



GAVI Alliance

Annual Progress Report for **2013**

Presented by:

The Government
Tajikistan

Report for: **2013**

Request for a year of support **2015**

Date of presentation: **03.09.2014**

Presentation deadline: 02.06.2014

Please submit the APR 2013 using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Requests should be sent to: apr@gavialliance.org or to the GAVI Alliance representatives. Copies of the documents can be sent to the GAVI partners, other cooperating organizations and the publicity. Annual Progress Report (APR) and applications should be presented in English, French, Spanish or Russian languages.

Note: *You are encouraged to use the 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/>*

GAVI Secretariat will not return the submitted documents and appendixes to the countries. Unless noted otherwise, the copies of documents can be sent to the GAVI partners, other cooperating organizations and publicity.

GAVI ALLIANCE TERMS AND CONDITIONS FOR THE GRANT ASSIGNMENT

APPROPRIATION OF FINANCIAL RESOURCES ONLY FOR THE PROGRAMS APPROVED

The applicant country ("country") confirms that all the funds provided by the GAVI Alliance, in accordance with this proposal, will be used solely for the aims set out in the program(s). Any significant departure from the program (programs) approved will be a subject of review and approval by GAVI Alliance. All decisions on funding under this request will be taken at the discretion of GAVI Alliance Board, will pass Independent Review Committee (IRC), and will also depend on funds availability.

AMENDMENTS TO THE PROPOSAL

If a country wishes to make changes in the content of its proposal, it should inform GAVI Alliance including an adequate justification in its Annual Progress Report. GAVI Alliance will document any change approved by it and the relevant amendment will be entered to the proposal approved.

FUNDS REPAYMENT

The Country agrees to reimburse all financial resources to GAVI Alliance, which were not used for the implementation outlined in this program (programs) proposal. If GAVI Alliance will not decide otherwise, the repayment (in U.S. dollars) will be made within sixty (60) days after the Country receives GAVI Alliance demand for compensation by the payment to the account or accounts specified by GAVI Alliance.

SUSPENSION / TERMINATION OF FUNDING

GAVI Alliance may completely or partially suspend providing funds to the country if it has the reason to suspect misuse of funds provided for implementation of the programs described in this proposal, or any amendment approved by GAVI Alliance thereto. In case of confirmation of funds misuse provided to the country, GAVI Alliance reserves the right to discontinue support for the programs implementation described in this proposal.

ANTI-CORRUPTION MEASURES

The country confirms that the funds provided by GAVI Alliance will not be offered to any third party and that in connection with this application the country will not require any gifts, payments or benefits, which could be directly or indirectly construed as corruption.

AUDITS AND RECORDS

The country will conduct annual financial audits, and will render the results to GAVI Alliance (under request). GAVI Alliance reserves the right to conduct audit or other financial management assessment in order to ensure the accountability of the funds provided to the country, on its own or through the agents.

The country will maintain a detailed accounting and record-keeping on GAVI Alliance funds appropriation, The country will keep its accounting records in accordance with the government approved accounting standards for at least three years after the date of the last GAVI Alliance disbursement. In case of any challenge regarding the abuse of funds the country will keep such records until the audit findings are final. The country agrees not to claim documented privileges in connection with any audit.

VALIDITY CONFIRMATION

The Country and the persons authorized by the Government to sign this document, will confirm that this proposal and the APR contain accurate and correct information and in accordance with the law of the country will impose a legally binding obligation upon such country to fulfill the programs outlined in this proposal with corrections in APR (if applicable).

CONFIRMATION OF THE GAVI ALLIANCE POLICY COMPLIANCE IN TERMS OF TRANSPARENCY AND FINANCIAL ACCOUNTABILITY

The country confirms that it is familiar with GAVI Alliance policy in the field of procedures transparency and financial reporting procedures and will implement its requirements.

COMMERCIAL BANKS ACCOUNTS USE

The country will be responsible for the undertaking of a comprehensive study of operations, financial condition and position of all commercial banks used to manage GAVI cash support. The country confirms that it assumes all the responsibility for compensation of GAVI cash support, which can be damaged due to bank insolvency, fraud or other unforeseen event.

ARBITRATION

Any dispute between the country and GAVI Alliance arising out of or relating to it, which cannot be resolved within a reasonable time, will be submitted to arbitration upon GAVI Alliance or the country request. Arbitration will be conducted in accordance with then-current Arbitration Rules of the United Nations Commission on International Trade Law. The parties agree to be bound by the arbitration award, which will be considered as the final adjudication of any dispute of such kind. The seat of the arbitration will be Geneva, Switzerland. The language of the arbitration will be English or French.

With the purpose of resolving a dispute with the amount claimed of USD 100 thousand or less; one arbitrator appointed by GAVI Alliance will be called. With the purpose of resolving a dispute with the amount claimed of more than USD 100 thousand, three arbitrators appointed the following way will be called: GAVI Alliance and the Country will appoint an arbitrator from each side, and then the two arbitrators appointed will jointly appoint a third arbitrator who will be the Chairman.

GAVI Alliance will not be liable for any country under whatsoever claim or for any damages associated with the programs described in the application, including, without limitation, any injury, caused to property, personal injury or death. The Country will be solely responsible for all aspects of the management and execution of the programs described in its application.

By filling out this APR, the country informs GAVI on:

work fulfilled during the previous year using GAVI funding

serious problems encountered and measures taken by the country to solve them

completing the conditions of accounting and reporting pertaining to the GAVI funds use as well as cooperation with the development partners in the country

request for additional funds, the allocation of which was approved in an earlier application for Immunization Service Support/New Vaccines Support/Health Service Support, but which have not yet been provided

what could be done by GAVI in order to simplify the APR, while maintaining the reliability of the GAVI principles in terms of accountability and transparency procedures.

1. Proposal Specification

Report for: **2013**

Request for the support in: **2015**

1.1. New Vaccines Support and Injection Safety Support

Type of support	Vaccine Used	Preferred Presentation	Expiry Date
Support of new vaccines introduction for the planned immunization	DTP-HepB-Hib, 1 dose per vial, LIQUID	DTP-HepB-Hib, 1 dose per vial, LIQUID	2015
Support of new vaccines introduction for the planned immunization	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2017

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilized formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

1.2. Program Extension

This year the right for the program of new vaccine support prolongation is absent

1.3. Immunization Service Support, Health Service Support, Civil Society Organization support

Type of support	Report on the Use of Funds in 2013	Application for Approval	Eligible for 2013 ISS Support
Immunization Service Support	Yes	next tranche: not applicable	not applicable
Health Service Support	Yes	the next grant for Health Service Support no	not applicable

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring Report by the Independent Review Committee (IRC)

The annual progress report (APR) of IRC for the year **2012** is available [here](#).

2. Signatures

2.1. List of the government officials' signatures list all types of GAVI support (Immunization Service Support, Injection Safety Support, New Vaccines Support, Health Service Support, Civil Society Organization)

By signing this page, the Government of **Tajikistan** hereby confirms the authenticity of the information contained in this report and all annexes hereto, including the financial documents and the reports on audit results. The Government also confirms that the vaccines, equipment and financing were used in accordance with GAVI Alliance terms and conditions for providing support, as it is specified by this Annual Progress Report (APR).

By the Government of **Tajikistan**

Please note that Independent Review Committee (IRC) will not consider or approve this APR in the absence of signatures of the Minister of Health and Minister of Finance or their authorized representatives.

Minister of Health (or Authorized Representative)		Minister of Finance (or Authorized Representative)	
Full Name	NUSRATULLO SALIMZODA, Minister	Full Name	KURBANOV ABDUSALOM KARIMOVICH, Minister
Date		Date	
Signature		Signature	

This report was compiled (these persons can be contacted if GAVI Secretariat have questions on the content of this document):

Full Name	Position	Tel.:	Email
AZIZOV ZAFARDZHON	General Manager of the Republican Center for Immunoprophylaxis of the Ministry of Health and Social Security of the Republic of Tajikistan	(+992 37) 221 10 73	rciptj@mail.ru
SHARIFI IBOD	Specialist for Communication and Project Development of the Republican Center for Immunoprophylaxis of the Ministry of Health and Social Security of the Republic of Tajikistan	(+992 93) 505 03 81	immun_ibod@tojikiston.com
Dr. DZHABIROV SHAMSIDIN SADIROVICH	Manager of the GAVI HSS project	(+992,918) 70 43 07	rciptj@mail.ru

2.2. List of ICC Members' Signatures

If the country provides the report on the Immunization Service Support, Injection Safety Support and/or for Support of implementation of new and underused vaccines

In some countries CCHS and ICC are combined into one committee. Fill out each section with the relevant information and upload the signatures to the Attached Documents section (twice), upload separately the signatures of the CCHS members and the signatures of the ICC members.

Transparency and Reporting Policy is an integral part of monitoring by GAVI Alliance of the performance by the countries. Signing this form the members of Interagency Coordination Committee hereby confirm that the funds provided by GAVI Alliance were used for the aims specified by the approved proposal of the country and that these funds management was transparent in accordance with the rules of the government and requirements in respect of financial management.

2.2.1. ICC Report Approval

We, the undersigned, being the members of Interagency Coordination Committee (ICC) on Immunization hereby approve this report. Signing this document will not bring any financial (or legal) obligations by the partner agency or the separate party.

Full Name/Title	Institution / Organization	Signature	Date
DZHAFAROV N. Dzh., Deputy Minister	Ministry of Health and Social Welfare of the Republic of Tajikistan (MHSS), Chairman of ICC		
AZIZOV Z.A., Chief Executive Officer	Republic Centre for Immunoprophylaxis at MHSS RT, Co-Chairman of ICC		
SHARIPOV Sh.Z., Chief of UOMS	Ministry of Health and Social Welfare of the Republic of Tajikistan		
RAKHMATULLOEV Sh.R, DOMHCM	Ministry of Health and Social Welfare of the Republic of Tajikistan		
RAKHMATULLOEV Sh.R, DOMHCM	Ministry of Health and Social Welfare of the Republic of Tajikistan		
DOVLATOV S.Kh., Head of Forensic Expert Institutions of the Ministry of Health of the Republic of Tajikistan	Ministry of Health and Social Welfare of the Republic of Tajikistan		
AZIMOV G.J., Director	MHSS RT Republican Center for the Formation of Healthy Lifestyle		
KARIMOV of S.S., Director	Republican Center for Control of Tropical Illnesses of MHSS RT		
RUZIEV M.M., Director	The Centre on Prophylaxis and Control of AIDS of the MHSS RT		
TURKJV S.M., Deputy General Director	Republican Center for Immunoprophylaxis at MHSS RT		
CHAKO STEPHEN, International Specialist of the Health Care Program	WHO Representative Office in Tajikistan		

SAPAROVA H., Specialist of the Health Care Program	WHO Representative Office in Tajikistan		
SUYEKHIRO YUJI, Head of the Public Health and Food Department	UNICEF		
UEHARO MAKIKO, Project Advisor	Japan Agency for International Cooperation (JICA)		
BAKHRUDDINOV M., Specialist at the Public Health and Food Department	UNICEF		
IBROIMOVA S., Head of the Department for Investment Policy	Ministry of Finance of the Republic of Tajikistan		
NURITDINOV F., Specialist on Project Implementation	The Asian Development Bank (ADP) in Tajikistan		
RAKHMATOVA R., Head of the Health Care Program	Agakhan Fund		
OVEZOVA I., Coordinator of the Health Care Program	Project "HOPE"		
SHARIF I., Specialist for Communications and Public Relations	Republican Center for Immunoprophylaxis at MHSS RT		
NAZARKHUDOYEVA M., M.D., Epidemiologist	Republican Center for Immunoprophylaxis at MHSS RT, Secretary of ICC		

The ICC may wish to direct their unofficial comments to the following address: apr@gavialliance.org

All comments will be confidential

Comments of the partners

Comments of the regional working group

2.3. List of the CCHS Members' Signatures

We, the undersigned, members of the National Coordinating Committee of the Healthcare Sector (CCHS) **National Coordinating Committee for Healthcare**, hereby approve this report on healthcare system strengthening. Signing this document will not bring any financial (or legal) obligations by the partner agency or the separate party.

Transparency and Reporting Policy is an integral part of monitoring by GAVI Alliance of the performance by the countries. Signing this form the members of Interagency Coordination Committee hereby confirm that the funds provided by GAVI Alliance were used for the aims specified by the approved proposal of the country and that these funds management was transparent in accordance with the rules of the government and requirements in respect of financial management. Further, the National Coordinating Committee of the health protection sector confirms that content of this report is based on accurate and verifiable data of financial reports.

