



GAVI Alliance

Annual Progress Report 2014

Submitted by:

The Government of
Tajikistan

Report for: **2014**

Support Application for Year: **2016**

Date of Submission: **06.16.2015**

Deadline for Submission: May 27, 2015

Please submit the APR 2014 via the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Please send queries to: apr@gavi.org or to representatives of the GAVI Alliance partner. Copies of documents can be sent to GAVI partners, other collaborating organisations and to the general public. APR and its appendices must be submitted in English, French, Spanish or Russian.

Note. *We encourage you to use the previous APRs and approved proposals for GAVI support as reference materials. An electronic copy of previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

The GAVI secretariat shall not return any submitted documents and appendices to countries. Unless specified otherwise, copies of documents may be sent to GAVI partners, other collaborating organisations and to the general public.

GAVI ALLIANCE GRANT TERMS AND CONDITIONS

FUNDING IS TO BE USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funds provided by the GAVI Alliance, in conformity with this proposal, will be used solely for the implementation of the programme(s) contained therein. Any material deviation from the approved programme(s) shall be subject to the mandatory preliminary review and approval by the GAVI Alliance. All decisions on financing this application shall be approved at the discretion of the GAVI Alliance management, following which they pass through an Independent Expert Committee (IEC) and they also depend on the presence of available financing.

AMENDMENTS TO THE PROPOSAL

If a country is willing to make amendments to the contents of its proposal, it should inform the GAVI Alliance to this end by specifying the respective reason to this end in its annual progress report. The GAVI Alliance documents any amendment it has approved and the relevant amendment is filed in the approved proposal.

REFUNDS

The Country agrees to refund to the GAVI Alliance all moneys which have not been used for the implementation of the programme(s) set out in this proposal. Unless the GAVI Alliance decides otherwise, refund (in US dollars) must be done within sixty (60) days from the date of receipt of the GAVI Alliance refund request by wiring funds to the account or accounts specified by the GAVI alliance.

SUSPENSION/TERMINATION OF FINANCING

The GAVI Alliance is entitled to suspend, partially or in full, funding to the Country where there are grounds to suspect wrongful use of funds earmarked for implementation of the programmes set out in this proposal or in any corrigendum to it, as approved by the GAVI Alliance. In case wrongful use of funds provided to the Country is confirmed, the GAVI Alliance shall reserve the right to discontinue its support for implementation of the programmes set out in this proposal.

ANTI-CORRUPTION MEASURES

The Country confirms that the funds provided by the GAVI Alliance will not be proposed to any third parties and that the Country cannot request, with reference to this proposal, any gifts, payments or benefits, which, directly or indirectly, could be interpreted as corruption.

AUDITS AND DOCUMENTATION

The Country shall hold annual audits and shall submit its results to the GAVI Alliance (upon request). The GAVI Alliance reserves the right to hold, individually or through an agent, audits or any other assessment of financing activity management with a view to secure reporting on the funds provided to the Country.

The Country shall be requested to keep detailed accounting records which document how funds of the GAVI Alliance are used. The Country will keep its own accounting books in accordance with the accounting standards approved by the government for at least three years after the date of the last extension of the GAVI Alliance funding. In case of any claims concerning fraudulent use of funds, the Country will keep such records until the final audit results are obtained. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL FORCE

The Country and persons authorised by the Government to sign this document confirm that this proposal and the APR contain accurate and authentic information, and impose an obligation on the Country which has mandatory legal force, in accordance with the legislation of the Country, implement programmes set out in this proposal and with corrections to the APR (if applicable).

CONFIRMATION OF MEETING THE REQUIREMENTS OF THE GAVI ALLIANCE'S TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it has familiarised with the Transparency and Accountability Policy of the GAVI Alliance, and that it will implement all its requirements.

USE OF COMMERCIAL BANKS ACCOUNTS

The Country is held responsible for the comprehensive review of the activity, financial condition and standing of all commercial banks used to manage GAVI's financial support. The Country confirms that it takes all responsibility for compensating GAVI's financial support which can be hampered as a result of banks' insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance emerging with regard to this proposal or such associated to it and which cannot be resolved within a reasonable deadline, shall be submitted for arbitration at the request of the GAVI Alliance or the relevant country. Arbitration shall be held in accordance with the acting Arbitration Rules of the United Nations Commission on International Trade Law. The parties agree that the arbitration decision is mandatory to them which shall be reviewed as the final resolution of any such dispute. The place of arbitration shall be Geneva, Switzerland. The language of arbitration shall be English or French.

