GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Tajikistan

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/21/2012**

Deadline for submission: 5/15/2012

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

For the Government of Tajikistan

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	DZHOBIROVA SAIDA BOBOYEVNA, first deputy minister	**Name**	NADZHMIDDINOV SAFARALI MAKHSI, minister
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
DZHABIROV SHAMSIDDIN SADIROVICH	general director of Republic Immunological Prophylaxis Centerof MH RoT	(+992 372) 21 10 73	immun@rci.tajnet.com; immun_ibod@tojikiston.com

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New & 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
MIRZOEV A.S., deputy minister	Ministry of Health RoT, ICC chairman		

DZHABIROV S.S., general director	Republic Immunological Prophylaxis CenterMH RoT, ICC co-chairman		
RAHMATULLOEV S.R., head of UOMPDiM MH RoT	Ministry of Health RoT		
DAVLATOV S.H., head ofSanitary and Epidemiological Administration MH RoT	Ministry of Health RoT		
DZHAFAROV N, deputy director	Sanitary and Epidemiological Supervision CenterMH RoT		
AZIMOV G.C, director	Republic Center For Formation of Healthy Lifestyle MH RoT		
KARIMOV S.S., director	Republic Center ForTuberculosis ControlMH RoT		
RUZIEV M, director	Center For AIDS ControlMH RoT		
KURBONOV S.K., Officer of maternal and child healthcare program	UNICEF		
NAIMI A, head of Investment Policy Department	Ministry of Finance RoT		
SINAVBAROVA N, officer of Infectious Disease Department	WHO representation in Tajikistan		
NADZHMUDDINOV T, coordinator of the healthcare program	Japan International Cooperation Agency (JICA)		
SHARIFI I, communications and public relations officer	Republic Immunological Prophylaxis CenterMH RoT		
NAZARHUDOEVA M, epidemiologist	Republic Immunological Prophylaxis CenterMH RoT, ICC secretary		

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), Republicof Tajikistan, 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
DZHOBIROVA S.B., first deputy minister	Ministry of Health RoT, HSCC co-chairman		
RAHMATULLOEV S.R., head of UOMPDiM department	Ministry of Health RoT, HSCC co-chairman		
DAVLATOV S.H., head of sanitary and epidemiological supervision department	Ministry of Health RoT		
DZHABIROV S.S., general director	Republic Immunological Prophylaxis CenterMH RoT		
NAIMI A, head of Investment Policy Department	Ministry of Finance RoT		
DORGABEKOVA H, healthcare officer	WHO representation in Tajikistan, HSCCsecretary		
SAPARBEKOV A, head of the healthcare program	UNICEF		
HODZHIMURODOV G, director of the basic and community health care project	World Bank		

KOSTA DZHOA, project coordinator	Project "Sino"		
APTEKART, tuberculosis program coordinator	Project "HOPE"		
NADZHMUDDINOV T, healthcare program coordinator	Japan International Cooperation Agency (JICA)		
SALIMOV N.F., minister	Ministry of Health RoT, HSCCchairman		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

3. Table of Contents

This APR reports on Tajikistan'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	230,646	232,056	236,181	236,181	241,850	241,850	247,654	247,654	253,598	253,598
Total infants' deaths	3,506	3,938	3,590	3,590	3,677	3,677	3,764	3,764	3,855	3,855
Total surviving infants	227140	228,118	232,591	232,591	238,173	238,173	243,890	243,890	249,743	249,743
Total pregnant women	299,839	301,754	307,036	307,036	314,404	314,404	321,950	321,950	329,677	329,677
Number of infants vaccinated (to be vaccinated) with BCG	219,114	225,094	224,372	224,372	232,176	232,176	240,224	240,224	245,990	245,990
BCG coverage	95%	97%	95%	95%	96%	96%	97%	97%	97%	97%
Number of infants vaccinated (to be vaccinated) with OPV3	215,783	221,703	220,961	220,961	228,646	228,646	236,573	236,573	242,250	242,250
OPV3 coverage	95%	97%	95%	95%	96%	96%	97%	97%	97%	97%
Number of infants vaccinated (to be vaccinated) with DTP1	222,597	222,613	227,939	227,939	235,791	235,791	241,451	241,451	247,245	247,245
Number of infants vaccinated (to be vaccinated) with DTP3	218,054	218,837	225,613	225,613	233,410	233,410	239,012	239,012	244,748	244,748
DTP3 coverage	87%	96%	97%	97%	98%	98%	98%	98%	98%	98%
Wastage [1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5	0	5	0	5
Wastage [1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	202,762	222,613	225,613	225,613	232,176	232,176	240,224	240,224	245,990	245,990
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	196,491	218,837	224,372	224,372	233,410	233,410	239,012	239,012	244,748	244,748
DTP-HepB-Hib coverage	87%	96%	96%	96%	98%	98%	98%	98%	98%	98%
Wastage [1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5
Wastage [1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	213,512	217,996	220,961	220,961	228,646	228,646	236,573	236,573	244,748	244,748
Measles coverage	94%	96%	95%	95%	96%	96%	97%	97%	98%	98%
Pregnant women vaccinated with TT +	0	0	0	0	0	0	0	0	184,785	184,785
TT + coverage	0%	0%	0%	0%	0%	0%	0%	0%	56%	56%
Vit A supplement to mothers within 6 weeks from delivery	109,752	0	112,363	112,363	114,984	114,984	116,575	116,575	120,521	120,521
Vit A supplement to infants after 6 months	670,400	0	690,450	690,450	710,348	710,348	730,114	730,114	734,453	734,453

Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	2%	2%	1%	1%	1%	1%	1%	1%	1%	1%

* Number of infants vaccinated out of total births

** 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 & annual targets

Note: Fill in the table in section 4 Baseline & 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 & 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**
  - The number of infants in 2011 matches the data of JRF (WHO/UNICEF) – 2011
  - The planned number of infants in 2012 – 2015 (ref. to Table 1) coincides with the Long-term plan for financial stability of the immunization service of Tajikistan for 2011 – 2015
- Justification for any changes in **surviving infants**
  - The number of surviving infants in 2011 matches the data of JRF (WHO/UNICEF) – 2011
  - The number of surviving infants in 2012-2015 (ref. to Table 1) coincides with the Long-term plan for financial stability of the immunization service of Tajikistan for 2011 – 2015
- Justification for any changes in **targets by vaccine**
  - Coverage of target groupsby all vaccines corresponds to the official calculations given in JRF (WHO/UNICEF)-2011.
- Justification for any changes in **wastage by vaccine**
  - Wastage level of the pentavalent vaccine is the same as specified inJRF (WHO/UNICEF) – 2011 and application for the vaccine.

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:

The key major activities and achievements in 2011:

- Level of vaccination coverage with all vaccines has increased:

-85% of regions (total 65 cities and regions) have reached> 90% of DTP (Penta)-3 coverage in comparison with 70% of regions in 2010;

-92% of regions have reached> 90% of 1 dose measles vaccine coverage in comparison with 90% of regions in 2010;

- DTP (Penta) 1 and 3 wastages have reduced from 15% in 2011 to 12% in 2010.

- Level of labors in maternity hospitals has increased from 63% in 2010 to 81% in 2011 this has increased the level of vaccination coverage in the first hours of infant life.
- The government share in the procurement of all vaccines and injection materials by the country has increased from 17.6% in 2010 to 19.5% in 2011.
- Access of medical workers to the hard-to-reach and remote areas by mobile units has considerably improved due to the financial support of GAVI under the program of Improvement of the Health Care system of RoT.
- The country has successfully fulfilled its obligations of vaccines and safe injection materials procurement according to the co-financing plan.
- Two rounds of additional immunization activities of target children at the age of 0-5 against poliomyelitis have been successfully arranged and held, where coverage has been more than 99%.

- 80% of medical institutions providing vaccination are completely provided with the Cold chain equipment in comparison with 75% in 2010.

Major problems in 2011:

- Lack of electric power in the autumn and winter period in the majority of rural settlements (70-80%) that seriously affected maintenance of the Cold chain system.
- The severe winter lasted five months and complicated access of the population to medical institutions for timely immunization.
- Weak organization and control of vaccination in the hard-to-reach and remote settlements because of inadequate financing on the part of local authorities for procurement of fuel and lubrication materials and maintenance of vehicles, allocation of daily allowances for members of mobile units.

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

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: **no, not available**

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

Data Source	Timeframe of the data	Coverage estimate

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

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)

- A cluster survey to assess immunization coverage was performed in 2011 upon an initiative of WHO. Nevertheless, the assessment data of WHO/UNICEF are not available yet.
- The data provided in JRF (WHO/UNICEF) for 2011 coincides with the official data of national immunization coverage.

* 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.

- The administrative data system is monitored monthly and analyzed at the district / regional / national levels for the purpose of detecting of discrepancies and incompatibility. If such discrepancies and incompatibility are found, notices on corrections to the reporting data are submitted to the primary level within three-five days.

- All medical institutions conducting prophylactic immunization are provided with the necessary accounting and reporting documentation annually.
- Issues on improvement of the administrative data system are included in the training seminars and training programs.
- All medical institutions are gradually changing to full computerization of data input and processing.
- A round-table conference with the participation of the country's health care institutions and partners was organized and held in November 2011, where issues of administrative data system improvement were also discussed.

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.

- A survey is planned in 6 pilot regions on HSS/GAVI in May-June 2012, which will include issues on problems and improvements to the administrative data system.

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 $ = 4.46	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	0	0	0
Traditional Vaccines*	617,645	252,816	0	364,829	0	0	0	0
New and underused Vaccines **	1,961,400	177,240	1,784,160	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	134,271	99,313	34,958	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	175,008	175,008	0	0	0	0	0	0
Other routine recurrent costs	160,471	57,147	0	42,444	60,880	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,086,987	932,970	0	0	154,017	0	0	0
No		0	0	0	0	0	0	0
Total Expenditures for Immunisation	4,135,782							
Total Government Health		1,694,494	1,819,118	407,273	214,897	0	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.

- The primary reason for the increase in expenditures for the immunization service in 2011 is the undertaking of two rounds of additional immunization activities of target children at the age of 0-5 against poliomyelitis in response to the outbreak of poliomyelitis in Tajikistan in 2010.

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

- On the whole all budget items in 2011 have been financed. Moreover, the government of RoT has allocated about USD1 million for additional immunization activities.

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

- The government of the Republic of Tajikistan co-finances procurement of traditional vaccines according to the co-financing plan, there were no problems with their procurement in 2011. Neither are any problems with procurement of traditional vaccines expected in 2012-2013.