Full Name/Title	Institution / Organization	Signature	Date
SALIMZODA of N.F., Minister	Ministry of Health and Social Welfare of the Republic of Tajikistan, Chairman of NCCH		
DZHAFAROV H.J., Deputy Minister	Ministry of Health and Social Welfare of the Republic of Tajikistan, Vice-President of NCCH		
BOBOKHODZHIYEVA of H.P., First Deputy Minister	Ministry of Health and Social Welfare of the Republic of Tajikistan, Vice-President of NCCH		
HAFIZOV of S.A., Head of the Economy and Budget Planning Department	Ministry of Health and Social Welfare of the Republic of Tajikistan		
RAKHMATULLOYEV Sh.R., DOMHCM Chief	Ministry of Health and Social Welfare of the Republic of Tajikistan		
DOVLATOV of S.H., Chief of SEU MH RT	Ministry of Health and Social Welfare of the Republic of Tajikistan		
NARZULLOYEV of H.A., Head of the KATS and International Relations Department	Ministry of Health and Social Welfare of the Republic of Tajikistan		
NAIMI A., Deputy Minister	Ministry of Finance of the Republic of Tajikistan		
AZIZOV Z.A., Chief Executive Officer	Republican Center for Immunoprophylaxis at the MHSW RT		
BANDAYEV I.S., Officer of the Medical Services Development Project	Project of the Ministry of Health and Social Welfare of the Republic of Tajikistan		
DZHABIROV of Sh.S., Project Head	GAVI Project Strengthening of the Healthcare System in the Republic of Tajikistan		

YULDASHEVA L., Specialist of the Health Care Program	WHO Representative Office in Tajikistan		
BAKHRUDDINOV M., Specialist of the Public Health and Nutrition Department	Representative Office of the United Nations International Children's Emergency Fund (UNICEF) in Tajikistan		
OVEZOVA I., Coordinator of the Health Care Program	Project "HOPE"		
SHARIF I., Specialist for Communications and Program Development	Republican Center for Immunoprophylaxis at the MHSW RT, Secretary of NCCH		

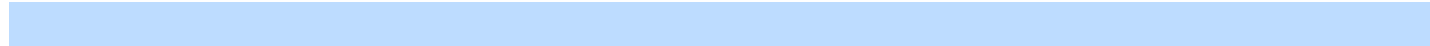
The CCHS may wish to direct their unofficial comments to: apr@gavialliance.org

All comments will be confidential

Comments of the partners



Comments of the regional working group



2.4. List of Signatures for the Civil Society Organization Support (Types A and B)

Tajikistan did not report on the GAVI support for CSO (Type of A and) for 2014

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This APR contains the data about the events which have been conducted in *Tajikistan* from January till December 2013, as well as the application for January-December 2015

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4. Original and Annual Goals

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use the indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Results on OOF Data		Target (Preferred Presentation)							
	2013		2014		2015		2016		2017	
	The original aim specified in the letter of approval	According to the reports data	The original aim specified in the letter of approval	Latest estimate	Previous assessment in 2013	Latest estimate	Previous assessment in 2013	Latest estimate	Previous assessment in 2013	Latest estimate
Total born	241,856	235,441	247,654	247,654	253,598	253,598		259,684		266,434
Total Deceased Infants	3,677	3,244	3,764	3,764	3,855	3,855		3,940		4,020
Number of Surviving Infants	238179	232,197	243,890	243,890	249,743	249,743		255,744		262,414
Total of Pregnant Women	314,404	307,126	321,950	321,950	329,677	329,677		355,744		364,015
Total BCG received (to be received)	232,176	230,782	240,224	240,224	245,990	245,990	251,894	251,894	258,441	258,441
BCG coverage	96 %	98 %	97 %	97 %	97 %	97 %	97 %	97 %	97 %	97 %
Total DTP3 received (to be received)	228,646	225,023	236,573	236,573	242,250	242,250	248,072	248,072	254,542	254,542
Oral Polio Vaccine coverage	96 %	97 %	97 %	97 %	97 %	97 %	97 %	97 %	97 %	97 %
Total DTP1 received (to be received)	235,791	228,391	241,451	241,451	247,245	247,245	250,629	250,629	257,166	251,166
Total DTP3 received (to be received)	233,410	223,642	239,012	239,012	244,748	244,748	248,072	248,072	254,542	254,542
DTP3 coverage	98 %	96 %	98 %	98 %	98 %	98 %	97 %	97 %	97 %	97 %
Indicator[1] of losses in initial year and the plan for the subsequent period (%) for AKDS	5	5	4	4	3	3	15	15	15	15
The factor[1] of losses in initial to year and the plan for the subsequent period for AKDS	1,05	1,05	1,04	1,04	1,03	1,03	1,18	1,18	1,18	1,18
Total 1st dose of DTP hepB-Hib received (to be received)	232,176	228,391	240,224	240,224	245,990	245,990				
Total 3rd dose of DTP hepB-Hib received (to be received)	232,176	223,642	240,224	240,224	244,748	244,748				
DTP hepB-Hib coverage	97 %	96 %	98 %	98 %	98 %	98 %		0 %		0 %
Indicator of [1] losses in initial year and the plan for the subsequent period (%)	5	5	4	4	3	3				
Wastage [1] factor in base-year and planned thereafter (%)	1,05	1,05	1,04	1,04	1,03	1,03		1		1
Maximum wastage indicator for DTP-HepB-Hib, 1 dose per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Total 1st dose of DTP hepB-Hib received (to be received)		0		0	244,748	244,748	250,629	250,629	257,166	257,166
Total 2nd dose of DTP hepB-Hib received (to be received)		0		0	244,748	244,748	250,629	250,269	257,166	257,166
Rotavirus Coverage		0 %		0 %	98 %	98 %	98 %	98 %	98 %	98 %
Indicator of [1] losses in initial year and the plan for the subsequent period (%)		0		4	5	5	5	5	5	5

Wastage [1] factor in base-year and planned thereafter (%)		1		1.04	1,05	1,05	1,05	1,05	1,05	1,05
Size of the maximum indicator of losses for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Total 1st dose Measles Vaccine received (to be received)	228,646	214,477	236,573	236,573	244,748	244,748	248,072	248,072	254,542	254,542
Coverage of Measles Vaccine	96 %	92 %	97 %	97 %	98 %	98 %	97 %	97 %	97 %	97 %
Pregnant Women, AC+ Vaccinated	0	0	0	0	0	0	0	0	0	0
AC+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vitamin A Prescribed to Mothers for 6 Weeks after Delivery	113,000	0	115,000	1,150,000	118,000	118,000		0		0
Vitamin A Prescribed to Infants 6 Months after Birth	185,000	0	350,000	350,000	620,000	620,000	N/A	0	N/A	0
Annual Non-Completion Indicator for DTP [(DTP1 – DTP3) / DTP1] x 100	1 %	2%	1 %	1 %	1 %	1 %	1 %	1 %	1 %	-1 %

** Quantity of vaccinated babies of total quantity of survived babies

*** Specify total quantity of children which obtained only DTP or combined vaccine

**** Quantity of pregnant women which obtained AC+ of total quantity of pregnant

1 Formula for calculation of vaccine wastage indicator (in %): $[(A - B) / A] \times 100$. Where: A = quantity of doses, distributed for the use in accordance with reporting documents considering the stock balance in the end of the supply period; B = quantity of vaccinations with the same vaccine for the same period.

5. General Component of Program Management

5.1. Updated Original and Annual Goals

Note: Fill in Section 4 Initial and Annual Goals of the tables and continue

The digital indicators for 2013 should correspond to the data presented by the country in the **Joint Report Form WHO CART/UNICEF (JRF) for 2013**. Digital indicators for 2014-2015 are shown in Table 4: The initial and annual goals should correspond to the data presented by GAVI in the previous APR, the new offer for GAVI support or KMP.

Please give the argumentation and specify the reasons for the difference between the figures in this APR and the reference:

- The justification of changes in the **number of newborns**

The planned number of newborn children in 2014 - 2017 (see Table 4) coincides with data of the Joint Report Form of WHO/UNICEF for 2013 and the Multi-Year Plan for the Financial Stability of the Immunization Services of the Republic of Tajikistan for 2011-2015.

- The justification of changes in the **number of surviving infants**

The number of surviving infants in the period from 2014 to 2017 (see Table 4) coincides with the data of the WHO/UNICEF Joint Report Form for 2013 and the Multi-Year Plan of the Financial Stability of the Immunization Services of the Republic of Tajikistan for the period from 2011 to 2015.

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

The data on the goals for vaccines coincides with data of the Joint Report Form of WHO/UNICEF for 2013 and the Multi-Year Plan for the Financial Stability of the Immunization Services of the Republic of Tajikistan for 2011-2015.

- The justification of the changes in **vaccine losses**

The data on vaccine losses coincides with data of the Joint Report Form of WHO/UNICEF for 2013 and the Multi-Year Plan for the Financial Stability of the Immunization Services of the Republic of Tajikistan for 2011-2015.

5.2. Immunization Results in 2013

5.2.1. Notify results achieved in the course of the immunization program implementation versus planned indicators (specified in APR for the previous year), main activities held and the problems faced in 2013 as well as ways of solving them:

General Activities and Achievements in 2013:

- □□□□□ Vaccination scope of all vaccine types has increased:

- 96 % of cities and districts of the country (all 65 cities and areas) reached >90 % of a scope of AKDS (Penta) - 3 in comparison with 94 % of the districts in 2012;

- 100 % cities and areas of the country had reached >90 % of a scope the 1st dose of the vaccine;

- Losses of AKDS (Penta) 3 reduced from 5 % in 2012 to 4 % in 2013.

- □□□□□ The childbirth rate at maternity hospitals keeps increasing from 81 % in 2011 to 83 % in 2012, thus increasing the level of vaccination scope during the first hours of the newborn's life.

- □□□□□ The share of the Government of the country in the purchase of all vaccines and injection materials grew from 19.5 % in 2011 to 22.4 % in 2013.

- □□□□□ Access of medical workers to remote areas by means of mobile crews with the financial support of GAVI within the programs of Health System Strengthening (HSS) and Immunization Service Support (ISS) has considerably improved.

- □□□□□ The country had successfully carried out its obligations pertaining to the purchase of vaccines and

safe injection materials according to the plan of co-financing in 2012.

- Two rounds of events for additional immunization for the target population against diphtheria have been successfully conducted where the coverage reached over 96 %.
- 88 % of the medical institutions which conduct vaccination have been completely provided with cold chain equipment, in comparison with 80 % in 2011 and 86 % in 2012.

General Problems in 2013:

- Absence of the electric power during the autumn-winter period in the majority of rural settlements (70-80 %) that seriously affected corresponding maintenance of the cold chain system.
- Poor organization and management of planned vaccination in the remote settlements due to inadequate financing from the regional authorities for the acquisition of combustive-lubricating materials and servicing of vehicles, allocation of daily allowances for members of mobile crews.
 - Poor organizing and technical skills of the heads of medical institutions of PHC on social mobilization of the organizations of civil society and public leaders to the immunization service.

5.2.2. If the aims were not achieved, please comment the reasons of non-achievement:

- Additional activities for immunization of the target group children against poliomyelitis planned in 2013 have not been conducted because the country could not find adequate financial assets to purchase the necessary quantities of the poliomyelitis vaccine. These activities have been postponed until spring 2014.

5.3. Monitoring of the Gender Policy Progress (GAVI)

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **No, Not Available**

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

Data source	Reference Year for Estimate	Coverage calculation	
		Boys	Girls

5.3.2. How did you use the above mentioned data in order to eliminate gender barriers in access towards immunization?

5.3.3. If there is currently no information on gender, are you planning to include gender-related data in the reports on planned immunization in the future? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunization services (e.g., mothers not being empowered to access services, the sex of service providers, etc.) been addressed programmatically? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunization, which can be found at <http://www.gavialliance.org/about/mission/gender/>)

5.4. Data Assessment

5.4.1. Comment on any discrepancies between immunization coverage obtained from various sources (e.g., if the analysis of the data shows the levels of coverage that differ from those obtained from administrative data systems, or if calculation of immunization coverage at the national level, made by WHO/UNICEF, is different from the official indicator of the country)

- The research of the scope of planned immunization have not been conducted by WHO/UNICEF in

2013, therefore all indicators of immunization scope of the target group children have been based on the national administrative data.

* Note that the WHO and UNICEF estimates for 2013 will only be available in July 2014 and may have retrospective changes on time series.

5.4.2. Have the administrative data systems been assessed since 2012 until the present time? **No**

If yes, describe these assessments and their dates.

- The assessment of the systems of the administrative data on planned immunization scope will be conducted in the fall (October - November) of 2014.

5.4.3. Describe the main activities for improvement of the system of administrative data since 2011 till present moment.

- The assessment and analysis of the system of administrative reporting data on the district / regional / national levels is carried out every month with the purpose of revealing discrepancies and incompatibility. If such discrepancies and incompatibility are detected, within three - five days notices are sent on the primary level on the necessary amendments to the reporting data.
- All medical institutions conducting preventive immunization are annually provided with the necessary registration and reporting documentation.
- The issues associated with the enhancement of the administrative data system are regularly included into the programs of training seminars.
- Medical institutions of PHC are gradually transitioning to complete computerization of data entry and processing.

5.4.4. Describe the plans available or which will be accepted in future for further improvement of administrative data systems.

- Complete introduction of the software for entering, processing and transmission of data to cover immunization at the PHC level.
- Training responsible persons to enter data into computers, to process and transmit data.