To resolve any dispute whose amount claimed is \$US 100,000 or less, one arbiter will be summoned who will be appointed by the GAVI Alliance. To resolve a dispute whose amount claimed exceeds \$US 100,000, three arbiters will be appointed in the following manner: The GAVI Alliance and the Country will appoint one arbiter each following which these two arbiters will jointly appoint a third arbiter who will also be the chairperson.

The GAVI Alliance will not be held responsible before the Country for any claims or damage related to the programmes described in the application, including but not only any damage incurred to the property, bodily injury or death. The Country shall be solely responsible on all aspects of management and implementation of programmes described in its application.

By completing this APR, the Country informs GAVI about:

The works done in the past year with the use of GAVI funds

Serious problems arising and measures undertaken for their resolution

Meeting the conditions of record-keeping and accountancy with regard to GAVI funds as well as interaction with partners on national development

The request of extra funds whose extension was approved in the previous application for ISS/NVS/HSS but which are yet to be provided

What GAVI could have done to facilitate APR in keeping with the GAVI principles concerning the reliability of accountancy and transparency procedures.

1. Application Specification

Report for: 2014

Support Application for year: 2016

1.1. NVS and INS

Type of Support	Vaccine used	Preferable presentation	Term of validity
Support of new vaccines introduction for the planned immunization	DTP-HepB-Hib, single-dose vial, LIQUID	DTP-HepB-Hib, single-dose vial, LIQUID	2015
Support of new vaccines introduction for the planned immunization	Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	2017

DTP-hepatitis B-Haemophilus influenzae type b (pentavalent vaccine): Drawing on countries' existing preferences, the vaccine is available via UNICEF in a completely liquid form in 1- and 10-dose vials and in a liquid/lyophilised form in 2-dose 2 vials which should be applied under a 3-dose schedule. Other forms of delivery have also been selected by WHO and a full list is available at [the WHO website](#); however, their availability must be double-checked for each specific case.

1.2. Programme Extension

Type of Support	Vaccine	Starting year	Closing year
Support of new vaccines introduction for the planned immunization	DTP-HepB-Hib, single-dose vial, LIQUID	2016	2016
Support of new vaccines introduction for the planned immunization	Rotavirus, 2-dose schedule	2018	2018

1.3. ISS, HSS, Support for the Civil Society Organisation (CSO)

Type of Support	Report on the Use of Funds in 2014	Request for Approval	Eligible for 2014 ISS reward
VIG	Yes	N/A	No
HSS	Yes	Next HSS grant no	No

VIG: Vaccine Introduction Grant; OSC: Operational Support for Campaigns

1.4. Previous report on IEC monitoring

Annual report IRC for 2013 is available [here](#)

2. Signatures

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

Signing this page, the Government of **Tajikistan** hereby confirms authenticity of information, contained in this report and all appendixes hereof, including statement of financial implications and 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).

For the Government of **Tajikistan**

Please bear in mind that this APR shall not be reviewed or approved by the Evaluation Advisory Committee (EAC) if it does not contain the signatures of the Minister of Health and the Minister of Finances or persons authorised by them.

Minister of Health (or an authorised representative)		Minister of Finance (or an authorised representative)	
FULL NAME	NUSRATULLO FAYZULLO SALIMZODA, Minister	FULL NAME	ABDUSALOM KURBONOV, Minister
Date		Date	
Signature		Signature	

This report was compiled (the GAVI Secretariat may contact these persons if questions arise concerning the contents of this document):

FULL NAME	Position	Phone	Email
Dr. Zafardzhon Abdukhahorovich Azizov	General Manager of the Republican Centre for Immunoprophylaxis of the Ministry of Health of the Republic of Tajikistan	(+992) 918 40 49 24	rcip.tj@mail.ru
Dr. Anvar Bakhtiyorovich Nazurdinov	Deputy General Manager of the Republican Centre for Immunoprophylaxis of the Ministry of Health of the Republic of Tajikistan	(+992) 988 558865	dr_anvar88mail.ru

2.2. ICC Signatures page

If the party submits a report on immunisation services support (ISS), injection safety support (INS) and/or for new and underused vaccines support (NVS)

In some countries, the Health Sector Coordinating Committee (HSCC) and the ICC are merged into a single committee. Please fill in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The Transparency and Accountancy Policy (TAP) is an integral part of the GAVI Alliance's monitoring of the Country's activity. By signing this form, ICC members confirm that the funds obtained from the GAVI Alliance were used for the purpose designated in the approved country proposal and that management of these funds was transparent, in conformity with the governmental regulations and the requirements for financial management.