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*	635,000	643,000
New and underused Vaccines **	1,850,000	1,900,000
Injection supplies (both AD syringes and syringes other than ADs)	184,200	185,850
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	30,000	18,000
Personnel	103,000	110,000
Other routine recurrent costs	62,500	68,000
Supplemental Immunisation Activities	2,900,000	0
Total Expenditures for Immunisation	5,764,700	2,924,850

* 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.

- The immunization service of Tajikistan expects to receive most of the funds budgeted for 2012-2013, nevertheless, it will take great efforts as the Ministry of Health of RoT planned additional immunization activities for children and adults aged from 0 to 21 for 2012 to prevent the outbreak of diphtheria and this campaign requires additional financial expenditure.

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.

- We hope there will be no financing gaps for 2013. If there are financing gaps, MH of Tajikistan has wide experience and skills in cooperating with international partners in searchingfor additional funds.

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
Ministry of Health of RoT shall provide assembly ofInteragency Coordination Committee (ICC) quarterly and discuss questions of ISSat ICC meetings.	Yes
To open a special bank account in US dollars for ISS /GAVI funds expenditure. The funds shall be expended in national currency only based on needs.	Yes
To open a special bank account in US dollars for ISS /GAVI funds expenditure. The funds shall be expended in national currency only based on needs.	Yes
Financial reports of actual expenditures, as well as explanations of budget variances shall be submitted quarterly for discussion by ICC.	Yes

To use the bank system of the Republic of Tajikistan to transfer funds to the subnational level and to make payments to legal or physical persons for implementation of ISS program in regions that have branches of the public savings bank "Amonat bank". Only in those regions with no branches of the public savings bank "Amonat bank" can payments to organizations and physical persons be made in cash.	Yes
Starting from 2011 to draw up quarterly and annual financial statements according to the format specified in theGAVI guidelines on preparation of Annual progressive reports (APR), notes and schedule of all assets financed by GAVI. Financial statements shall be submitted for consideration and approval by ICC and are recorded in the minutes of the ICC meetings.	Yes
To arrange an independent external audit of GAVI funds allocated for the ISS program in 2010. Selection of the external auditor is subject to discussion and approval at the ICC meeting.	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

- 4 ICC meetings were held in 2011 and questions of immunization service financing by GAVI and other sources were discussed at 2 of them. So, the financial statements of GAVI funds expenditure for ISS in 2010 has been discussed at the ICC meeting (minutes No 2 dated 4/14/2011)
- A special bank account in US dollars for GAVI funds expenditure for ISS is opened. The GAVI funds expenditure is made in the national currency only based on needs and preliminary discussion of quarterly plans at the ICC meetings.

- On November 19, 2011 the independent auditor company "AAA" LLC, appointed at the ICC meeting on August 26, 2011 (minutesNo 4),provided an auditors' report on GAVI funds expenditure forISS for 2010 (Appendix No 9).

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? **4**

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 & annual targets to 5.5 Overall Expenditures and Financing for Immunisation

Problems:

- Immunization coverage strategy in the hard-to-reach and remote settlements;
- Enhancement of active epidemiological surveillance of vaccine-controlled infections;
- Improvement of the recording system and submission of administrative data in electronic form. Creation of a uniform electronic database system;
- Improvement of the system and quality of responsible medical workers training, in particular as to micro planning, control and monitoring;
- Ways of raising public interest to support immunization service etc.

Recommendations:

- To enhance lobbying of local authorities for allocation of appropriate financial assets to support mobile units;
- To carry out qualitative courses stage by stage with responsible officers on the administrative data system at all administrative levels in 2012-2013
- To prepare skilled trainers for training medical authorities as to micro planning, service management and conducting joint support monitoring.
- To develop means of active engagement of public organizations in support of the immunization service.

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

If Yes, which ones?

List CSO member organisations:

Scientific production association "Youth Home"

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?

- To undertake additional immunization activities of target groups (children at the age of 3-6, 7-14 and 15-21 years of age) against diphtheria in the spring and autumn of 2012.
- To make two rounds of additional immunization activities of target children at the age of 0-5 against poliomyelitis and to achieve again the status of a country free from poliomyelitis in September-October 2012.
- By 2013 to achieve a 95%prophylactic immunization coverage level of children under 1 year of age in all regions of the country;
- To improve the Cold chain system and increase its capacity for storage of vaccines by the end of 2013 for the purpose of introducing the new vaccines planned by the Complex long-term immunization plan (CLP) for 2011-2015

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	0.05 ml auto-disable	Government of Tajikistan
Measles	0.5 ml auto-disable	Government of Tajikistan
TT	0.5 ml auto-disable	Government of Tajikistan
DTP-containing vaccine	0.5 ml auto-disable	Government of Tajikistan

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)

- There are cases of immunization sessions at home that can lead to non-observance of aseptics and antiseptics;
- Inadequate financing by the local authorities at the municipal/regional/local levels for safe disposal of used injection materials;
- Weak control by the executives of the district/ municipal/ regional levels of safe disposal of used injection materials.