5.5. Total Expenses and Immunization Funding

The purpose of **Table 5.5a** is to give GAVI an opportunity to understand the overall tendencies in the expenses within the program of immunization and financial flows. Fill out the table using USD

Exchange Rate Used	1 US\$ = 4,84	Enter the exchange rate only Do not notify the name of local currency
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Table 5.5a: Total expenses and financing of immunization from all sources (government and donors) in USD

Expenditures Categories	Expenditures in 2013	Source of Funding						
		Country	GAVI	UNICEF	WHO	JICA	Project HOPE	NBR
Traditional vaccines*	9,244,770	485,720	0	0	0	242,370	8,516,680	0
New and underused vaccines	1,646,190	221,000	1,425,190	0	0	0	0	0
Injection materials (SAT and other syringes)	77,338	29,257	40,119	0	0	0	7 962	0
Cold chain equipment	315,407	0	99,021	216,386	0	0	0	0
Personnel.	299,401	255,583	43,818	0	0	0	0	0
Other everyday expenditures	459,930	459,930	0	0	0	0	0	0
Other Capital Expenditures	233,451	10,330	223,121	0	0	0	0	0
Campaign expenditures	226,619	0	0	0	226,619	0	0	0
Training, PETROLEUM PRODUCTS, materials' copying and distributing		87,740	525,212	0	0	0	0	0

Total expenses for immunization	12,503,106							
Total Government expenditures for health protection		1,549,560	2,356,481	216,386	226,619	242,370	8,524,642	0

*Traditional vaccines: BCG, DPT, OPV (or IPV), Measles 1st dose (or Combination-I spacecraft, MPR), AU. Some countries also include HepB and Hib vaccines into this line if they were introduced without GAVI support.

5.5.1. If the government does not finance the purchase of traditional vaccines, specify the reasons and plans for the expected sources of financing in [2014](#) and [2015](#)

- The government of the Republic of Tajikistan is financing the purchase of traditional vaccines in 2014 and 2015.

5.6. Financial Management

5.6.1. Has any financial management evaluation (FME) been conducted by GAVI before or during the calendar year of 2012? **Not selected**

If **yes**, briefly specify in the table below the results in comparison with the requirements and conditions agreed in any memorandum signed between GAVI and your country:

Plan of Actions Specified in Memorandum	Was it fulfilled?
The Ministry of Health of RT shall ensure that the Inter-agency Coordination Committee (ICC) should meet every quarter and discuss HSS related matters during its meetings.	Yes
Open a dedicated bank account in US dollars to spend the HSS/GAVI funds. The use of funds should be performed in the national currency based only on the existing requirements.	Yes
Open a dedicated bank account in US dollars to spend the HSS/GAVI funds. The use of funds should be performed in the national currency based only on the existing requirements.	Yes
Financial reports on actual expenses, as well as the explanations on any deviations from the budget should be submitted every quarter for review and discussion by the ICC.	Yes
Use the bank system of the Republic of Tajikistan for transfer of money resources into sub-national level and make payments to entities or individuals in order to implement the HSS program in the areas where there are branches of the State Savings Bank Amonatbank. Only in those areas where there was no branches of the State Savings Bank Amonatbank, payments to entities or individuals can be made in cash.	Yes
Since 2011, to prepare quarterly and annual financial accounts in the format as specified in the GAVI manual for preparing the Annual Progress Report (APR), notes and the schedule of all assets financed by GAVI. Financial reports should be submitted and the statement from ICC should be reflected in the minutes of the ICC meetings.	Yes
To organize independent external audit of funds of GAVI allocated for the HSS program in 2010. The choice of the external auditor should be the subject for discussion and approval at an ICC meeting.	Yes

If it is seen from the above table that the plan is taken from the memorandum, is entirely or partially fulfilled, briefly specify the points fulfilled.

If the plan is not executed at all, briefly indicate why its requirements and conditions were not met.

5.7. Inter-agency Coordination Committee (ICC)

How many meetings of Interagency Committee have been held in 2013? **4**

Please attach the minutes (**Document No. 4**) o from the ICC meeting in 2014 endorsing this report.

List the basic problems or recommendations (if available) made by the ICC in sections [5.1 Updated Initial and Annual Goals](#) on [MKK5.5 General Expenses and Immunization Financing](#)

Problems:

- Accomplishment of strategy of a scope by immunization in remote settlements;
- The system and quality of training of medical workers is not perfect, particularly concerning micro planning, management and monitoring;
- Fictive epidemic control of vaccine controlled infections is not carried out sufficiently enough;
- The systems of accounting and submitting administrative reporting data are not at sufficient level, mostly performed manually.

Recommendations:

- To prepare experienced trainers for training of medical workers in micro planning, management of service, joint support monitoring
 - To run step-by-step high-quality courses for workers on the administrative reporting data system at all administrative levels in 2013.
 - To strengthen work on lobbying with the local authorities pertaining to the allocation of adequate funds for the support of mobile crews;
- To develop mechanisms for active engagement of public organizations to support the immunization service.

Are any representatives of civil society organizations the members of the Interagency Coordination Committee? **Yes**

If yes, who?

List the relevant civil society organizations:

- Ibod Sharify, also Vice-President of the National Olympic Academy of Tajikistan, which had included into its educational programs on the formation of healthy lifestyle such topics as timely immunization of children at an early stage of their lives.

5.8. Priority Activities from 2014 to 2015

What are the primary goals and priority activities of the program of RPI for the period from 2014 through 2015

- In April - May 2014, to conduct two rounds of additional activities for the immunization of the target group children at the age of 0-5 years against poliomyelitis.
- By the end 2014, to achieve more than 95 % coverage level for all preventive immunization for children younger than 1 year in all areas of the country;
- To improve the cold chain system and to increase the volume for storage for vaccines by the end of 2014 with the purpose of introducing new vaccines (Rotavirus Vaccine and IPV).
- By the end of 2014, to complete the preparatory measures on the introduction of the rotavirus vaccine and IPV, immunization with which are planned to start in January 2015.

5.9. Progress in the Implementation of the Plan to Transition to Safe Injections

For all the countries, notify the progress on implementing of plan of passing to the harmless injections

Specify the types of used syringes, as well as sources of funding for the purchase of materials for safe injections in 2013

Vaccine	Types of Syringes Used in 2013 for the planned RPI	Source of Funding 2013
BCG	0,05 ml self-collapsible	Government of Tajikistan
Measles	0,5 ml self-collapsible	Government of Tajikistan
AC	0,5 ml self-collapsible	Government of Tajikistan
DPT-containing vaccine	0,5 ml self-collapsible	Government of Tajikistan

Has the country developed a policy / plan for injection safety? **Yes**

If yes: Did you face any obstacles during the accomplishment of the policy/plan for increasing the security of injections?

If no: When will the country make the policy/plan for injection safety improvement? (specify in box below)

- Still there was cases of carrying out immunizations at home that can lead to non-observance of safe immunization rules:

- Regional authorities at the city/regional/local levels practically do not allocate financial assets for safe recycling of the used injection materials;
- The responsible officers at the regional / city / district levels for safe recycling of materials do not perform the oversight of safe recycling of the injection materials at the adequate level.

Explain how in 2013 the sharp-ended and injection items are recycled, what are the problems faced, etc.

- Sharp objects are gathered in safe boxes in the vaccination offices during visiting sessions;
- Safe boxes with the collected sharp subjects are considered and gathered in an office of the senior nurse before their termination;
- In 26 cities and areas of the country where incinerators are constructed for safe burning of the used injection materials, the collected safe boxes with sharp objects are taken to the regional/city Center for Immunoprophylaxis and burned in the incinerators;
- In the cities and regions where there are no incinerators, safe boxes with the collect prick subjects are burned in iron containers in specific garbage storages;
- In all 65 cities and areas of the country special orders of the Centers for Immunoprophylaxis had appointed responsible persons from among their employees to oversee the collection and safe destruction of sharp objects collected in safe boxes.

Problems:

- Due to inadequate financing of the immunization service in the regions, since 2012 not a single incinerator has been built for safe destruction of the materials used for injections;
- Also, there are not sufficient funds for the transportation of the filled safe boxes in the regional/municipal Centers for Immunoprophylaxis where incinerators have been constructed; medical workers are not using effective methods of social mobilization;
- Not all medical institutions (only 12-15 % based on the monitoring data) that conduct the preventive inoculations, destroy sharp injection materials collected in safe boxes by the safe method due to negligence;
- Not in all settlements the local municipal authorities do not duly replace the filled iron containers in specific garbage collectors, and in some settlements they do not exist at all;
- Poor control of safe recycling of sharp objects on the part of responsible medical officers at the regional/district levels, as well on the part of the heads of PHC medical institutions.

6. Immunization Service Support (ISS)

6.1. Report on the Use of Funds for Injection Safety Support (ISS) in 2013

	Amount in USD	Amount in Local Currency
<i>Funds Received in 2013 (A)</i>	330,980	1,601,943
Balance of funds (transferred) from 2012 (<i>B</i>)	0	0
Total Funds Available in 2013 (<i>C=A+B</i>)	330,980	1,601,943
Total Expenses in 2013 (<i>D</i>)	330,980	1,601,943
Balance Transferred in 2014 (<i>E=C-D</i>)	0	0

6.1.1. Briefly describe the scheme and process of finance management purposed for Immunization Service Support. Specify if the funds for Immunization Service Support were included to the plans and budgets of the national health care sector. Also specify any problems appeared upon the use of funds for Immunization Service Support (for example delay in providing means for program implementation).

- The funds provided for ISS have been included in plans and the budget of the country's health care sector.
- The mechanism for the transfer of the GAVI fund for ISS works through a dedicated bank account for the use of the GAVI funds allocated for ISS that was opened at the State Savings Bank Amonatbank, Department No. 2.
- All purchases have been made via bank transfer to the accounts of the suppliers.
- The financial reports on the use of ISS funds have been discussed at the meetings of the ICC.
- After the completion of the fiscal year in February 2014, a tender was carried out to select the audit company to audit the use of the GAVI for ISS, which was confirmed at the meeting of the ICC.
- The results of the audit report have been discussed at an emergency meeting of the ICC (see Minutes No. 3 dated 6 May 2014).
 - No delays in the transfer of the GAVI funds in 2013 have been discovered.

6.1.2. Indicate the type of used bank account (s) (commercial or government), the way the budgets are approved and how the funds are transferred to sub-national and national levels, describe the scheme of the financial statements at the subnational and national levels, as well as the overall role of the ICC in this process.

- For the use of the ISS GAVI funds, in October 2001 a dedicated bank account was opened at the State Savings Bank Amonatbank, Department No. 2, which is currently being used.
- The budget the use of the ISS GAVI funds in 2013 has been previously discussed at an ICC meeting (see. Minutes No. 1 dated 24 January 2013) and approved by the Ministry of Health.
- In 2013, all the ISS funds were spent in full.
- The use of funds had been previously agreed upon with the country's office of the WHO in Tajikistan.
 - The report the use of the ISS GAVI funds in 2013 was discuss at an emergency meeting of the ICC (see Minutes No. 3 dated 6 May 2014)

6.1.3. Specify the main activities held with the aim of immunization system strengthening using the funds for Immunization Service Support in 2013

- Acquisition of two vehicles and spare parts for support of mobile crews in two mountainous areas.

- Acquisition of the cold chain equipment and spare parts for cooling equipment.
- Acquisition of combustive-lubricating materials (PETROLEUM PRODUCTS) for monitoring and transportation of vaccines and injection materials at the regional centers and areas.
- Training seminars on security of immunization, enhancement of the cold chain system, reporting, active epidemic control.
- Reproduction and provision of all medical institutions registration with the reporting documentation on immunization.
- Performance of an independent audit of the use of the ISS GAVI funds.

6.1.4. Is Immunization Service Support by GAVI included to the budget of national health care sector? **Yes**

6.2. Detailed data on the use of funds provided for Immunization Service Support in the 2013 calendar year

6.2.1. Attach a detailed financial report on the use of allocated funds purposed for Immunization Service Support within 2013 (specify the number of document 7) (Initial requirements towards compiling this financial statement are specified in Appendix 2). Financial statements will be signed by the chief accountant or the constant Deputy Minister of Health Care.

6.2.2. Was the external audit conducted? **Yes**

6.2.3. Reports on results of the external audits of activities within Immunization Service Support, Health Service Support, Civil Society Support Type B will be submitted to the GAVI Secretariat no later than 6 months after the end of financial year in your country. If there is a report on results of external audit of your Injection Safety Support program for the latest financial year of your Government, it will be also attached (Document No. 8).

6.3. Application for Premium within ISS

Inquiry about the award for the successes in the use of support for immunization services (PSI) in Tajikistan is not applicable for 2013

7. Support of New and Underused Vaccines Implementation (NVS)

7.1. Receiving New and Underused Vaccines for Immunization Programs in 2013

7.1.1. Did you obtain the approved quantity of vaccine doses for the immunization program in 2013 that was accepted by GAVI in its approval letter? Fill the table below

Table 7.1: The quantity of vaccine doses obtained for immunization is 2013 in comparison with the approved quantity for 2013

	[A]	[B]		
Vaccine type	Total doses in 2013 in the decision letter	Total obtained doses as of 31 December 2013	Total doses with delay in delivery in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	736,550	736,550	0	no
Rotavirus		0	0	no

**Include any supply since last year received in accordance with this decision letter*

If the [A] and [B] values are different, please explain the following:

- What are the main problems you faced with? (Less widespread than expected use of vaccines due to the delayed introduction of new vaccines or lower immunization coverage? Delays in supplies? Shortage of stock? Overstock? Problems with cold chain equipment? Write-off doses due to changes in vial thermal indicator color or upon expiration date? ...)

- No problems connected with delivery of the pentavalent vaccine, the immunization coverage and storage volume in 2013.