2.2.1. Approval of the ICC Report

We, the undersigned, members of the Inter-agency Coordinating Committee on Immunisation (ICCI) approve this report. The signing of this document does not create financial (or legal) obligations for the partnering agency or an individual.

Full name/Position	Institution/Organisation	Signature	Date
N.Dzh. DJAFAROV, Deputy Minister	Ministry of Health Care and Social Protection (MHCSP) of the Republic of Tajikistan, ICC Chairman		
Z.A. AZIZOV, Director General of	State Enterprise "Republican Centre for Immunoprophylaxis" MHCSP, Co-Chairman of the ICC		
Sh.R. RAHMATULLOEV, Head of the Management of Mother and Child Health Care Department	Ministry of Health Care and Social Protection (MHCSP) of the Republic of Tajikistan		
ISFANDIER MAHMUDZODA, Head of the Primary Care and Reform Department	Ministry of Health Care and Social Protection (MHCSP) of the Republic of Tajikistan		
S.H. DAVLATOV, Head of Sanitary and Epidemiological Welfare in Emergency Situations and Emergency Medical Aid (SEW ES EMA). MHCSP of the RT	Ministry of Health Care and Social Protection (MHCSP) of the Republic of Tajikistan		
P.SH. MUKHTOROVA, Director	State Enterprise "Republican Centre for Creating a Healthy Lifestyle" of the MHCSP of RT		
A.B. NAZURDINOV, Deputy Director General	State Enterprise "Republican Centre for Immunoprophylaxis" MHCSP		
L. YULDASHEVA, Healthcare Program Associate	Representative Office of WHO in Tajikistan		
N. SAPAROVA, Healthcare Program Associate	Representative Office of WHO in Tajikistan		
YUKI SUEHIRO, Head of Healthcare and Nutrition Department	UNICEF		
MAKIKO KONOYARA, Project Advisor	Japan International Cooperation Agency (JICA)		
M. BAHRUDDINOV, Associate at the Healthcare and Nutrition Department	UNICEF		
R. RAKHMATOVA, Head of the Healthcare Program	Aga Khan Fund		

T. NADZHMINOV, Specialist	Japan International Cooperation Agency (JICA)		
M. NAZARKHUOEVA, Head of the Epidemiological Department	State Enterprise "Republican Centre for Immunoprophylaxis" MHCSP, ICC Secretary		

ICCI can send some unofficial comments to the following address: apr@gavi.org

All comments will be treated as confidential

Comments of the partners

Comments of the regional working group

2.3. HSCC Signatures Page

We, the undersigned, members of the National Health System Coordination Committee (HSCC), **unanimously** approve this report on strengthening the health system. The signing of this document does not create financial (or legal) obligations for the partnering agency or an individual.

The Transparency and Accountancy Policy (TAP) is an integral part of the GAVI Alliance's monitoring of the Country's activity. By signing this form, the HSCC members 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, HSCC confirms that content of this report is based on accurate and verifiable data of financial reports.

Full name/Position	Institution/Organisation	Signature	Date
N.F. SALIMZODA, Minister	Ministry of Health Care and Social Protection of the Republic of Tajikistan, Chairman of the National Coordinating Health Care Committee (NCHCC)		
L.S. BOBOHODZHIEVA, First Deputy Minister	Ministry of Health Care and Social Protection of the Republic of Tajikistan, deputy NCHCC chairperson		
N.Dzh. DJAFAROV, Deputy Minister	Ministry of Health Care and Social Protection of the Republic of Tajikistan, deputy NCHCC chairperson		
S.A. HAFIZOV, Head of the Health Care System Economy and Budgeting Department	Ministry of Health Care and Social Protection (MHCSP) of the Republic of Tajikistan		
Sh.R. RAHMATULLOEV, Head of the Management of Mother and Child Health Care Department	Ministry of Health Care and Social Protection (MHCSP) of the Republic of Tajikistan		
S.H. DAVLATOV, Head of Sanitary and Epidemiological Welfare in Emergency Situations and Emergency Medical Aid (SEW ES EMA). MHCSP of the RT	Ministry of Health Care and Social Protection (MHCSP) of the Republic of Tajikistan		