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

- Piercing objects are collected in safety boxes in vaccination rooms or during visiting sessions;
- Safety boxes with the collected piercing subjects are registered and collected in the head nurse room before they are destroyed;
- In 26 cities and regions of the country where incinerators have been built for safe burning of used injection materials, the collected safety boxes with piercing subjects are brought to the regional/city immunological prophylaxis center monthly and burnt in incinerators;
- In those cities and regions which do not have incinerators, safety boxes with the collected piercing subjects are burnt in iron containers in designated waste containers;
- In all 65 cities and regions of the country responsible persons are appointed by special orders of the immunological prophylaxis centers from among the employees of these centers for control of correct collection and safe destruction of the used piercing subjects collected in the safety boxes.

Problems:

- Not all medical institutions conducting prophylactic immunization, destroy used piercing subjects collected in the safety boxes in a safe manner because of an irresponsible attitude toward their work;
- Inadequate allocation of financial assets by the local authorities to the primary medical care institutions for transportation of the full safety boxes to the regional/city immunological prophylaxis centers which

have incinerators;
- Not all settlements in local municipal authorities change the full iron containers in designated waste containers in due time, and in some settlements they do not exist at all;
- There is a weak control over safe disposal of piercing subjects by the responsible medical officers.

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)*	0	0
Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	0	0
Total Expenditures in 2011 *(D)*	0	0
Total Expenditures in 2012 *(D)*	0	0

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

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

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

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? **Not selected**

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**			202288	218837
2	Number of **additional** infants that are reported to be vaccinated with DTP3				16549
3	Calculating	$20	per additional child vaccinated with DTP3		330980
4	**Rounded-up estimate of expected reward**				331000

* 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 &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	0	700,500	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?...)
  - There were no problems in 2011.
- 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)
  - There were no problems in 2011.

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	Not applicable	
Phased introduction	No	01/01/2014
Nationwide introduction	Yes	01/01/2014
The time and scale of introduction was as planned in the proposal? If No, Why?	Yes	

7.2.2. When is the Post introduction evaluation (PIE) planned? **August 2014**

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))

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? **No**

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)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

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

- Not applicable

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

- Not applicable

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

- Not applicable

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, 1 dose (s) per vial, LIQUID	177,240	63,300
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	177240	
Donor	0	
Other	0	
	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-	3.494	

Hib, 1 dose (s) per vial, LIQUID		
	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, 1 dose (s) per vial, LIQUID	August	Government of Tajikistan
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Funding mobilization for immunization service	

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/

We are sure that payment obligations according to the co-financing terms, undertaken by the country, will be executed to the full extent.

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 2008**

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

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? **October 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Tajikistan does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

Renewal of multi-year vaccines support for Tajikistan 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 do not 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, 2 dose (s) per vial, LIQUID	2					
DTP-HepB-Hib, 1 dose (s) per vial, LIQUID	1		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	10		2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 dose (s) per vial, LYOPHILISED	2		2.470	2.320	2.030	1.850
DTP-Hib, 10 dose (s) per vial, LIQUID	10					
HepB monoval, 1 dose (s) per vial, LIQUID	1					
HepB monoval, 2 dose (s) per vial, LIQUID	2					
Hib monoval, 1 dose (s) per vial, LYOPHILISED	1					
Measles, 10 dose (s) per vial, LYOPHILISED	10		0.219	0.219	0.219	0.219
Meningogoccal, 10 dose (s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
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, 2 dose (s) per vial, LIQUID	2	
DTP-HepB-Hib, 1 dose (s) per vial, LIQUID	1	1.850
DTP-HepB-Hib, 10 dose (s) per vial, LIQUID	10	1.850
DTP-HepB-Hib, 2 dose (s) per vial, LYOPHILISED	2	1.850
DTP-Hib, 10 dose (s) per vial, LIQUID	10	
HepB monoval, 1 dose (s) per vial, LIQUID	1	
HepB monoval, 2 dose (s) per vial, LIQUID	2	
Hib monoval, 1 dose (s) per vial, LYOPHILISED	1	
Measles, 10 dose (s) per vial, LYOPHILISED	10	0.219
Meningogoccal, 10 dose (s) per vial, LIQUID	10	0.520
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	200,000$		250,000$		2,000,000$	
			<=	>	<=	>	<=	>
DTP-HepB	HEPBHIB	2.00%						
DTP-HepB-Hib	HEPBHIB				15.00%	3.50%		
Measles	MEASLES	10.00%						
Meningogoccal	MENINACONJUGATE	9.99%						
Pneumococcal (PCV10)	PNEUMO	1.00%						
Pneumococcal (PCV13)	PNEUMO	5.00%						
Rotavirus	ROTA	5.00%						
Yellow Fever	YF		20.00%				10.00%	5.00%

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	#	228,118	232,591	238,173	243,890	249,743	1,192,515
	Number of children to be vaccinated with the first dose	Table 4	#	222,613	225,613	232,176	240,224	245,990	1,166,616
	Number of children to be vaccinated with the third dose	Table 4	#	218,837	224,372	233,410	239,012	244,748	1,160,379
	Immunisation coverage with the third dose	Table 4	%	95.93%	96.47%	98.00%	98.00%	98.00%	
	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	$		2.47	2.32	2.03	1.85	
cc	**Country co-financing per dose**	Co-financing table	$		0.30	0.30	0.30	0.30	
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	%		3.50%	3.50%	3.50%	3.50%	
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	0.30	0.30	0.30

