf File desc: Описание файла... Date/time: 5/23/2012 2:47:46 AM Size: 80824
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	Протокол МКК 2012.doc File desc: Описание файла... Date/time: 5/23/2012 2:06:14 AM Size: 57856
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	Audit.doc File desc: Описание файла... Date/time: 5/22/2012 11:49:00 PM Size: 1897984

23	HSS Health Sector review report	9.9.3	✕	1Feb12_Joint Review Summary Note October11 JAR and mini JAR Jan 12.pdf File desc: Описание файла... Date/time: 5/23/2012 2:11:53 AM Size: 1741938