- What measures have you taken to improve the vaccines control? (e.g., correction of vaccine supply schedule (in the country and with UNICEF Supply Division)

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

- Increase in vaccine storage volume
- Training of medical staff
- Reducing vaccine losses through accurate micro planning

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

7.2. Introduction of New Vaccines in 2013

7.2.1. If GAVI approved your proposal on introduction of new vaccine in 2013, refer the plan of vaccine introduction from the approved proposal and specify the works performed:

DTP-HepB-Hib, 1 dose per vial, LIQUID		
Phased Introduction	no	01.01.2015
Introduction at the National Level	Yes	01.01.2015
Has the introduction of the vaccine been conducted in time and scale specified in the proposal? If not, why?	Yes	

Rotavirus 1 dose in 1 bottle, ORAL		
Phased Introduction	no	01.01.2015
Introduction at the National Level	Yes	01.01.2015
Has the introduction of the vaccine been conducted in time and scale specified in the proposal? If not, why?	Yes	

7.2.2. When is it planned to make the assessment of state after vaccine introduction? **October 2015**

If your country made an assessment of state after vaccine introduction during the last two years, attach appropriate reports and brief description carrying out the recommendations state under the results of the said assessment. (Document No. 9)

7.2.3. Adverse effects after immunization (AEAI)

Is there a special system of pharmacological supervision of vaccines in the country? **no**

Is there a national expert committee for review of adverse effects after immunization? **Yes**

Does the country have a departmental plan to improve the safety of vaccines? **Yes**

Does the country represent to other countries the data about security of vaccines? **No**

Does the country represent to other countries the data about security of vaccines? **No**

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **not chosen**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **no**

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

7.3. One-time cash payments under the grant to introduce new and underused vaccines in 2013

7.3.1. Reporting Documentation on Financial Management

	Amount in USD	Amount in Local Currency
Funds obtained in 2013 (A)	0	0
Funds remaining (transferred) since 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0
Total expenditure in 2013 (D)	0	0
Balance transferred to the 2014 (E=C-D)	0	0

Detailed expenses of grant funds for introduction of new vaccines in 2013 calendar year

Attach a detailed financial statement on the use of funds within grant for introduction of new vaccines in 2013 calendar year (Document No. 10, 11). Initial requirements for drawing up of this report are contained in the **Appendix 1**. Financial statements will be signed by the Financial Director of Republic Immunization Plan program and its Head, or by the constant Deputy Minister of Public Health Care.

7.3.2. Program Reporting

Describe the main activities carried out within introduction of new vaccines using the grant funds of GAVI for introduction of the new vaccines

Tajikistan did not receive the grant for the introduction of new vaccines in 2013.

Describe any problems faced with upon performance of the planned activities and measures for solving them

Tajikistan did not receive the grant for the introduction of new vaccines in 2013.

Describe the activities which will be carried out at the expense of the funds remaining from 2014

Tajikistan did not receive the grant for the introduction of new vaccines in 2013.

7.4. Reporting on Country Cofinancing in 2013

Table 7.4 : five questions about the country's cofinancing

	Q.1: What are the actual cofinancing amounts and numbers of doses in 2013?	
Payments for Cofinancing	Total USD	Total doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose per vial, LIQUID	221,000	92,083
Awarded Vaccine #2: Rotavirus 1 dose in 1 bottle, ORAL	0	0
	Q.2: Which were the amounts of funding for the country's cofinancing in reporting year 2013 from the following sources?	
The Government	221000	
Donor	0	

Other	0	
Q.3: Did you purchase injection materials for the cofinanced vaccines? Specify amounts in USD and materials.		
Payments for Cofinancing	Total USD	Total doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose per vial, LIQUID	40,119	778,000
Awarded Vaccine #2: Rotavirus 1 dose in 1 bottle, ORAL	0	0
Q.4: When are you planning to transfer the funds for cofinancing in 2015?		
Schedule of Cofinancing Payments	Suggested payment date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose per vial, LIQUID	November	The Government of the Republic of Tajikistan
Awarded Vaccine #2: Rotavirus 1 dose in 1 bottle, ORAL		not applicable
Q.5: Specify any need in technical assistance for development of strategy for providing financial stability and resources mobilization for immunization, including co-financing		
Mobilization of resources for the immunization services		

In case of non-fulfillment by the country of its obligations on payments describe and explain the measures which the country is going to take in order to fulfill the obligations on co-financing. More detailed information is contained in the GAVI policy on countries' non-fulfillment of their obligations:

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

We are certain that obligations on payments correspond to the conditions of co-financings accepted by the country and will be performed in full.

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

7.5. Vaccine Management (EVSM/VMA/EVM)

We remind you that the assessment tools of effectiveness of vaccine warehouse safety management (EVSM) and Vaccine Management Assessment (VMA) were replaced by a single tool for Effective Vaccine Management (EVM). You can find information in English at

http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

Before submitting the proposal on the introduction of a new vaccine, the countries must carry out an obligatory EVM assessment. The assessment will be finalized by making a plan on remedial actions including activities and terms of performance; the report on its performance will be attached to the annual report. The EVM assessment results are valid for three years.

When was the last EVM assessment conducted of alternative EVSM/VMA conducted? **October 2012**

Attach the following documents:

- Results of the EVM Evaluation (**Document No. 12**)
- The plan for elimination of shortcomings based on the results of the EVM Evaluation (**Document No. 13**)
- The report on the activities performed during the year and the progress of the accomplishments pertaining to the recommendations from the plan for the elimination of shortcomings (**Document No. 14**)

Report on the course of performance in accordance with the remedial actions plan in EVSM/VMA/EVM is a binding requirement.

Are there any changes in remedial actions plan of activities? What are the reasons? **Yes**

If yes, specify the details

The changes in the plan for eliminating shortcomings are primarily regarding the schedule and responsible persons.

When is the next EVM assessment planned? **October 2014**

7.6. Monitoring of the GAVI Support for Preventive Campaigns in 2013

Tajikistan does not submit a report on PCS (Preventive Campaign Support)

7.7. Modification of Vaccine Presentation

Tajikistan did not require any change in the presentation of any vaccine in the coming years.

7.8. Resumption of Long-Term Vaccine Introduction Support for Countries where Ongoing Support Ends in 2014

Renewal of a long-term support of the introduction of vaccines Tajikistan in 2014 is not provided

7.9. Request for the Continuation of Vaccine Supplies for the Immunization Program in 2015

To submit a request for PCS for 2015, please take the following steps:

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of Requirements](#)
Yes

If you do not confirm, then explain

7.10. Weighted Average Price of Delivery and Related Freight Price

Table 7.10.1: Cost of products

Estimated prices of supply are not disclosed

Table 7.10.2: Costs of freight

Vaccine Antigens	Types of vaccines	No Threshold	200,000 \$		250,000 \$	
			<=	>	<=	>
DTP-hepB	hepB-Hib	2,00 %				
HPV, divalent	HPV	3,50 %				
HPV, tetravalent	HPV	3,50 %				
Yellow fever	YF	7,80 %				
Measles Rubella	Measles Rubella	13,20 %				
Rubella 2nd dose	Measles	14,00 %				
Meningococcal type A	Meningococcal A, conjugated	10,20 %				
Pneumococcal vaccine (PCV13) coverage	PNEUMO	3,00 %				
Pneumococcal vaccine (PCV13) coverage	PNEUMO	6,00 %				
Rotavirus	Rotavirus	5,00 %				

Vaccine Antigens	Types of vaccines	500,000 \$		2,000,000 \$	
		<=	>	<=	>
DTP-hepB	hepB-Hib				
TDP hepB-Hib	hepB-Hib	25,50 %	6,40 %		
HPV, divalent	HPV				
HPV, tetravalent	HPV				
Yellow fever	YF				
Measles Rubella	Measles Rubella				
Rubella 2nd dose	Measles				
Meningococcal type A	Meningococcal A, conjugated				
Pneumococcal vaccine (PCV13) coverage	PNEUMO				
Pneumococcal vaccine (PCV13) coverage	PNEUMO				
Rotavirus	Rotavirus				

7.11. Calculation of Requirements

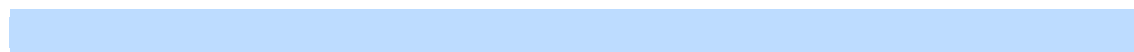
Table 7.11.1: Specifications for AKDS-gepb-Hib, 1 dose per vial, LIQUID

Identification	Source		2013	2014	2015	TOTAL
Number of Surviving Infants	Table 4	#	238,179	243,890	249,743	731,812
Number of Children to be Vaccinated with the First Dose	Table 4	#	232,176	240,224	245,990	718,390

	Number of Children to be Vaccinated by the Third Dose	Table 4	#	232,176	240,224	244,748	717,148
	Third Dose Coverage	Table 4	%	97.48 %	98.50 %	98.00 %	
	Number of Vaccination Doses per Child	Parameter	#	3	3	3	
	Estimated Vaccine Wastage Factor	Table 4	#	1,05	1,04	1,03	
	Vaccine Stock as of 31 December 2013 * (see the explanatory footnote)		#	63,420			
	Vaccine Stock as of 1 January 2014 ** (see the explanatory footnote)		#	63,420			
	Number of Doses per Vial	Parameter	#		1	1	
	Required Number of Auto-Disable Syringes	Parameter	#		Yes	Yes	
	Required Number of Dilution Syringes	Parameter	#		No	No	
	Required Number of Safety Boxes	Parameter	#		Yes	Yes	
cc	Country's Co-financing for One Dose	Table of the national co-financing	\$		0,30	0,20	
ca	Cost of One Auto-Disable Syringe	Table 7.10.1	\$		0,0450	0,0450	
cr	Price per One Dilution Syringe	Table 7.10.1	\$		0	0	
cs	Cost of One Safety Box	Table 7.10.1	\$		0,0050	0,0050	
fv	Freight Cost as % of the Vaccine Cost	Table 7.10.2	%		6,40 %	6,40 %	
fd	Freight Cost as % of the Injecting Equipment Cost	Parameter	%		0,00 %	0,00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.



For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

Tables on Cofinancing for AKDS-gepb-Hib, 1 dose per vial, LIQUID

Cofinancing Group	Low
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	2013	2014	2015
Minimum Co-financing Level	0,20	0,20	0,20

Recommend Cofinancing According to APR 2012			0,30
Your Cofinancing	0,30	0,30	0,20

Table 7.11.2: Estimated volume of the GAVI support and the country's co-financing (support at the expense of GAVI)

		2014	2015
Number of Vaccine Doses	#	647,500	688,800
Number of Auto-Disable Syringes	#	802,700	814,300
Number of Dilution Syringes	#	0	0
Number of Safety Boxes	#	8,850	8,975
Total Volume to be Co-financed	\$	1,362,500	1,465,500

Table 7.11.3: Estimated volume of the GAVI support and the country's co-financing (support by the country)

		2014	2015
Number of Vaccine Doses	#	111,200	73,600
Number of Auto-Disable Syringes	#	0	0
Number of Dilution Syringes	#	0	0
Number of Safety Boxes	#	0	0
Total Funding for Country	\$	228,000	152,500

Table 7.11.4: Calculation of the requirement in AKDS-gepb-Hib, 1 dose per vial, LIQUID (part 1)

	Formula	2013	2014			
			Total	The Government	GAVI	
A	Country's Cofinancing	V	0,00 %	14,65 %		
B	Number of Children to be Vaccinated with the First Dose	Table 4	232,176	240,224	35,186	205,038
B1	Number of Children to be Vaccinated by the Third Dose	Table 4	232,176	240,224	35,186	205,038
C	Number of Vaccination Doses per Child	Vaccine parameter (injection schedule)	3	3		
D	Required Number of Doses	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	696,528	720,672	105,557	615,115
E	Estimated Vaccine Wastage Factor	Table 4	1,05	1.04		
F	Required Number of Vaccine Doses (including wastage)	$D \times E$		749,499	109,780	639,719
G	Reserve Stock of Vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		9,054	1,327	7,727
H	Stock to be Deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated Opening Stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Expected Stock as of 1 January	Table 7.11.1.	0	63,420		
H3	Shipment plan	UNICEF Shipment Report		969,000		
I	Required Number of Vaccine Doses	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		758,600	111,113	647,487
J	Number of Doses per Vial	Parameter of the vaccine		1		
K	Required Number of Auto-Disable Syringes (incl. 10% of wastage)	$(D + G - H) \times 1.10$		802,699	0	802,699
L	Required Number of Dilution Syringes (incl. 10% of wastage)	$(I / J) \times 1.10$		0	0	0
M	Required Number of Safety Boxes (incl. 10% for additional requirements)	$(K + L) / 100 \times 1.10$		8,830	0	8,830
N	Cost of Required Vaccines	$I \times \text{The cost of one dose of vaccine (g)}$		1,460,305	213,891	1,246,414
O	Cost of Required Auto-Disable Syringes	$K \times \text{The cost of one auto-disable syringe (ca)}$		36,122	0	36,122
P	Cost of Required Dilution Syringes	$L \times \text{The cost of one syringe for dilution (cr)}$		0	0	0
Q	Cost of Required Safety Boxes	$M \times \text{The cost of one safety box (cs)}$		45	0	45
R	Freight Cost of the Required Vaccines	$N \times \text{The freight cost as \% of the vaccine cost (fv)}$		93,460	13,690	79,770
S	Freight Cost of the Injecting Equipment	$(O+P+Q) \times \text{The freight cost as \% of the injecting equipment cost (fd)}$		0	0	0
T	Required Funding Volume	$(N+O+P+Q+R+S)$		1,589,932	227,580	1,362,352
U	Country's Cofinancing Volume	$I \times \text{The national co-financing for one dose (cc)}$		227,580		
V	% of Country's Co-financing of the Volume Covered by the GAVI Alliance	$U / (N + R)$		14,65 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of the requirement in AKDS-gepb-Hib, 1 dose per vial, LIQUID (part 2)