H.A. NARZULLOEV, Head of the State Sanitary and Epidemiological Service (SSES) and International Relations	Ministry of Health Care and Social Protection (MHCSP) of the Republic of Tajikistan		
S.Sh. ABDUDZHABAROV, Head of the Budgeting and Social Sector Department	Ministry of Finance of the Republic of Tajikistan		
Z.A. AZIZOV, Director General of	State Enterprise "Republican Centre for Immunoprophylaxis" MHCSP of RT		
I.S. BANDAEV, Official of the Medical Service Development Project	Ministry of Health Care and Social Protection (MHCSP) of the Republic of Tajikistan		
Sh. S. DZHABIROV, Project Manager	GAVI Project "Enhancement of the Health Care System of the Republic of Tajikistan"		
L. YULDASHEVA, Healthcare Program Associate	Representative Office of WHO in Tajikistan		
M. BAHRUDDINOV, Associate at the Healthcare and Nutrition Department	Representative Office of the United Nations Children's Fund (UNICEF) in Tajikistan		
IBOD SHARIFI	HSCC Secretary		

HSCC can send some unofficial comments to the following address: apr@gavi.org

All comments will be treated as confidential

Comments of the partners

Comments of the regional working group

2.4. Signatures Page for CSO Support (Types A and B)

Tajikistan is not reporting on GAVI support for CSO (types A and B) for 2015

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This APR contains the data about the activities which have been conducted in *Tajikistan* from January till December 2014, as well as application for January-December 2016

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4. Baseline and annual targets

Countries are encouraged to indicate realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** in the guidelines available. Pay attention to the comparative wastage rate for the available 10-dose pentavalent vaccine.

Please also note that if the Country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations, respectively.

Number	Results as per Joint Report Form (JRF)		Target (preferable presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total Births	247,654	254,907	253,598	253,598	259,684	259,684	266,434	266,434		273,534
Total Infants' Deaths	3,764	3,523	3,855	3,855	3,940	3,940	4,020	4,020		4,120
Total Surviving Infants	243890	251,384	249,743	249,743	255,744	255,744	262,414	262,414		269,414
Total Pregnant Women	321,950	316,495	329,677	329,677	355,744	355,744	364,015	364,015		373,156
Number of those Vaccinated (to Be Vaccinated) with BCG	240,224	250,495	245,990	245,990	251,894	251,894	258,441	258,441		269,410
BCG Coverage [1]	97 %	98 %	97 %	97 %	97 %	97 %	97 %	97 %	0 %	98 %
Number of those Vaccinated (to Be Vaccinated) with OPV3	236,573	234,890	242,250	242,250	248,072	248,072	254,542	254,542		266,305
OPV3 Coverage[2]	97 %	93 %	97 %	97 %	97 %	97 %	97 %	97 %	0 %	99 %
Number of those Vaccinated (to Be Vaccinated) with DTP1[3]	241,451	244,911	247,245	247,245	250,629	250,629	251,166	251,166		263,120
Number of those Vaccinated (to Be Vaccinated) with DTP3[3][4]	239,012	240,987	244,748	244,748	248,072	248,072	254,542	254,542		263,120
DTP3 Coverage[2]	98 %	96 %	98 %	98 %	97 %	97 %	97 %	97 %	0 %	98 %
Indicator[5] of Losses in Starting Year and Planned for Following Period (%) for DTP	4	3	3	3	15	15	15	15		15
Factor[5] of Losses in Starting Year and Planned for Following Period for DTP	1.04	1.03	1.03	1.03	1.18	1.18	1.18	1.18	1.00	1.18
Number of Infants Vaccinated (to Be Vaccinated) with 1-dose DTP-hepB-Hib	240,224	244,911	245,990	245,990		251,894				
Number of Infants Vaccinated (to Be Vaccinated) with 3-dose DTP-hepB-Hib	240,224	240,987	244,748	244,748		251,894				
DTP-hepB-Hib Coverage[2]	98 %	96 %	98 %	98 %	0 %	98 %	0 %	0 %	0 %	0 %
Indicator[5] of Losses in Starting Year and Planned for Following Period (%)	4	3	3	3		3				
Indicator of Losses[5] for Starting Year and Relevant Plans (%)	1.04	1.03	1.03	1.03	1	1.03	1	1	1	1
Value of maximum wastage indicator for DTP-hepB-Hib, 1-dose vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of Infants Vaccinated (to Be Vaccinated) with 1-dose Rotavirus		0	244,748	244,748	250,629	250,629	257,166	257,166		263,120