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

		2012	2013	2014	2015
Number of vaccine doses	#	629,400	644,600	654,100	657,300
Number of AD syringes	#	754,000	778,900	807,000	824,200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	8,375	8,650	8,975	9,150
Total value to be co-financed	$	1,648,000	1,587,500	1,416,000	1,301,000

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

2012	2013	2014	2015

Number of vaccine doses	#	83,700	92,100	109,000	122,200
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 country	$	214,000	221,000	229,000	234,000

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%	11.74%		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	222,613	225,613	26,476	199,137
C	**Number of doses per child**	*Vaccine parametre (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	667,839	676,839	79,428	597,411
E	**Estimated vaccine wastage factor**	*Table 4*	1	1		
F	**Number of doses needed including wastage**	*D X E*	701,231	710,681	83,399	627,282
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		2,363	278	2,085
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		713,044	83,677	629,367
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		753,915	0	753,915
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L)/100 * 1.11*		8,369	0	8,369
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		1,761,219	206,681	1,554,538
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		35,058	0	35,058
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)*		49	0	49
R	**Freight cost for vaccines needed**	*N x freight cost as of% of vaccines value (fv)*		61,643	7,234	54,409
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as% of devices value (fd)*		3,511	0	3,511
T	**Total fund needed**	*(N+O+P+Q+R+S)*		1,861,480	213,914	1,647,566
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		213,914		
V	**Country co-financing% of GAVI supported proportion**	*U / (N + R)*		11.74%		

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*	12.49%			14.28%		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	232,176	29,008	203,168	240,224	34,301	205,923

C	**Number of doses per child**	*Vaccine parametre (schedule)*	3			3		
D	**Number of doses needed**	*B X C*	696,528	87,023	609,505	720,672	102,902	617,770
E	**Estimated vaccine wastage factor**	*Table 4*	1			1		
F	**Number of doses needed including wastage**	*D X E*	731,355	91,374	639,981	756,706	108,048	648,658
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	5,169	646	4,523	6,338	905	5,433
H	**Stock on 1 January 2012**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	736,524	92,020	644,504	763,044	108,953	654,091
J	**Number of doses per vial**	*Vaccine Parameter*	1			1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	778,884	0	778,884	806,982	0	806,982
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*	8,646	0	8,646	8,958	0	8,958
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,708,736	213,486	1,495,250	1,548,980	221,173	1,327,807
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	1,708,736	0	36,219	1,548,980	0	37,525
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)*	51	0	51	52	0	52
R	**Freight cost for vaccines needed**	*N x freight cost as of% of vaccines value (fv)*	59,806	7,473	52,333	54,215	7,742	46,473
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as% of devices value (fd)*	3,627	0	3,627	3,758	0	3,758
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,808,439	220,958	1,587,481	1,644,530	228,914	1,415,616
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	220,958			228,914		
V	**Country co-financing% of GAVI supported proportion**	*U / (N + R)*	12.49%			14.28%		

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*	15.67%		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	245,990	38,542	207,448
C	**Number of doses per child**	*Vaccine parametre (schedule)*	3		
D	**Number of doses needed**	*B X C*	737,970	115,624	622,346
E	**Estimated vaccine wastage factor**	*Table 4*	1		
F	**Number of doses needed including wastage**	*D X E*	774,869	121,406	653,463
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	4,541	712	3,829
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	779,410	122,117	657,293
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	824,188	0	824,188
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*	9,149	0	9,149
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,441,909	225,916	1,215,993
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	38,325	0	38,325
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)*	54	0	54
R	**Freight cost for vaccines needed**	*N x freight cost as of% of vaccines value (fv)*	50,467	7,908	42,559
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as% of devices value (fd)*	3,838	0	3,838
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,534,593	233,823	1,300,770
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	233,823		
V	**Country co-financing% of GAVI supported proportion**	*U / (N + R)*	15.67%		

8. Injection Safety Support (INS)

Tajikistan 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 **Yes**

If yes, please indicate the amount of funding requested: **698530** 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*)	0	0	0	0	282235	698530
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	282235	698530
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0	282235	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0	282235	0
Total expenditure during the calendar year (*D*)	0	0	0	0	282235	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0	0	0
Amount of funding requested for future calendar year (s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	698530	333800

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS*	0	0	0	0	1258768	3338973

proposal)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	1258768	3338973
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0	1258768	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0	1258768	0
Total expenditure during the calendar year (*D*)	0	0	0	0	1258768	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0	0	0
Amount of funding requested for future calendar year (s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	3338973	1595564

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	0	0	0	0	4.46	4.78
Closing on 31 December	0	0	0	0	4.78	5

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.

- HSS funds are included in the national health sector plan and budget of the country.
- GAVI funds are transferred for HSS in 2011 through the bank account of WHO in Tajikistan.
- In 2011 there were delays in the transfer of funds from the bank account of WHO to the special bank

account of MH RoT/GAVI for which reason project implementation activity started only at the beginning of April 2011 instead of as scheduled in January 2011.
- The special bank account for GAVI funds expenditure allocated for HSS was opened in the public savings bank "Amonat bank" Branch No 2.
- The revised budget of HSS funds for 2011 was approved at the HSCC meeting on April 5, 2011 (Minutes No 1 of the HSCC meeting).
- All procurements have been made by written order by funds transfer to the accounts of suppliers.
- Financial statements of HSS funds expenditure have been discussed at the HSCC meetings.
- At the end of the financial year in April 2012 there was a tender to select an audit company to audit GAVI funds expenditure for HSS; this was approved at the HSCC meeting.
- Results of the auditors' report were discussed at the HSCC meeting (Minutes No 2 dated April25, 2012).