	Formula	2015		
		Total	The Government	GAVI
A	Country's Cofinancing	V	9,64 %	
B	Number of Children to be Vaccinated with the First Dose	Table 4	245,990	23,725
B1	Number of Children to be Vaccinated by the Third Dose	Table 4	244,748	23,605
C	Number of Vaccination Doses per Child	Vaccine parameter (injection schedule)	3	
D	Required Number of Doses	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	736,219	71,005
E	Estimated Vaccine Wastage Factor	Table 4	1,03	
F	Required Number of Vaccine Doses (including wastage)	$D \times E$	758,306	73,135
G	Reserve Stock of Vaccines	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	5,831	563
H	Stock to be Deducted	$H1 - F \text{ of previous year} \times 0.375$	1,860	180
H1	Calculated Opening Stock	$H2 (2014) + H3 (2014) - F (2014)$	282,921	27,287
H2	Expected Stock as of 1 January	Table 7.11.1.		
H3	Shipment plan	UNICEF Shipment Report		
I	Required Number of Vaccine Doses	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	762,300	73,520
J	Number of Doses per Vial	Parameter of the vaccine	1	
K	Required Number of Auto-Disable Syringes (incl. 10% of wastage)	$(D + G - H) \times 1.10$	814,210	0
L	Required Number of Dilution Syringes (incl. 10% of wastage)	$(I / J) \times 1.10$	0	0
M	Required Number of Safety Boxes (incl. 10% for additional requirements)	$(K + L) / 100 \times 1.10$	8,957	0
N	Cost of Required Vaccines	$I \times \text{The cost of one dose of vaccine (g)}$	1,485,723	143,290
O	Cost of Required Auto-Disable Syringes	$K \times \text{The cost of one auto-disable syringe (ca)}$	36,640	0
P	Cost of Required Dilution Syringes	$L \times \text{The cost of one syringe for dilution (cr)}$	0	0
Q	Cost of Required Safety Boxes	$M \times \text{The cost of one safety box (cs)}$	45	0
R	Freight Cost of the Required Vaccines	$N \times \text{The freight cost as \% of the vaccine cost (fv)}$	95,087	9,171
S	Freight Cost of the Injecting Equipment	$(O+P+Q) \times \text{The freight cost as \% of the injecting equipment cost (fd)}$	0	0
T	Required Funding Volume	$(N+O+P+Q+R+S)$	1,617,495	152,460
U	Country's Cofinancing Volume	$I \times \text{The national co-financing for one dose (cc)}$	152,460	
V	% of Country's Co-financing of the Volume Covered by the GAVI Alliance	$U / (N + R)$	9,64 %	

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.1: Specifications for **Rotavirus Vaccine, 1 dose per vial, ORAL**

Identification	Source		2013	2014	2015	2016	2017	TOTAL	
	Number of Surviving Infants	Table 4	#	238,179	243,890	249,743	255,744	262,414	1,249,970
	Number of Children to be Vaccinated with the First Dose	Table 4	#	0	0	244,748	250,629	257,166	752,543
	Number of Children to be Vaccinated by the Second Dose	Table 4	#			244,748	250,269	257,166	752,183
	Second Dose Coverage	Table 4	%	0,00 %	0,00 %	98,00 %	97,86 %	98,00 %	
	Number of Vaccination Doses per Child	Parameter	#	2	2	2	2	2	
	Estimated Vaccine Wastage Factor	Table 4	#	1,00	1,00	1,05	1,05	1,05	
	Vaccine Stock as of 31 December 2013 * (see the explanatory footnote)		#	0					
	Vaccine Stock as of 1 January 2014 ** (see the explanatory footnote)		#	0					
	Number of Doses per Vial	Parameter	#		1	1	1	1	
	Required Number of Auto-Disable Syringes	Parameter	#		No	No	No	No	
	Required Number of Dilution Syringes	Parameter	#		No	No	No	No	
	Required Number of Safety Boxes	Parameter	#		No	No	No	No	
cc	Country's Co-financing for One Dose	Table of the national co-financing	\$		0,00	0,20	0,20	0,20	
ca	Cost of One Auto-Disable Syringe	Table 7.10.1	\$		0,0450	0,0450	0,0450	0,0450	
cr	Cost of One Dilution Syringe	Table 7.10.1	\$		0	0	0	0	
cs	Cost of One Safety Box	Table 7.10.1	\$		0,0050	0,0050	0,0050	0,0050	
fv	Freight Cost as % of the Vaccine Cost	Table 7.10.2	%		0,00 %	5,00 %	5,00 %	5,00 %	
fd	Freight Cost as % of the Injecting Equipment Cost	Parameter	%		0,00 %	0,00 %	0,00 %	0,00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

Tables on Cofinancing for **Rotavirus Vaccine, 1 dose per vial, ORAL**

Cofinancing Group	Low
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	2013	2014	2015	2016	2017
Minimum Co-financing Level	0,00	0,00	0,20	0,20	0,20
Recommended Cofinancing According to the Proposal 2013			0,20	0,20	0,20
Your Cofinancing			0,20	0,20	0,20

Table 7.11.2: Estimated volume of the GAVI support and the country's co-financing (**support at the expense of GAVI**)

		2014	2015	2016	2017
Number of Vaccine Doses	#	0	595,500	490,600	504,500
Number of Auto-Disable Syringes	#	0	0	0	0
Number of Dilution Syringes	#	0	0	0	0
Number of Safety Boxes	#	0	0	0	0
Total Volume to be Co-financed	\$	0	1,596,500	1,333,000	1,371,000

Table 7.11.3: Estimated volume of the GAVI support and the country's co-financing (**support by the country**)

		2014	2015	2016	2017
Number of Vaccine Doses	#	0	48,100	39,000	40,100
Number of Auto-Disable Syringes	#	0	0	0	0
Number of Dilution Syringes	#	0	0	0	0
Number of Safety Boxes	#	0	0	0	0
Total Funding for Country	\$	0	129,000	106,000	109,000

Table 7.11.4: Calculation of the requirements for **Rotavirus Vaccine, 1 dose per vial, ORAL** (part 1)

	Formula	2013	2014			
			Total	The Government	GAVI	
A	Country's Cofinancing	V	0,00 %	0,00 %		
B	Number of Children to be Vaccinated with the First Dose	Table 4	0	0	0	0
C	Number of Vaccination Doses per Child	Vaccine parameter (injection schedule)	2	2		
D	Required Number of Doses	$B \times C$	0	0	0	0
E	Estimated Vaccine Wastage Factor	Table 4	1,00	1,00		
F	Required Number of Vaccine Doses (including wastage)	$D \times E$		0	0	0
G	Reserve Stock of Vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$		0	0	0
H	Stock to be Deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$				
H2	Expected Stock as of 1 January	Table 7.11.1.	0			
I	Required Number of Vaccine Doses	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		0	0	0
J	Number of Doses per Vial	Parameter of the vaccine		1		
K	Required Number of Auto-Disable Syringes (incl. 10% of wastage)	$(D + G - H) \times 1.10$		0	0	0
L	Required Number of Dilution Syringes (incl. 10% of wastage)	$(I / J) \times 1.10$		0	0	0
M	Required Number of Safety Boxes (incl. 10% for additional requirements)	$(I / 100) \times 1.10$		0	0	0
N	Cost of Required Vaccines	$I \times \text{The cost of one dose of vaccine (g)}$		0	0	0
O	Cost of Required Auto-Disable Syringes	$K \times \text{The cost of one auto-disable syringe (ca)}$		0	0	0
P	Cost of Required Dilution Syringes	$L \times \text{The cost of one syringe for dilution (cr)}$		0	0	0
Q	Cost of Required Safety Boxes	$M \times \text{The cost of one safety box (cs)}$		0	0	0
R	Freight Cost of the Required Vaccines	$N \times \text{The freight cost as \% of the vaccine cost (fv)}$		0	0	0
S	Freight Cost of the Injecting Equipment	$(O+P+Q) \times \text{The freight cost as \% of the injecting equipment cost (fd)}$		0	0	0
T	Required Funding Volume	$(N+O+P+Q+R+S)$		0	0	0
U	Country's Cofinancing Volume	$I \times \text{The national co-financing for one dose (cc)}$		0		
V	% of Country's Co-financing of the Volume Covered by the GAVI Alliance	$U / (N + R)$		0,00 %		

Table 7.11.4: Calculation of the requirements for Rotavirus Vaccine, 1 dose per vial, ORAL (part 2)

	Formula	2015			2016			
		Total	The Government	GAVI	Total	The Government	GAVI	
A	Country's Cofinancing	V	7.46 %			7.36 %		
B	Number of Children to be Vaccinated with the First Dose	Table 4	244,748	18,261	226,487	250,629	18,447	232,182
C	Number of Vaccination Doses per Child	Vaccine parameter (injection schedule)	2			2		
D	Required Number of Doses	$B \times C$	489,496	36,521	452,975	501,258	36,893	464,365
E	Estimated Vaccine Wastage Factor	Table 4	1,05			1,05		
F	Required Number of Vaccine Doses (including wastage)	$D \times E$	513,971	38,347	475,624	526,321	38,738	487,583
G	Reserve Stock of Vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	128,493	9,587	118,906	3,088	228	2,860
H	Stock to be Deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0	0	0	0
H2	Expected Stock as of 1 January	Table 7.11.1.						
I	Required Number of Vaccine Doses	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	643,500	48,011	595,489	529,500	38,972	490,528
J	Number of Doses per Vial	Parameter of the vaccine	1			1		
K	Required Number of Auto-Disable Syringes (incl. 10% of wastage)	$(D + G - H) \times 1.10$	0	0	0	0	0	0
L	Required Number of Dilution Syringes (incl. 10% of wastage)	$(I / J) \times 1.10$	0	0	0	0	0	0
M	Required Number of Safety Boxes (incl. 10% for additional requirements)	$(I / 100) \times 1.10$	0	0	0	0	0	0
N	Cost of Required Vaccines	$I \times \text{The cost of one dose of vaccine (g)}$	1,642,856	122,572	1,520,284	1,370,346	100,858	1,269,488
O	Cost of Required Auto-Disable Syringes	$K \times \text{The cost of one auto-disable syringe (ca)}$	0	0	0	0	0	0
P	Cost of Required Dilution Syringes	$L \times \text{The cost of one syringe for dilution (cr)}$	0	0	0	0	0	0
Q	Cost of Required Safety Boxes	$M \times \text{The cost of one safety box (cs)}$	0	0	0	0	0	0
R	Freight Cost of the Required Vaccines	$N \times \text{The freight cost as \% of the vaccine cost (fv)}$	82,143	6,129	76,014	68,518	5,043	63,475
S	Freight Cost of the Injecting Equipment	$(O+P+Q) \times \text{The freight cost as \% of the injecting equipment cost (fd)}$	0	0	0	0	0	0
T	Required Funding Volume	$(N+O+P+Q+R+S)$	1,724,999	128,701	1,596,298	1,438,864	105,900	1,332,964
U	Country's Cofinancing Volume	$I \times \text{The national co-financing for one dose (cc)}$	128,700			105,900		
V	% of Country's Co-financing of the Volume Covered by the GAVI Alliance	$U / (N + R)$	7.46 %			7.36 %		

Table 7.11.4: Calculation of the requirements for Rotavirus Vaccine, 1 dose per vial, ORAL (part 3)

	Formula	2017			
		Total	The Government	GAVI	
A	Country's Cofinancing	V	7.36 %		
B	Number of Children to be Vaccinated with the First Dose	Table 4	257,166	18,928	238,238
C	Number of Vaccination Doses per Child	Vaccine parameter (injection schedule)	2		
D	Required Number of Doses	$B \times C$	514,332	37,855	476,477
E	Estimated Vaccine Wastage Factor	Table 4	1,05		
F	Required Number of Vaccine Doses (including wastage)	$D \times E$	540,049	39,748	500,301
G	Reserve Stock of Vaccines	$((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$	3,432	253	3,179
H	Stock to be Deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Expected Stock as of 1 January	Table 7.11.1.			
I	Required Number of Vaccine Doses	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	544,500	40,076	504,424
J	Number of Doses per Vial	Parameter of the vaccine	1		
K	Required Number of Auto-Disable Syringes (incl. 10% of wastage)	$(D + G - H) \times 1.10$	0	0	0
L	Required Number of Dilution Syringes (incl. 10% of wastage)	$(I / J) \times 1.10$	0	0	0
M	Required Number of Safety Boxes (incl. 10% for additional requirements)	$(I / 100) \times 1.10$	0	0	0
N	Cost of Required Vaccines	$I \times \text{The cost of one dose of vaccine (g)}$	1,409,166	103,715	1,305,451
O	Cost of Required Auto-Disable Syringes	$K \times \text{The cost of one auto-disable syringe (ca)}$	0	0	0
P	Cost of Required Dilution Syringes	$L \times \text{The cost of one syringe for dilution (cr)}$	0	0	0
Q	Cost of Required Safety Boxes	$M \times \text{The cost of one safety box (cs)}$	0	0	0
R	Freight Cost of the Required Vaccines	$N \times \text{The freight cost as \% of the vaccine cost (fv)}$	70,459	5,186	65,273
S	Freight Cost of the Injecting Equipment	$(O+P+Q) \times \text{The freight cost as \% of the injecting equipment cost (fd)}$	0	0	0
T	Required Funding Volume	$(N+O+P+Q+R+S)$	1,479,625	108,900	1,370,725
U	Country's Cofinancing Volume	$I \times \text{The national co-financing for one dose (cc)}$	108,900		
V	% of Country's Co-financing of the Volume Covered by the GAVI Alliance	$U / (N + R)$	7.36 %		

8. Injection Safety Support (ISS)

This window of support is no longer available

9. Health Service Support (HSS)

Instructions for preparing the report on the use of HSS funds

1. Fill in only this section if your country **had been approved and had received HSS funds before or during January -December 2013**. All countries are required to submit reports:

- a. Results achieved in 2013
- b. HSS Progress during January - April 2014 (interim report)
- c. Plans for 2015
- d. The proposed changes to the approved activities and budget (see number 4 below)

For countries that received support for HSS within the last three months of 2013 or upon other delays that restrict the execution of works in 2013, this section can be used as an initial report for commenting on activities in the initial period of support.