Number of Infants Vaccinated (to Be Vaccinated) with 2-dose Rotavirus		0	0	0	250,269	250,269	257,166	257,166		263,120
Rotavirus Coverage[2]	0 %	0 %	0 %	0 %	98 %	98 %	98 %	98 %	0 %	98 %
Indicator[5] of Losses in Starting Year and Planned for Following Period (%)		0	5	5	5	5	5	5		5
Indicator of Losses[5] for Starting Year and Relevant Plans (%)	1	1	1.05	1.05	1.05	1.05	1.05	1.05	1	1.05
Maximum Wastage Factor for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of Infants Vaccinated (to Be Vaccinated) with 1-dose Measles	236,573	228,308	244,748	244,748	248,072	248,072	254,542	254,542		260,425
Measles Coverage[2]	97 %	91 %	98 %	98 %	97 %	97 %	97 %	97 %	0 %	97 %
Pregnant Women Vaccinated with TT+	0	0	0	0	0	0	0	0		0
TT+ Coverage[7]	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Prescription of Vitamin A to mothers within 6 weeks from delivery	1,150,000	0	118,000	0	0	0	0	0		0
Prescription of Vitamin A to Infants 6 months after Birth	350,000	0	620,000	0	0	0	0	0	N/A	0
Annual DTP Dropout Rate [(DTP1 – DTP3)/DTP1] x 100	1 %	2 %	1 %	1 %	1 %	1 %	-1 %	-1 %	0 %	0 %

[1] Number of infants vaccinated out of total newborns

[2] Number of infants vaccinated out of total surviving infants

[3] Specify the total number of children vaccinated with DTP alone or combined vaccine

[4] Please make sure that fields concerning DTP3 are properly filled out

[5] Formula for vaccine wastage rate calculation (in %): $[(A - B) / A] \times 100$. Where: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

[7] Number of pregnant women receiving TT+ out of the total number of pregnant women

5. General programme management component

5.1. Updated baseline and annual targets

Note: Fill in the table in Section 4 “Baseline and Annual Targets”, then continue

The numbers for 2014 must correspond to the data submitted by the Country in the **Joint Report Form of WHO/UNICEF (JRF) for 2014**. The numbers for 2015 - 2015 in Table 4: Baseline and annual targets should be consistent with those that the Country provided to GAVI in previous APR or in new application for GAVI support or in CMYP.

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

- Justification of changes **in the number of births**

The planned number of newborns in 2014 – 2017 coincides with the data of the Joint Report Form of WHO/UNICEF for 2014.

- Justification of changes **in the number of surviving infants**

The number of surviving infants changed due to an increase in the number of births in 2014. The data coincides with the data of the Joint Report Form of WHO/UNICEF for 2014.

- Justification of any amendments in the target groups, by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified. For IPV, supporting documentation in the form of appendices to the Annual Progress Report must be provided to justify ANY changes to the target population.**

The number of vaccine requirements changed due to an increase in the number of births in 2014. The vaccine data coincides with the ones reported in the WHO/UNICEF JRF

for 2014 and the Multi-Year Financial Stability Plan of the Republic of Tajikistan's Immunisation Service for the 2011-2015 period and does not exceed the figures of the previous years by 10%.

- Justification of changes **in the wastage rates by vaccines**

Vaccine losses decreased due to improved planning for children's coverage and holding immunisation sessions. The data coincides with the details reported in the WHO/UNICEF JRF

for 2014 and the Multi-Year Financial Stability Plan of the Republic of Tajikistan's Immunisation Service for the 2011-2015 period.

5.2. Monitoring of GAVI's Gender Policy implementation

5.2.1. 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.

Source of data	Reporting year for evaluation	Coverage estimate	
		Boys	Girls

5.2.2. How did you use the data specified above to eliminate the gender-related barriers in access to immunisation?

5.2.3. If currently there is no data by gender, do you plan to include in reports data about scheduled immunisation by gender in future? **No**

5.2.4. How have any gender-related barriers to accessing and delivering immunisation 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 immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

5.3. Total costs and financing for immunisation

The purpose of **Table 5.3a** is to provide an opportunity for GAVI to understand the wide-reaching trends in the costs of the immunisation software and financial flows. Fill in the table by using \$US.