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)
Task 1. Enhancement of decision-making based on evidence	1.1. Draw up, publish and distribute summary records on policy and influence of the state policy and reform of primary medical care in MDGs 4 and 5 using monitoring indicators and various researches. 1.2. To consider and discuss problems related to immunization coverage and primary medical care services as a whole at the intersectoral governmental meetings of ICCMH RoT in the course of budgeting for lobbying of the related financing. 1.3. To consider and discuss problems related to immunization coverage and primary medical care services as a whole at the meetings at the district, regional and primary level for lobbying of the related financing.	70	Draft report, Minutes of the meetings: 1 – at the MH RoT level 2 – at the regional level 6 - at the district level
	2.1.1. To conduct qualitative research in six pilot areas to specify the needs of medical institutions in repair and small medical equipment. 2.1.2. To create a working	95	Research report (May 16 – 25th 2011), Available financial documentation, Reports of seminars and work sheets of participants, Database

Task 2. Increase of access to primary medical care services in remote areas	group for consideration of project proposals and their approval. 2.1.3. To hold two-day seminars for local communities (Jamoats) and heads of medical institutions to develop project proposals. 2.1.4. To specify medical institutions, requiring repair (approval of project proposals). 2.1.5. To develop a schedule of medical institutions monitoring. 2.2.1. To prepare specification of required small medical equipment and documents for tender for their procurement. 2.2.2. To hold the tender for procurement of small medical equipment and carry out procurements. 2.3.1. To support primary medical care workers for casework (daily allowances and transport expenses). 2.4.1. To prepare specification of required medical equipment for mobile units and documents for tender for their procurement. 2.4.2. To hold a tender for procurement of medical equipment for mobile units and to carry out procurements. 2.4.3. To buy six cars (4x4) for mobile units of six pilot areas 2.4.4. To hold training seminars for members of mobile units.		54 project proposals of which 36 project are approved, Monitoring schedule approved by Republic Immunological Prophylaxis Center of MH RoT, Available equipment list approved by MH RoT, HSCC minutes No 2 dated 5/24/2011, Available required tender documentation, Relevant documentation about equipment distribution and receipt, Relevant financial documentation about financial assets allocation and their expenditure, Available equipment list approved by MH RoT, Relevant documentation about cars distribution and receipt, Photos, Reports on 6 seminars, Lists of seminar participants.
Task 3. Enhancement of opportunities of primary medical care workers	3.1. To create a working group to study and approve training programs. 3.2. To develop a guideline for heads of primary medical care as to methods of data use, their processing and analysis for decision-making, planning of response actions and monitoring. 3.3. To revise the training guide on immunization for its further introduction in the primary medical care training program. 3.4. To develop (specify) means of monitoring, active epidemiological surveillance and timely provisions of qualitative reports on immunization. 3.5. To hold training seminars for vaccinators "Immunization in practice" 3.6. To hold training seminars for responsible officers to conduct active epidemiological surveillance, immunization reaction and complication 3.7. To conduct training for trainers in principles of joint monitoring and rendering of	80	Available guidelines, Reports on holding of seminars, Lists of seminar participants, Available financial documentation. Report of research of efficiency and financial stability of primary medical care services in the pilot areas, on November, 23-29th, 2011.

	prompt assistance 3.8. To conduct training for heads of primary medical care in improvement of the information system, monitoring and microplanning at the primary medical care level (based on SIDA and WB guidelines) 3.9. To conduct training for responsible officers in registration and reporting on immunization 3.10. To hold a round table with the participation of responsible officers of the health care system and related organizations to discuss means of primary medical care services improvement. 3.11. To conduct research on the efficiency and financial stability of primary medical care services in the pilot areas.		
Task 4. Improvement of public awareness	4.1. To develop, publish and distribute information materials on immunization 4.2. To develop and approve instructions on the first important steps during delivery in maternity hospitals and at home (for medical workers) 4.3. To prepare radio and TV programs on timely antenatal care during delivery of a child in maternity hospitals and at home. 4.4. To develop a motivation system for mothers for timely immunization of children.	90	Available information materials (poster, 2 types of booklets and 2 types of instructions). Scenarios of TV programs and leaflets for radio broadcasting. Available guideline, which requires modification.

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**
See Doc.12, Appendix 13, Other Documents	

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

- Delay in transfer of funds from the bank account of the country office of WHO in Tajikistan to the special bank account of Republic Immunological Prophylaxis Center of MH RoT opened only for GAVI funds expenditure for HSS for which reason project implementation activity started only in the middle of April 2011, instead of January 2011as scheduled.
- Early winter unusual to the Tajikistan climate, which started in the middle of October 2011, forced scheduled activities to be corrected as quickly as possible.
- Strict limit of electric power supply introduced practically in all cities and regions of the country at the beginning of October has essentially affected the quality of activities undertaken, in particular holding seminars and training, conducting research and monitoring, visits to hard-to-reach and remote settlements.

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?

- GAVI HSS grant does not provide national health human resources incentives.