2. To effectively combine the reporting on support for HSS with the processes used in the country, for countries where 2013 fiscal year begins in January 2013 and ends in December 2013, progress reports of HSS must be received by the GAVI Alliance by **May 15 2014**. For other countries, reports on HSS shall be received by the GAVI Alliance in about 6 months after the end of the fiscal year, for example, if the country's fiscal year ends in March 2014, the HSS report shall be received by the GAVI Alliance in September 2014.

3. In compiling this annual progress report as a reference, use the approved proposal. Complete this form of report carefully and accurately. If necessary, use additional space.

4. If you are proposing changes to the approved objectives, activities and budget (reprogramming), please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

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

7. Please attach all the required [supporting documents](#). These include:

- a. Reports of all meetings of CCHS that have been conducted in 2013
- b. The report of meeting of CCHS in 2014 during which representation of this report has been approved
- c. Report on the latest assessment of the state of the health sector
- d. Financial report on the use of funds for HSS in 2013 calendar year
- e. The external audit report as for the use of funds for HSS, held in the near financial year (if applicable)

8. The Independent Review Committee (IRC) of GAVI Alliance examines all annual progress reports. Above below listed data Independent Review Committee (IRC) requires to include the following information in order to approve appropriation of the following tranches for financing Health Service Support works:

- a. Reports on agreed indicators, as it was specified in approved framework of monitoring and assessment, in proposal and approval-letter;
- b. Demonstration (with convincing data) of close links between ongoing activities, results, consequences and indicators of the ultimate effectiveness;
- c. Briefly describe the technical output that may be required to facilitate the execution of works and monitoring of absorption the funds provided by GAVI for Health Service Support in the following year

9. Inaccurate, incomplete or unfounded statements can lead to that the NSC will return APR to the country for further

clarification (which may cause a delay in the allocation of funds for future HSS), or be advised to discontinue the subsequent allocation of funds, or approve allocation only of the part of next tranche for HSS.

9.1. Report on the Use HSS Funds in 2013 and Request for a New Tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

Please note the following: if you request a new financing tranche, you should fill out the last line of Tables 9.1.3.a and 9.1.3.b.

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunization coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

Please see <http://www.gavialliance.org/support/cso/> for GAVI's CSO Implementation Framework

Specify sources of all data used in this report.

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use HSS funds in **2013**

Fill the Tables 9.1.3.a and 9.1.3.b (GOVR) for every year of the confirmed long-term program of HSS of the country (in USD and local currency)

Please consider the following: If you request a new tranche of financing, fill in the last line of Tables 9.1.3.a and 9.1.3.b.

9.1.2. Specify whether you request the allocation of a new tranche of financing **No**

If yes, specify the volume of the financing requested: US\$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

9.1.3. Is support from GAVI for HSS included in the national budget of the health care sector? **Not selected**

ATTENTION: The country will fill out the tables in USD and in local currency. This will allow to perform an audit of costs compliance

Table 9.1.3a (US)\$

	2008	2009	2010	2011	2012	2013
Initial Annual Budgets (according to the originally approved proposal for HSS support)				328235		698530
Reviewed Annual Budgets (if revised after				328235		698530

<i>reviewing the previous annual progress evaluations)</i>						
Total funds received from GAVI during the calendar year (A)				328235		698530
Balance from the previous year (B)				0		0
Total funds available during the calendar year (C=A+B)				328235		698530
Total expenses during the calendar year (D)				328235		698530
Balance to be transferred to the next calendar year (E=C-D)				0		0
Funding Requested for the Next Calendar Year(s) [if you request the allocation of a new tranche, please fill out this line]				698530		334000

	2014	2015	2016	2017
Initial Annual Budgets (according to the originally approved proposal for HSS support)	334000			
Reviewed Annual Budgets (if revised after reviewing the previous annual progress evaluations)	334000			
Total funds received from GAVI during the calendar year (A)	334000			
Balance from the previous year (B)	0			
Total funds available during the calendar year (C=A+B)	334000			
Total expenses during the calendar year (D)	181815			
Balance to be transferred to the next calendar year (E=C-D)				
Funding Requested for the Next Calendar Year(s) [if you request the allocation of a new tranche, please fill out this line]				

Table 9.1.3b (local currency)

	2008	2009	2010	2011	2012	2013
Initial Annual Budgets (according to the originally approved proposal for HSS support)				1258768		3377393
Reviewed Annual Budgets (if revised after reviewing the previous annual progress evaluations)				1258768		3377393
Total funds received from GAVI during the calendar year (A)				1258768		3377393
Balance from the previous year (B)				0		0
Total funds available during the calendar year (C=A+B)				1258768		3377393
Total expenses during the calendar year (D)				1258768		3377393
Balance to be transferred to the next calendar year (E=C-D)				0		0
Funding Requested for the Next Calendar Year(s) [if you request the allocation of a new tranche, please fill out this line]				3377393		1605578

	2014	2015	2016	2017
Initial Annual Budgets (according to the originally approved proposal for HSS support)	1605578			
Reviewed Annual Budgets (if revised after reviewing the previous annual progress evaluations)	1605578			
Total funds received from GAVI during the calendar year (A)	1605578			
Balance from the previous year (B)	0			
Total funds available during the calendar year (C=A+B)	1605578			
Total expenses during the calendar year (D)	896347			
Balance to be transferred to the next calendar year (E=C-D)				
Funding Requested for the Next Calendar Year(s) [if you request the allocation of a new tranche, please fill out this line]	0			

Report on Exchange Rate Dynamics

Specify the exchange rate in [Table 11.3.c](#) below used in every calendar year at opening and closing.

[Table 9.1.3.c](#)

Exchange rate	2008	2009	2010	2011	2012	2013
Opening as of January 1				4.46	4.81	4.81
Closing as of December 31				4.78	4.81	4.84

Detailed Expenses of HSS Funds in 2013 calendar year

Attach detailed financial report on the use of funds for HSS in 2013 calendar year. (*The requirements for preparing this report can be found in the online annexes to APR*). Financial statements will be signed by the chief accountant or constant Deputy Minister of Health Care. **Document No.: 19**)

If in Table 14 any expenses for January-April 2014 are shown, it is necessary to also attach a separate entire financial account on the use of these funds for HSS (**Document No.: 20**)

Health Service Support Funds Management

Briefly describe the scheme and process of financial management purposed for Health Service Support. Specify if the funds for Health Service Support were included to the plans and budgets of national health care sector. Also specify any problems appeared upon use of funds for Health Service Support (for example delay in providing means for program implementation).

Indicate the type of used bank account (s) (commercial or government), the way the budgets are approved and how the funds are transferred to sub-national and national levels, describe the scheme of the financial statements at the subnational and national levels, as well as the overall role of the ICC in this process.

- The funds provided for HSS have been included in plans and the budget of the country's health care sector.
- The mechanism for the transfer of the GAVI fund for HSS works through a dedicated bank account for the use of the GAVI funds allocated for HSS that was opened at the State Savings Bank Amonatbank, Department No. 2.
- All purchases have been made via bank transfer to the accounts of the suppliers.
- The financial reports on the use of HSS funds have been discussed at the meetings of the ICC.
 - After the completion of the fiscal year in February 2014, a tender was carried out to select the audit company to audit the use of the GAVI for HSS, which was confirmed at the meeting of the ICC.

Yes

Reports on the results of external audits of activities within Health Service Support will be submitted to the GAVI Secretariat no later than 6 months after the end of financial year in your country. If any report on the results of external audit of your government was submitted within the last financial year, it should be also attached (Document No. 21).

9.2. Progress of the implementation of the activities within Health Service Support in the financial year of 2013

Describe in table 9.2. the main activities carried out in order to improve immunization using the funds for Health Service Support. It is significant to specify exact volume of works performed and the use of monitoring and assessment systems in your region in your official proposal and approval letter.

Present the following information in respect of each planned activity:

- Percentage of fulfilled activities, if applicable
- Explanation of the results obtained and the problems faced, if any
- Source of information / data (if applicable)

Table 9.2: Activities within Health Service Support in 2013 reporting year

Key Activities (if necessary insert additional lines)	Scheduled Activities for 2013	Percent of Completed Activities (annual) (if applicable)	Source of Information/Data (if essential)
Objective 1. Strengthening of decision-making on the basis of evidence at the central and local level	1.1. Publication and distribution of summary records on the policy and influence of the public policy and reform of PHC on Objectives 4 and 5 with use of monitoring indicators and research	100	<ul style="list-style-type: none"> • Report on the policy and influence of the public policy and reform of PHC on Objectives 4 and 5; • Register on the distribution of the report among organizations.
Objective 1. Strengthening of decision-making on the basis of evidence at the central and local level	1.2. Consideration of the problems connected with the immunization coverage and services of PHC as a whole at intersectoral governmental meetings of the ICC of MH RT in the course of forming of the budget for lobbying for adequate funding	100	<ul style="list-style-type: none"> • Reports of sessions ICC and NNCCCH, regional and regional Intersectoral councils of the health care system
Objective 1. Strengthening of decision-making on the basis of evidence at the central and local level	1.3. Consideration of the problems connected with the immunization coverage and services of PHC as a whole at meetings on regional, regional, level of Djamoata for lobbying for adequate funding	100	<ul style="list-style-type: none"> • Reports of sessions ICC, regional and regional Intersectoral councils of the health care system
Objective 2. Increase access to PHC services in remote	Repair of rural medical institutions in remote settlements with the	100	<ul style="list-style-type: none"> • List of the medical institutions approved by the Order of MH RT; • Design documentation:

and hard-to-reach areas	participation of the regional authorities and communities on the basis of the MH requests		<ul style="list-style-type: none"> • Financial reporting; • Letters of gratitude from the regional authorities; • Photos;
Objective 2. Increase access to PHC services in remote and hard-to-reach areas	Purchase and distribution of the capital cold chain equipment and spare parts	100	<ul style="list-style-type: none"> • Specification of the equipment approved by MH RT; • Financial reporting; • Register on the distribution of the equipment; • Photos.
Objective 2. Increase access to PHC services in remote and hard-to-reach areas	Support of the personnel of PHC for carrying out of patronage activity (transport and daily expenses)	100	<ul style="list-style-type: none"> • Financial reporting; • Schedule of visits; • Sheets with signatures of members of groups; • Monthly reports of visiting groups; • Photos.
Objective 2. Increase access to PHC services in remote and hard-to-reach areas	Support of mobile crews (transport and daily expenses)	100	<ul style="list-style-type: none"> • Financial reporting; • Schedule of visits; • Sheets with signatures of members of crews; • Monthly reports of mobile crews; • Photos.
Objective 3. Strengthening of potential of the personnel of PHC on the basis of the integrated guidelines for IMCI, IPV, epidemic control.	3.1. Training on supervision of vaccine managed infections, PPVRC for medical staff of PHC	100	<ul style="list-style-type: none"> • Schedule for carrying out training seminars; • Program of training; • Financial reporting; • Lists of participants of train seminars; • Sheets with signatures of participants of seminars; • Photos.
Objective 3. Strengthening of potential of the personnel of PHC on the basis of the integrated guidelines for IMCI, IPV, epidemic control.	3.2. Training on supervision of vaccine managed infections, PPVRC for the personnel providing services	100	<ul style="list-style-type: none"> • Schedule for carrying out training seminars; • Program of training; • Financial reporting; • Lists of participants of train seminars; • Sheets with signatures of participants of seminars; • Photos.
Objective 3. Strengthening of potential of the personnel of PHC on the basis of the integrated guidelines for IMCI, IPV, epidemic control.	3.3. Training of managers of PHC on use of the data, monitoring and planning, in order to improve efficiency of PHC (on the basis of managements of SIDA and the World bank)	100	<ul style="list-style-type: none"> • Schedule for carrying out training seminars; • Program of training; • Financial reporting; • Lists of participants of train seminars; • Sheets with signatures of participants of seminars; • Photos.
Objective 3. Strengthening of potential of the personnel of PHC on the basis of the integrated guidelines for IMCI, IPV, epidemic control.	3.4. Monitoring of process of rehabilitation of medical institutions and quality of g services of PHC in pilot areas (travel and transportation expenses)	100	<ul style="list-style-type: none"> • Schedule for carrying out training seminars; • Financial reporting; • Sheets with signatures of members of groups of monitoring; • Monthly reports of groups of monitoring; • Photos.
Objective 4. Education of population on the importance of timely immunization and creation	4.1. Strengthening of knowledge of the population on the importance of timely immunization and the	100	<ul style="list-style-type: none"> • Printed information and educational materials (IPM); • Register on the distribution (IPM) among the target areas and

of the incentive system for mothers	coverage of newborns after home births		settlements; • Photos.
Objective 4. Education of population on the importance of timely immunization and creation of the incentive system for mothers	4.2. Completion of the program of social mobilization and distribution in the pilot areas	100	• Printed information and educational materials (IPM); • Register on the distribution (IPM) among the target areas and settlements; • Photos.
Objective 4. Education of population on the importance of timely immunization and creation of the incentive system for mothers	4.3. Carrying out of short-term courses for trainers on the alignment of the local health care authorities' activities and NPO working in the mother-and-child sphere	100	• Program of training; • Lists of participants of rates; • Financial reporting; • Sheets with signatures of participants of seminars; • Photos.
Objective 4. Education of population on the importance of timely immunization and creation of the incentive system for mothers	4.4. Piloting of the incentive system for the poorest mothers in remote areas with high level of home births (based on the international experience)	100	• Developed incentive system for mothers; • List of mothers that received incentives; • Financial documentation on purchases and distribution; • Photos.
Objective 5. Strengthening of the potential of PHC organizations in terms of timely data collection and reporting as the basis for decision-making	Improvement of the informed health care system at level of PHC and further automation	100	• Specification of the equipment approved by MH RT; • Financial reporting; • Register on the distribution of the equipment; • Photos.