Exchange Rate Used	1 US\$ = 5,02	Enter only the exchange rate. Do not mention the name of local currency.
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Table 5.3a: Overall expenditures and financing of immunisation out of all sources (government and donors) в \$US

Expenditures by category	Expenditure in 2014	Source of financing						
		Country	GAVI	UNICEF	WHO	JICA	HOPE	KFW
Traditional Vaccines*	1,021,464,519	418,692	0	80,400	0	203,027	1,020,762,400	0
New and Underused Vaccines**	1,980,616	291,000	1,689,616	0	0	0	0	0
Injection Supplies (AD Syringes and Other Syringes)	161,926	96,542	65,384	0	0	0	0	0
Cold Chain Equipment	3,190	0	0	3,190	0	0	0	0
Personnel	277,582	277,582	0	0	0	0	0	0
Other Recurrent Costs	318,731	318,731	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns Costs	508,211	0	0	0	112,765	0	0	395,446
HSS, Introducing rotavirus vaccines, Training and support of mobile teams, replication.		0	537,000	6,215	19,626	0	0	0
Total Expenditures for Immunisation	1,024,714,775							
Total Government Health Expenditures		1,402,547	2,292,000	89,805	132,391	203,027	1,020,762,400	395,446

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

5.4. Inter-agency Coordinating Committee (ICC)

How many meetings did the ICC hold in 2014? **4**

Please attach the minutes (**Document No 4**) from the ICC meeting in 2015, when this report was approved.

List the main problems or recommendations (if any) made by the ICC in sections [5.1 Updated Baseline and Annual Targets](#) to [5.3 Total Expenditures and Financing for Immunisation](#)

Are the civil society organisations included as members of the ICC? No **Yes**

If **yes**, than who?

List the relevant CSO:

Anvar Bakhtiyorovich Nazurdinov, Deputy Director General of the Head Department of the Republican Centre for Immunoprophylaxis (RCI), who is also an associate at the Epidemiology Department of the Tajik State Medical University named after Avicenna, where the issue of immunoprophylaxis is annually included in the curriculum

5.5. Priority Actions in 2015 and 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

- The rotavirus vaccine is to be introduced into the national immunisation schedule in January 2015
- In May 2015, one round of the National Immunisation Days aimed at fighting poliomyelitis is to be held among the targeted children aged between 0 and 5 years.
- Cold equipment inventory is to be held nationwide with the support of an international consultant.
- Introduction of an IPV vaccine into the national immunisation schedule as of 1 October 2015.
- Modernisation of the cold chain system and increase of vaccine storage with a view to introduce new vaccines (Rotavirus vaccine and IPV).
- Development of a new comprehensive multi-year plan for immunisation for the 2016-2020 period.
- Development of a new National Immunoprophylaxis Plan for the 2016-2020 period.
- By the end of 2015, a 95% coverage of prophylactic immunisation among children aged up to 1 year is to be achieved in all cities and regions in the country;

5.6. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection safety material in 2014

Vaccine	Types of syringe used in 2014 routine EPI	Sources of Financing 2014
BCG	0.05 ml, autolytic	Government of Tajikistan
Measles	0.5 ml, autolytic	Government of Tajikistan
AC	0.5 ml self-collapse	Government of Tajikistan
DPT-containing vaccine	0.5 ml, autolytic	Government of Tajikistan, GAVI
IPV	not applicable	

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

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

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

- There are still instances of immunisation at home, which can lead to failure to observe safe immunisation practices;
- The local authorities at the city/regional/local level do not extend funds for the safe disposal of used injection materials;
- Responsible officials at the regional/city/district level do not exercise sufficient control over the safe disposal of injection materials used.

Please explain in 2014 how sharp wastes are disposed of, problems encountered, etc.

- Sharp wastes during the immunisation sessions (visiting or fixed) are collected in safety boxes;
- Safety boxes with the collected sharp wastes are gathered in the office of the head nurse before being destroyed;
- In 26 cities in the country's regions where incinerators for safe incineration of used injection materials are built, collected safety boxes with sharp wastes are taken each month to the regional/city Centre for Immunoprophylaxis and are burnt in the incinerators;
- In the regions and cities where no incinerators are available, safety boxes with collected sharps are burnt in iron containers in special waste bins especially designated for this purpose;
- In all 65 cities and regions of the country, responsible persons are assigned with special orders from the employees at these centres to ensure control over the proper collection and safe destruction of sharp wastes collected in safety boxes.

Problems:

- Insufficient funds are allocated for transportation of the full safety boxes in the regional/city Centres for Immunoprophylaxis where incinerators are installed;
- Because of the inadequate financing of immunisation services at sites, since 2012 not a single incinerator has been built for the safe destruction of used injection materials;
- Not all health institutions (around 15% based on the monitoring data) performing preventive immunisations destroy the used sharp injection materials collected in the safety boxes in a safe way due to gross negligence;
- According to monitoring data, control over the safe disposal of sharp wastes by responsible medical employees at the regional/district level as well as by the heads of primary care health institutions is weak.