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		
See Doc.13, Appendix 13, Other Documents											

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 organisation program

- Health administrations of the pilot areas have improved their work on planning, in particular having turned their attention to the co-financing issues under the proposed program.
- Cooperation between the various services involved in primary medical care services, in particular Immunization centers, Primary medical care centers, Centers of state sanitary and epidemiological control, Centers of formation of healthy lifestyle started working in close cooperation in terms of discussion of the major questions and problems at the intersectoral meetings at the regional level, as well as in conducting support monitoring.

- Access to the hard-to-reach and remote settlements is improved because of mobile units established by the order of health administrations of six pilot areas for casework service and immunization coverage, due to the cars purchased under the HSS project, cold chain equipment and small medical equipment, and funds allocated for casework services and immunization.
- Health service management is improved, in particular organization of primary medical care services based on the developed new standard documents on planning, segregation of functional responsibilities and guidelines.
- Quality of primary medical care services rendered is improved due to the purchased and provided small medical equipment, knowledge acquired during training seminars.
- Responsibility of the medical workers rendering primary medical care services and administration managers at the municipal/regional/jamoat level in performance of the functional responsibilities is improved due to the adjusted monitoring system in six pilot areas of the country.
- Funds for support of the health care system have increased on the part of the local authorities (Hukumats and Jamoats) in the six pilot areas of the country due to lobbying of appropriate financing issues and the developed co-financing system based on the GAVI co-financing system.

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

- Delays in financing of HSS program and transfer of funds from the bank account of the country office of WHO in Tajikistan to the special bank account of Republic Immunological Prophylaxis Center of MH RoT opened only for GAVI HSS funds expenditure.

Proposed solution: GAVI HSS funds to be transferred directly from the GAVI bank account to the bank account of Republic Immunological Prophylaxis Center of MH RoT.

- Shortage of qualified medical workers and administrative officers both at the municipal/regional level, and in medical institutions at the primary medical care level who could accept proposed and taken decisions with full responsibility during meetings and training seminars.

Proposed solutions: (1) to continue annual training using new technologies and training methods, (2) to place an emphasis on the preparation of highly skilled trainers.

- Weak skills of heads of health service of the pilot areas in the preparation of the financial reports and collecting of required financial documents.

Proposed solutions: (1) to hold training seminars on drawing up of financial reports in 2012.

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

- A group for monitoring and evaluating GAVI funded HSS activities is established by order of the Ministry of Health of RoTand a schedule of visits to six pilot areas by the group is approved.
- Thus groups for monitoring and evaluating GAVI funded HSS activities are established by the orders of health administrations of six pilot areas.
- A guideline and questionnaires are developed for monitoring at the regional and primary medical care level.
- Plans of achievement of monitoring and evaluating indicators of HSS program are developed at the national and regional level.

- Quarterly funds expenditure plans and budgets as well as reports of monitoring and evaluating results together with the financial reports on the expended funds are submitted to the HSCC members at the meetings for discussion and approval.

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 organisation 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.

- System of monitoring and evaluating GAVI funded HSS activities is scheduled to offer for integration of health care system in autumn of 2012. At this point, it is still early to speak about efficiency of the system as it is used only six months.

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

- The major interested parties take an active part in discussion of all issues and problems related to performance of HSS program.
- The majority of HSCC members are also involved in working groups on the following matters:
- WHO – scheduling of quarterly plans of the program and quarterly budgets, monitoring of execution of the indicators achievement and assessment plan, consideration and development of training programs etc.
- UNICEF – scheduling of quarterly plans of the program and quarterly budgets, monitoring of execution of the indicators achievement and assessment plan, development of cold chain equipment specification, development of procurement tender procedure etc.
- Local civil society organizations were no involved in execution of HSS program in 2011. Their involvement is scheduled to 2012.

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.

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

- According to the HSCC members and the major interested parties management of GAVI HSS funds expenditure is considered at the proper level as per the policy and ways of GAVI funds control and expenditure.
- There were no difficulties in allocation of funds inside the country in 2011.
- At this stage it is still early to speak about any changes toGAVI funds management process in 2012.

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)
See Appendix 13, Other Documents, Doc.14			0	No essential changes		
		0	0			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)
See Appedix 13, Other Documents, Doc. 15			No changes yet		
		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

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

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
Auditor's report on GAVI funds expenditure allocated for HSS in 2011.	At the HSCC meeting	No
Plan of monitoring indicators achievement in execution of HSS /GAVI project in 2011	At the working groups and HSCC meetings	No
Annual progress report on execution of HSS /GAVI project in 2011.	At the working groups and HSCC meetings	No
Interim progress report on execution of HSS /GAVI project in April – August, 2011	At the working groups and HSCC meetings	No
Financial report on GAVI funds expenditure for HSS	At the working groups and HSCC meetings	No

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.

- At first in April there were problems in data saving in the online system, but after appeal to GAVI Secretariat some problems have been eliminated.
- Nevertheless, data input in some columns of tables 9.2.1., 9.3., 9.4. and 9.5 was impossible. Therefore these tables are enclosed as separate documents in Appendix 13, other documents.

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

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

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

Tajikistan 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

HSCC of the Republic of Tajikistan thanks GAVI for support of the health care system that will undoubtedly contribute to the process of health care system reforming focused, first of all, on improvement of access and quality of services rendered at the primary medical care level.