9.2.1 For each objective and activity (for example, Objective 1, activity 1.1, activity 1.2 and etc.) explain the obtained results and problems faced with (for example, assessment, National Coordinating Committee of the health protection sector meetings).

Key Activities (if necessary insert additional lines)	Explain results achieved and challenges encountered/b>
Objective 1. Strengthening of the decision-making process	1.1. Consideration of the problems connected with the immunization coverage and services of PHC as a whole at intersectoral governmental meetings of the ICC of MH RT in the course of forming of the budget for lobbying for adequate funding; 1.2. 3 sessions of NCCH associated with immunization and services of PHC have been carried out at intersectoral governmental meetings of ICC of MH RT during the formation of budget for lobbying for adequate funding; Barriers: No challenges
Objective 2. Improvement of access to PHC services	2.1. Repaired and reconstructed 23 medical institutions of PHC (35 design offers selected); 2.2. 100 MK-074 refrigerators have been purchased and distributed at medical institutions of PHC in the pilot areas; Barriers: No challenges
Objective 3. Strengthening of PHC personnel potential	3.1. 26 specialists of PHC level at epidemic control of vaccine managed infections, PPVRC 3.2. 15 specialists of RCSES and RCIP on joint supervision of vaccine managed infections have been trained; 3.3. 168 heads of medical institutions of PHC on micro planning, use of the data, monitoring and the reporting were trained; 3.4. The system for monitoring the quality of the PHC services provided has been set up. Barriers: No challenges
Objective 4. Strengthening of the knowledge of the population	4.1. The following information and educational materials have been developed and distributed: - 2 types of booklets

	- 2 types of posters - 4 types of instruction sheets - 1 type of calendar - 3 TV programs - 6 radio programs - 1 video clip 4.3. 78 public trainers specialized in problems related to health care have been trained; 4.4. The incentive system mothers has been developed; during its implementation, material support was provided to 1,034 mothers. Barriers: No challenges
Objective 5. Strengthening of the PHC organizations' potential	5.1. - 18 medical institutions of PHC were provided with modern office equipment for the improvement of the information system, 12 from which were connected to the unified information reporting system. Barriers: Not all officers have sufficient skills to operate some office equipment and programs for data entry and processing.

9.2.2 Explain why some activities were not fulfilled or were changed, with references.

Of the 18 medical institutions of PHC, only 12 have been connected to the unified information reporting system because not all settlements have access to the Internet, particularly, those in mountainous regions.

9.2.3 If the grant by GAVI for HSS used as motivation of health workers of the country, then how these funds contributed to the fulfillment of the national personnel policy and the relevant provisions?

- The grant funds were not used for the purpose of providing incentives for medical workers.

9.3. General Overview of the Goals Achieved

Fill in **Table 9.3** for each indicator and tasks described in the initial proposal and the decision letter. Use initial indexes and aims for 2012 of your initial proposal on Health Service Support.

Table 9.3: Progress toward aims

Name of Task and Indicator (if necessary include additional lines)	Initial level		Approved goal until the end of support in the initial proposal for HSS	Aim 2013:						Data source	If some goals were not achieved, provide explanation
	Initial level	Initial source/date									
Specified in Appendix No. 27	Specified in Appendix No.27	Specified in Appendix No.27	Specified in Appendix No. 27	Specified in. No. 27			see App. 27	see App. 27	see App. 27	see App. 27	See App. 27

9.4. Completion of the Program in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programs, and how the HSS funds benefited the immunization program.

9.4.2. Describe the encountered problems and found or offered decision, aimed for improvement of Health Service Support funds use in future.

9.4.3. Describe specific measures on different levels for monitoring and effectiveness assessment of activities within GAVI Health Service Support.

9.4.4. Briefly describe the extent to which monitoring and evaluation system is integrated into the systems of the country such as, for example, annual estimates sectors. Describe the possibilities in which statements on the use of GAVI for HSS could be more compatible with existing reporting systems in your country. This may include the use of appropriate indicators used in wide-sector approach, instead of indicators of GAVI.

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

9.4.5. Describe the participation of civil society organizations in the implementation of the proposal for HSS. Specify the names of organizations, type of activity and the size financing allocated to these organizations at the expense of funds for HSS.

9.4.7. Describe the mechanism of Health Service Support funds management, notifying the following:

- How much effective was the Health Service Support funds management?
- Problems with the distribution of funds within the country, if any
- Measures taken to resolve problems and improve management
- Any changes in the management processes the following year

9.5. Activities Planned within Health Service Support for 2014

Enter the information on completing the activities in 2014 in **Table 9.4**. If you offer to make changes in the activities and budget in 2014, explain the changes in the table below, and explain the reasons.

Table 9.4: Planned Activities for 2014

Key Activities (if necessary insert additional lines)	Planned Activities for 2014	Initial Budget for 2014 (confirmed in the offer for HSS or corrected during the annual results evaluation)	2014 Actual Expenses (as of April 2014)	Revised Activity (if essential)	Explanation of suggested changes in activities or budget (if essential)	Corrected Budget for 2014 (if essential)
Objective 1. Strengthening of decision- making based on evidence at the Central and local level	1.1. Drawing up, publication and distribution of summary records on the policy and influence of public policy and reform of PHC on Objectives 4 and 5 with use of monitoring indicators and research.	2250				2250
Objective 1. Strengthening of decision- making based on evidence at the Central and local level	1.2. Consideration of the problems connected with the immunization coverage and services of PHC as a whole on intersectoral governmental meetings of ICC of MH RT during the formation of	2800				2800

	the budget.					
Objective 1. Strengthening of decision-making based on evidence at the Central and local level	1.3. Consideration of problems connected with the immunization coverage and services of PHC as a whole at meetings on regional, district, Djamoat level for lobbying to receive adequate financing.	300				300
Objective 2. Increase access to PHC services in remote and hard-to-reach areas	2.1. Support of the personnel of PHC for carrying out of patronage activity (transport and daily expenses)	72000				42000
Objective 2. Increase access to PHC services in remote and hard-to-reach areas	2.2. Support of mobile crews (transport and daily expenses)	59040				41840
Objective 3. Strengthening of potential of the personnel of PHC on the basis of the integrated guidelines for IMCI, IPV, epidemic control	3.1. Training on supervision of vaccine managed infections, PPVRC for medical staff of PHC	66378				66378
Objective 3. Strengthening of potential of the personnel of PHC based on the integrated manuals for IMCI, IPV, epidemic control	3.2. Monitoring of process of rehabilitation of medical institutions and quality of services of PHC in pilot areas (travelling and living expenses)	14800				14800
Objective 3. Strengthening of potential of the personnel of PHC on the basis of the integrated guidelines for IMCI, IPV, epidemic control	3.3. Copying reporting documentation on immunization for medical institutions of PHC					28000
Objective 4. Education of population on the importance of timely immunization and creation of the incentives	4.1. Strengthening of knowledge of the population on the importance of timely immunization and the	800				20000

system for mothers	coverage of newborns after home births					
Objective 4. Education of population on the importance of timely immunization and creation of the incentives system for mothers	4.2. Carrying out of short-term courses for trainers on the alignment of the local health care authorities' activities and NPO working in the mother-and-child sphere	2720				2720
Objective 4. Education of population on the importance of timely immunization and creation of the incentives system for mothers	4.3. Piloting of the incentive system for the poorest mothers in remote areas with high level of home births (based on the international experience)	51000				51000
Objective 4. Education of population on the importance of timely immunization and creation of the incentives system for mothers	4.4. Carrying out of operative research on the efficiency and financial stability of medical authorities in pilot areas for an estimation of possible expansion	14300				14300
Objective 5. Strengthening of the potential of PHC organizations in terms of timely data collection and reporting	5.1. Improvement of the informed health care system at level of PHC and further automation	24000				24000
Objective 5. Strengthening of the potential of PHC organizations in terms of timely data collection and reporting	Administration and advisers of the Project (including local taxes)	23412				23412
		333800	0			333800

9.6. Activities Planned within Health Service Support for 2015

Please use **Table 9.6** to outline the activities planned for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please consider the following: if the change in the budget is over 15% higher than the approved appropriations for a specific activity in the fiscal year, such proposed amendments should be submitted to the IRC with a justification of the requested changes

Table 9.6: Activities Planned within Health Service Support for 2015

Key Activities	Planned	Initial Budget for 2015	Revised Activity (if	Explanation of suggested changes in	Corrected
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(if necessary insert additional lines)	Activities for 2015	(confirmed in the offer for HSS or corrected during the annual results evaluation)	essential)	activities or budget (if essential)	Budget for 2015 (if essential)
		0			

9.7. Revised Indicators in Case of Reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other Sources for HSS Funding

If other donors contribute to the objectives of the country described in the proposal for GAVI HSS, specify the amount of aid and the cost of activities included in the report:

Table 9.8: Fund sources for Health Service Support in your country

Donor	Amount in USD	Support Duration	Type of Funded Activities

9.8.1. Is the GAVI support for HSS included in the national budget of the health care sector? **Yes**

9.9. Report on Grant Appropriation for HSS

9.9.1. List the **basic** sources of information used in this report on HSS, specifying the following:

- How information at the national level prior to its submission to the GAVI Alliance was confirmed.
- Any important details regarding the accuracy or reliability of the information (particularly financial information and performance indicators), as well as measures that were taken for correction or removal.

Table 9.9: Data Sources

Data Sources Used in this Report	How Data was Verified	Problems, if Any
1. Financial reports on the use of funds from GAVI for HSS in 2013 and 2014. 2. Audit report of LLC Audit Alliance on the use of funds from GAVI for HSS in 2013. 3. The report of a revision committee of NKKZ on the use of means of GAVI for HSS in 2013. 4. Reports by the groups for monitoring the process of rehabilitation at medical institutions and the quality of services in pilot areas.	Monitoring	No challenges

9.9.2. Describe any problems encountered in the preparation of this report, on which you want to inform GAVI Alliance and the IRC. This information will be used to improve the reporting process.

- Not all points of the report form have been translated from English into Russian.
- Some columns of tables were duplicated, e.g. Tab. 9.2 and 9.2.1.

9.9.3. How many times did the Coordinating Committee of the Health Care Sector (CCHS) meet in 2013?

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report (**Document No.: 6**)
2. Report on the latest assessment of the state of the health sector

10. Support for strengthening the participation of civil society organization in immunization (CSO): type A and type B

10.1. Type A: Support for strengthening coordination and increasing the representation of civil society organization

Tajikistan **Support from GAVI for CSO (TYPE A) was not received**

Tajikistan does not submit the report on the use of support for CSO Type A in 2013

10.2. Support CSOs TYPE B: should facilitate the implementation of the GAVI HSS proposal or ILC

Tajikistan **Support from GAVI for CSO (TYPE A) was not received**

Tajikistan does not submit the report on the use of support for CSO Type A in 2013

11. Comments by the Chairmen of ICC/CCHS

Give comments you would like to bring to the attention of the monitoring group IRC during this evaluation, as well as any information which you would like to share about the problems that have arisen during the year. This can be a supplement to the approved protocols that should be included in the attachment

- The ICC and NCCH of the Republic Tajikistan thank the GAVI Alliance for support of the health care system and service of immunization that, undoubtedly, will bring essential contribution to the process of reforming the health care system directed, first of all, at the improvement of access and quality of services at level of PHC and increasing the coverage of immunization for the purpose of eradicating infectious diseases preventable by immunization.