6. Immunization services support (ISS)

6.1. Report on the Use of Funds for ISS in 2014

Tajikistan does not have to submit a report on the use of funds for immunisation services support (ISS) in 2014.

6.2. Detailed data on the use of funds for ISS in 2014 calendar year

Tajikistan does not have to submit a report on the use of funds for immunisation services support (ISS) in 2014.

6.3. Request for ISS Reward

Request for a reward for successful immunisation services support (ISS) in Tajikistan is not applicable for 2014

7. New and Underused Vaccines Support (NVS)

7.1. Receipt of new and underused vaccines for immunisation programmes in 2014

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill in the table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Type of vaccine	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the Country experience any stockouts at any level in 2014?
DTP-hepB-Hib	969,000	969,000	0	No
Rotavirus	0	0	0	No

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

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

There were no problems related to the shipment of the pentavalent vaccine and storage volume in 2014. The coverage of the pentavalent vaccine remains high and the level of losses related to the single-dose introduction was down.

- What measures were undertaken by you to enhance vaccine management (e.g. adjusting the vaccine shipment plan? (in the Country and with the UNICEF Supply Division)

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

- Based on the exact estimates for vaccine requirements with a view to the target group, vaccine management improved in 2014.
- Decrease of vaccine losses due to clear micro-planning
- Training of medical staff
- Increase of vaccine storage volume

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. New Vaccine Introduction in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, single-dose vial, LIQUID		
Implementation at the national level	Yes	01.01.2015
Phased Introduction	No	
The time and scale of introduction was as planned in the proposal? If No, why?	Yes	01.01.2015

When is the Post Introduction Evaluation (PIE) planned? **November 2015**

Rotaviral 1 dose in 1 bottle, ORAL		
Implementation at the national level	Yes	01.01.2015
Phased Introduction	No	
The time and scale of introduction was as planned in the proposal? If No, why?	Yes	01.01.2015

When is the Post Introduction Evaluation (PIE) planned? **October 2015**

7.2.2. If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document No. 9))

For the past two years, Tajikistan has not performed new vaccine introduction assessment because no new vaccines have been introduced during this period.

7.2.3. Adverse events following immunization (AEFI)

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

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

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

Is the Country sharing its vaccine safety data with other countries? **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 the following diseases?

a) rotavirus diarrhea? **Yes**

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

Does your country conduct special studies for:

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 specified**

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:

No studies have been conducted

7.3. One-off grant payments for introduction of new and underused vaccines in 2014

7.3.1. Financial Management Reporting

	Amount in \$US	Amount in local currency
Funds received during 2014 (A)	203,000	1,019,060
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	203,000	1,019,060
Total Expenditures in 2014 (D)	203,000	1,019,060
Balance carried over to 2015 (E=C-D)	0	0

Detailed Expenditure of New Vaccines Introduction Grant Funds in 2014 Calendar Year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No 10,11). Terms of reference for this financial statement are available in **Appendix 1**. Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2. Programme Accountancy

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

- At the start of rotavirus vaccine introduction with the help of a WHO consultant, information and training materials were developed and aligned to the national requirements. Among them are the Pocket Book for Vaccinators, training modules for administration of the rotavirus vaccine (translation to the national language and adaptation to the local conditions).
- Organisation and holding by the WHO consultant and experts of the SE RCIP of training at the national level where trainers were educated so that they, in turn, train vaccinators on-site.
- At the regional level, trainings for vaccinators were organised and held, as a result of which the republic had 3003 vaccinators trained on the storage, transportation and use of the rotavirus vaccine.
- A round-table session with the participation of representatives of international organisations (WHO, UNICEF, JICA, Aga Khan Fund), representatives of the Tajik Medical University named after Avicenna, i.e. professors from the faculty of infectious diseases, the Institute for Post-graduate Medical Workers' Preparation (GPs) and experts from Dushanbe's City Infectious Hospital.
- In April 2015, seminars and trainings for GPs were organised and held on the benefit, efficiency and possible side effects after immunisation with the rotavirus vaccine.

Describe any problems that occurred during the execution of planned activities, as well as the measures aimed at their resolution.

No problems related to rotavirus vaccine introduction arose.

Please describe the activities to be undertaken with any remaining balance of funds for 2015 onwards

There are no funds remaining for 2015.