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. A**t a minimum**, GAVI requires a simple statement of income & expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income & 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 AND 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 & 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 1/1/2012, the exchange rate at closing 12/31/2012, 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 & expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income & 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 AND 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 & 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 1/1/2012, the exchange rate at closing 12/31/2012, 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 & expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income & 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 AND 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 & 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 1/1/2012, the exchange rate at closing 12/31/2012, 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	☑	TJK_APR2011_GoT Signs.PDF File desc: Signatures of the Minister of Health and Minister of Finance Date/time: 5/20/2012 2:42:59 AM Size: 1086751
2	Signature of Minister of Finance (or delegated authority)	2.1	☑	TJK_APR2011_GoT Signs.PDF File desc: Signatures of the Minister of Health and Minister of Finance Date/time: 5/20/2012 2:44:04 AM Size: 1086751
3	Signatures of members of ICC	2.2	☑	TJK_APR2011_ICC Signs.PDF File desc: Signatures of the ICC members Date/time: 5/20/2012 2:45:16 AM Size: 1267793
4	Signatures of members of HSCC	2.3	☒	TJK_APR2011_NCCHS Signs.PDF File desc: Signatures of the NCCHS members Date/time: 5/20/2012 2:46:49 AM Size: 1232672
5	Minutes of ICC meetings in 2011	2.2	☑	TJK_APR2011_ICC Minutes 2011.PDF File desc: ICC meetings minutes in 2011 Date/time: 5/20/2012 2:47:45 AM Size: 1035405
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	☑	TJK_APR2011_ICC Minutes 2012.PDF File desc: ICC meeting minute in 2012 Date/time: 5/20/2012 2:48:31 AM Size: 284028
7	Minutes of HSCC meetings in 2011	2.3	☒	TJK_APR2011_NCCH Minutes 2011.PDF File desc: NCCHS meetings minutes in 2011 Date/time: 5/20/2012 2:49:07 AM Size: 567090
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	☒	TJK_APR2011_NCCH Minutes 2012.PDF File desc: NCCHS meeting minute in 2012 Date/time: 5/20/2012 2:49:35 AM Size: 501554
9	Financial Statement for HSS grant APR 2011	9.1.3	☒	TJK_APR2011_HSS Finance Report.PDF File desc: HSS Funds Financial Report in 2011 Date/time: 5/20/2012 2:51:32 AM Size: 1788255
10	new cMYP APR 2011	7.7	☑	TJK_APR 2011_New MYP 2011_2015.doc File desc: file description...

				Date/time: 5/20/2012 11:01:18 AM Size: 29696
11	new cMYP costing tool APR 2011	7.8	☑	TJK_APR 2011_MYP Needs Assess New Tool.doc File desc: file description... Date/time: 5/20/2012 11:04:05 AM Size: 29696
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	☒	TJK_APR 2011_CSO Support.doc File desc: file description... Date/time: 5/20/2012 11:07:29 AM Size: 29696
13	Financial Statement for ISS grant APR 2011	6.2.1	☒	TJK_APR 2011_ISS Support.doc File desc: file description... Date/time: 5/20/2012 11:09:26 AM Size: 30208
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	☑	TJK_APR 2011_New Vacianes Support.doc File desc: file description... Date/time: 5/20/2012 11:10:59 AM Size: 30208
15	EVSM/VMA/EVM report APR 2011	7.5	☑	TJK_APR 2011_Vaccine Management Report.doc File desc: file description... Date/time: 5/20/2012 11:14:49 AM Size: 30208
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	☑	TJK_APR 2011_Vaccine Management Plan.doc File desc: file description... Date/time: 5/20/2012 11:16:28 AM Size: 30208
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	☑	TJK_APR 2011_VM Plan Implement Report.doc File desc: file description... Date/time: 5/20/2012 11:18:12 AM Size: 30208
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	☒	TJK_APR 2011_ISS Audit Report.doc File desc: file description... Date/time: 5/20/2012 11:20:23 AM Size: 30208
20	Post Introduction Evaluation Report	7.2.2	☑	TJK_APR 2011_NVI Evaluation Report.doc File desc: file description... Date/time: 5/20/2012 11:22:18 AM Size: 30208
21	Minutes ICC meeting endorsing	7.8	☑	TJK_APR 2011_NVI Support Extension.doc File desc: file description...

	extension of vaccine support			Date/time: 5/20/2012 11:24:21 AM Size: 30208
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	☒	TJK_APR2011_HSS Audit Report 201.PDF File desc: HSS Funds External Report in 2011 Date/time: 5/20/2012 2:53:34 AM Size: 1388432
23	HSS Health Sector review report	9.9.3	☒	TJK_APR 2011_Health Sector Situation Analyses.doc File desc: 2011 Health Sector Situation Analyses Date/time: 5/20/2012 2:57:08 AM Size: 53248
24	Report for Mapping Exercise CSO Type A	10.1.1	☒	TJK_APR 2011_CSO Mapping Exercise Report.doc File desc: file description... Date/time: 5/20/2012 11:27:04 AM Size: 30208
25	External Audit Report (Fiscal Year 2011) for CSO Type B	10.2.4	☒	TJK_APR 2011_CSO Audit Report.doc File desc: file description... Date/time: 5/20/2012 11:29:14 AM Size: 30208