12. Appendix

12.1. Appendix 1 - Provision on Immunization Service Support

INITIAL REQUIREMENTS:

FINANCIAL REPORTING **ON IMMUNIZATION SERVICES SUPPORT (ISS) AND GRANTS FOR INTRODUCTION OF NEW VACCINES**

- I. All countries which received funds for ISS / grants for introduction of new vaccines during 2013 calendar year or which had funds for ISS / grants for introduction of new vaccines in 2013, should present the financial reporting on these programs as a component of the annual progress reports.
- II. Financial statements should be drawn up on the basis of countries' own accounting standards, and therefore GAVI does not consider it necessary to provide for countries a common template with predefined cost categories.
- III. **As the minimal requirement**, GAVI requires that a simple report on income and expenses for activities during the 2013 calendar year should be submitted, which should include the points listed below from (a) to (e). The sample of base profit and loss statement is presented on the next page.
 - a. Funds transferred from 2012 calendar year (initial balance as of January 1 2013)
 - b. Funds from GAVI received during 2013
 - c. Other funds received during 2013 (percentage, commission fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Final balance as of 31 December 2013
 - f. Detailed analysis of the expenses for 2013 **based on the economic classification system confirmed by your government**. This analysis should total annual expenditure by economic classification system of your government and the relevant cost categories (e.g., wages and salaries). If it is possible, specify the budget for each category in the beginning of calendar year, the actual amount of expenses for the calendar year, and the balance for each category of costs as of 31 December 2013 (referred to as "deviation").
- IV. Financial statements should be drawn up on the basis of local currency, indicating the applicable exchange rate of the U.S. dollar. Additionally, countries should provide an explanation about how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by GAVI Alliance.
- V. Financial statements should not pass an audit or any other verification before submission to GAVI. However, it is assumed that this report should be subject to careful verification during external audit conducted in every country based on the results of the 2013 fiscal year. The results of the activities audit within HSS support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

12.2. Appendix 2 - Sample of Income and Expenses Report (Immunization Service Support)

MINIMAL REQUIREMENTS FOR FINANCIAL REPORTING ON ISS AND USE OF THE GRANT FOR VACCINE IMPLEMENTATION 1

Sample Income and Expenses Report

Summary of Income and Expenses - GAVI ISS		
	Local Currency (CFA Francs)	Amount in USD *
Balance Transferred from 2012 (balance as of 31 December 2012)	25,392,830	53,000
Summary of Income Receive in 2013		
Total income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total Expenses in 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance transferred to 2014)	60,139,325	125,523

* State the exchange rate as for of the beginning (01.01.2013) and the end (31.12.2013) of year, as well as the exchange rate used in these financial statements to convert the local currency into U.S. dollars.

Detailed Cost Analysis on the Basis of the Economic Classification ** - GAVI Injection Safety Support						
	Budget in CFA Francs	Budget in USD	Actual Amount in CFA Francs	Actual Amount in USD	Deviation in CFA Francs	Deviation in USD
Expenses for Salaries						
Salary	2,000,000	4,174	0	0	2,000,000	4,174
Daily Allowance	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Expenses Other than Salaries						
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
Service and overhead expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other Expenses						
Transport means	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL for 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Cost categories are indicative and included for clarity only. Every government should provide the reporting in accordance with its own economic classification system.

12.3. Appendix 3 - Terms of Reference – Healthcare System Strengthening

INITIAL REQUIREMENTS:

FINANCIAL REPORTING ON **HEALTHCARE SYSTEM STRENGTHENING (HSS)**

- I. All countries which received grants within the support of CSO during the 2013 calendar year or which had the remains of earlier grants for support of CSP of Type B in 2013, should submit a financial report on these programs as a component of the annual progress reports.
- II. Financial statements should be drawn up on the basis of countries' own accounting standards, and therefore GAVI does not consider it necessary to provide for countries a common template with predefined cost categories.
- III. As the minimal requirement, GAVI requires that a simple report on income and expenses for activities during the 2013 calendar year should be submitted, which should include the points listed below from (a) to (e). The sample of base profit and loss statement is presented on the next page.
 - a. Funds transferred from 2012 calendar year (initial balance as of January 1 2013)
 - b. Funds from GAVI received during 2013
 - c. Other funds received during 2013 (percentage, commission fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Final balance as of 31 December 2013
 - f. Detailed analysis of expenses for 2013 on the basis of the economic classification system confirmed by your government. This analysis should include a stated total annual expenditure on all aims and activities under the CCL in accordance with the CCL proposal originally approved by your government, as well as breakdown by category of costs (e.g. wages and salaries). Categories of costs should be specified in accordance with the economic classification system approved by your government. It is necessary to specify the budget for each goal, a type of activity and a category of costs for the beginning of the calendar year, the actual amount of expenses for the calendar year, and the balance for each goal, a type of activity and a category of costs as of 31 December 2013 (referred to as "the deviation").
- IV. Financial statements should be drawn up on the basis of local currency, indicating the applicable exchange rate of the U.S. dollar. Additionally, countries should provide an explanation about how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by GAVI Alliance.
- V. Financial statements should not pass an audit or any other verification before submission to GAVI. However, it is assumed that this report should be subject to careful verification during external audit conducted in every country based on the results of the 2013 fiscal year. The results of the activities audit within HSS support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

12.4. Appendix 4 - Sample of Income and Expenses Report, HSS

MINIMAL REQUIREMENTS FOR FINANCIAL REPORTING ON SUPPORT FOR **HSS**:

Sample Income and Expenses Report

Summary of Income and Expenses - HSS Support		
	Local Currency (CFA Francs)	Amount in USD *
Balance Transferred from 2012 (balance as of 31 December 2012)	25,392,830	53,000
Total Income Received in 2013		
Funds received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fee)	179,666	375
Total income	38,987,576	81,375
Total Expenses in 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance transferred to 2014)	60,139,325	125,523

* State the exchange rate as for of the beginning (01.01.2013) and the end (31.12.2013) of year, as well as the exchange rate used in these financial statements to convert the local currency into U.S. dollars.

Detailed Cost Analysis Based on the Economic Classification ** - GAVI HSS						
	Budget in CFA Francs	Budget in USD	Actual Amount in CFA Francs	Actual Amount in USD	Difference in CFA Francs	Difference in USD
Expenses for Salaries						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Daily allowance	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Expenses Other than Salaries						
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
Service and overhead expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other Expenses						
Transport means	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Cost categories are indicative and included for clarity only. Every government should provide the reporting in accordance with its own economic classification system.

12.5. Appendix 5 – Basic Requirements - CSO

INITIAL REQUIREMENTS:

FINANCIAL REPORTING ON SUPPORT OF **CIVIL SOCIETY ORGANIZATIONS** OF TYPE B

- I. All countries which received grants within the support of CSO during the 2013 calendar year or which had the remains of earlier grants for support of CSP of Type B in 2013, should submit a financial report on these programs as a component of the annual progress reports.
- II. Financial statements should be drawn up on the basis of countries' own accounting standards, and therefore GAVI does not consider it necessary to provide for countries a common template with predefined cost categories.
- III. As the minimal requirement, GAVI requires that a simple report be submitted on the income and expenses involved in the activities for the 2013 calendar year, which should include the points listed below from (a) to (e). The sample of profit and loss base statement is presented on page 3 of this Appendix.
 - a. Funds transferred from 2012 calendar year (initial balance as of January 1 2013)
 - b. Funds from GAVI received during 2013
 - c. Other funds received during 2013 (percentage, commission fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Final balance as of 31 December 2013
 - f. Detailed analysis of expenses for 2013 on the basis of the economic classification system confirmed by your government. This analysis should include a stated total annual expenditure for each partner - civil society organization in accordance with proposal of CSO Type B support, originally approved by your government, as well as breakdown by category of costs (e.g. wages and salaries). Categories of costs should be specified in accordance with the economic classification system approved by your government. It is necessary to specify the budget for each goal, a type of activity and a category of costs for the beginning of the calendar year, the actual amount of expenses for the calendar year, and the balance for each goal, a type of activity and a category of costs as of 31 December 2013 (referred to as "the deviation").
- IV. Financial statements should be drawn up on the basis of local currency, indicating the applicable exchange rate of the U.S. dollar. Additionally, countries should provide an explanation about how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by GAVI Alliance.
- V. Financial statements should not pass an audit or any other verification before submission to GAVI. However, it is assumed that this report should be subject to careful verification during external audit conducted in every country based on the results of the 2013 fiscal year. The results of the activities audit within CSO Type B support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

12.6. Appendix 6 – Sample Income and Expenses Report, CSO

MINIMAL REQUIREMENTS FOR FINANCIAL REPORTING ON SUPPORT of **CSO Type B:**

Sample Income and Expenses Report









Summary of Income and Expenses – CSO Support		
	Local Currency (CFA Francs)	Amount in USD *
Balance Transferred from 2012 (balance as of 31 December 2012)	25,392,830	53,000
Total Income Received in 2013		
Funds received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fee)	179,666	375
Total income	38,987,576	81,375
Total Expenses in 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance transferred to 2014)	60,139,325	125,523

* State the exchange rate as for of the beginning (01.01.2013) and the end (31.12.2013) of year, as well as the exchange rate used in these financial statements to convert the local currency into U.S. dollars.

Detailed Cost Analysis Based on the Economic Classification ** - GAVI CSO						
	Budget in CFA Francs	Budget in USD	Actual Amount in CFA Francs	Actual Amount in USD	Difference in CFA Francs	Difference in USD
Expenses for Salaries						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Daily allowance	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Expenses Other than Salaries						
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
Service and overhead expenses	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other Expenses						
Transport means	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Cost categories are indicative and included for clarity only. Every government should provide the reporting in accordance with its own economic classification system.

13. Attached Files

Document No.	Document	Section	Mandatory	File
1	Signature of the Minister of Health Protection (or authorized representative)	2.1		TJK_APR 2013_MoHSign File Description: Date/Time: 15.05.2014 08 Size: 1 MB
2	Signature of the Minister of Finance (or authorized representative)	2.1		TJK_APR 2013_MoFSign File Description: Date/Time: 15.05.2014 08 Size: 1 MB
3	Signatures of the Interagency Coordination Committee members	2.2		TJK_APR2013_ICC Sign File Description: Date/Time: 15.05.2014 08 Size: 1 MB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7		TJK_APR 2013_ICCAprov File Description: Date/Time: 15.05.2014 08 Size: 2 MB
5	Signatures of National Coordinating Committee of the health protection sector members	2.3		TJK_APR2013_NCCH S File Description: Date/Time: 15.05.2014 08 Size: 1 MB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3		TJK_APR2013_NCCH M 6.PDF File Description: Date/Time: 15.05.2014 08 Size: 375 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		TJK_APR2013_ISS Fin Report_App7.PDF File Description: Date/Time: 15.05.2014 08 Size: 385 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3		TJK_APR 2013_ISS Aud File Description: Date/Time: 16.05.2014 10 Size: 3 MB

9	Post Introduction Evaluation Report	7.2.2	✓	TJK_APR2013_Not Applied Documents.doc File Description: Date/Time: 15.05.2014 09:00 Size: 24 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	TJK_APR2013_Not Applied Documents.doc File Description: Date/Time: 15.05.2014 09:00 Size: 24 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US \$250,000	7.3.1	✓	TJK_APR2013_Not Applied Documents.doc File Description: Date/Time: 15.05.2014 09:00 Size: 24 KB
12	EVSM/VMA/EVM report	7.5	✓	TJK_APR2013_EVM Report Documents.doc File Description: Date/Time: 15.05.2014 09:00 Size: 241 KB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	TJK_APR2013_EVM Plan Documents.doc File Description: Date/Time: 15.05.2014 09:00 Size: 560 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	TJK_APR2013_EVM Status Documents.doc File Description: Date/Time: 15.05.2014 09:00 Size: 111 KB
16	Valid cMYP if requesting extension of support	7.8	✗	TJK_APR2013_Not Applied Documents.doc File Description: Date/Time: 15.05.2014 09:00 Size: 24 KB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	TJK_APR2013_Not Applied Documents.doc File Description: Date/Time: 15.05.2014 09:00 Size: 24 KB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	TJK_APR2013_Not Applied Documents.doc File Description: Date/Time: 15.05.2014 09:00 Size: 24 KB

19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	TJK_APR_2013_HSS2013 File Description: Date/Time: 15.05.2014 09 Size: 1 MB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	TJK_APR_2013_HSS2014 File Description: Date/Time: 15.05.2014 09 Size: 1 MB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	TJK_APR_2013_HSS_Au File Description: Date/Time: 16.05.2014 10 Size: 2 MB
22	HSS Health Sector review report	9.9.3	✓	TJK_APR2013_Not Applic Documents.doc File Description: Date/Time: 15.05.2014 08 Size: 24 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	TJK_APR2013_Not Applic Documents.doc File Description: Date/Time: 15.05.2014 09 Size: 24 KB
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	TJK_APR2013_Not Applic Documents.doc File Description: Date/Time: 15.05.2014 09 Size: 24 KB
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	TJK_APR2013_Not Applic Documents.doc File Description: Date/Time: 15.05.2014 09 Size: 24 KB
26	Bank statements for each cash program or consolidated bank statements for all existing cash programs if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	TJK_APR2013_BankConf File Description: Date/Time: 15.05.2014 08 Size: 882 KB
27	Protocol_of_meeting_of_Interagency_Coordination_Committee_on_amendment_of_vaccine_presentation	7.7	✗	TJK_APR2013_Not Applic Documents.doc File Description: Date/Time: 15.05.2014 09 Size: 24 KB

	Another document		X	TJK_HSS Progress Report 27.docx File Description: Date/Time: 15.05.2014 09:00 Size: 8 MB
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