7.4. Country Co-financing Report for 2014

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2014?		
Co-Financing Payments	Total in \$US	Total doses
Awarded vaccine #1: DTP-HepB-Hib, single-dose vial, LIQUID	291,000	141,900
Awarded Vaccine #2: Rotaviral 1 dose in 1 bottle, ORAL	0	0
Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?		
Government	291000	
Donor	0	
Other	0	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in \$US and supplies?		
Co-Financing Payments	Total in \$US	Total doses
Awarded vaccine #1: DTP-HepB-Hib, single-dose vial, LIQUID	46,689	234,382
Awarded Vaccine #2: Rotaviral 1 dose in 1 bottle, ORAL	0	0
Q.4: When do you intend to transfer funds for co-financing in 2016		
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of financing
Awarded vaccine #1: DTP-HepB-Hib, single-dose vial, LIQUID	October	Government of Republic of Tajikistan
Awarded vaccine #2: Rotaviral 1 dose in 1 bottle, ORAL	June	Government of Republic of Tajikistan
Q.5: Please state any Technical Assistance needed for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
Technical input for the mobilisation of funds for co-financing.		

***Note:** co-financing is not mandatory for IPV

Is GAVI support reflected in the form of new and underused vaccines and injection materials in the governmental budget outlays for the healthcare sector? **not specified**

7.5. Vaccine management (VSME/VMA/EVM)

We hereby remind that the instruments of the Vaccine Storage Management Evaluation (VSME) and Vaccine Management Assessments (VMA) were replaced by a single tool for Efficient Vaccine Management (EVM). Information about it is available in English at:

http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2012**

Attach the following documents:

- (a) EVM assessment results (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

Are there any changes in remedial actions plan of activities? What are the reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment scheduled? **November 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Tajikistan does not submit a report on NVS (for preventive campaigns)

7.7. Change in Vaccine Presentation

Tajikistan did not demand change of any presentation of a vaccine within the next years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015

If **2015** is the last year of the approved multi-year support for vaccine introduction and the country wants to continue getting GAVI support, the country should request extension of the GAVI vaccine co-financing contract, starting from **2016** and for the period of the new comprehensive multi-year plan (CMYP).

The country hereby requests an extension of GAVI support for the years **2016** to **2020** for the following vaccines:

- * **DTP-HepB-Hib, single-dose vial, LIQUID**
- * **Rotavirus, 2-dose schedule**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

- * **DTP-HepB-Hib, single-dose vial, LIQUID**
- * **Rotavirus, 2-dose schedule**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2020, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document N°**17**) for the following vaccines:

- * **DTP-HepB-Hib, single-dose vial, LIQUID**
- * **Rotavirus, 2-dose schedule**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No.**18**)

* **DTP-HepB-Hib, single-dose vial, LIQUID**

* **Rotavirus, 2-dose schedule**

7.9. Request for continuation of vaccines delivery for immunisation programmes in 2016

To send a request for NVS for 2016 vaccine, do the following

Below it should be confirmed that your request concerning 2016 vaccine support corresponds to section [7.11 Calculation of requirements](#) **Yes**

If you don't confirm, please explain

7.10. Weighted average costs of delivery and related freight costs

Table 7.10.1: Product value

Cost estimates of deliveries shall not be disclosed

Table 7.10.2: Freight costs

Vaccination antigen	Type of vaccine	2011	2012	2013	2014	2015	2016	2017
DTP-HepB-Hib, single-dose vial, LIQUID	DTP-HepB-Hib, single-dose vial, LIQUID				3.40 %	3.50 %	3.60 %	4.40 %
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule				3.90 %	4.20 %	4.40 %	4.40 %

Vaccination antigen	Type of vaccine	2018
DTP-HepB-Hib, single-dose vial, LIQUID	DTP-HepB-Hib, single-dose vial, LIQUID	4.40 %
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	4.40 %

7.11. Requirement estimation

Table 7.11.1: Specification for **DTP-HepB-Hib, single-dose vial, LIQUID**

Identification	Source		2014	2015	2016	TOTAL
Number of surviving infants	Parameter	#	243,890	249,743	255,744	749,377
Number of children to be vaccinated with the first dose	Parameter	#	240,224	245,990	251,894	738,108
Number of children to be vaccinated with the third dose	Parameter	#	240,224	244,748	251,894	736,866
Coverage with the Third Dose	Parameter	%	98.50 %	98.00 %	98.49 %	
Number of doses per child	Parameter	#	3	3	3	
Estimated vaccine wastage factor	Parameter	#	1.04	1.03	1.03	
Stock in Central Store Dec 31, 2014		#	173,200			
Stock across second level Dec 31, 2014 (if available)*		#				
Stock across third level Dec 31, 2014 (if available)*	Parameter	#				
Number of doses per vial	Parameter	#		1	1	
AD syringes required	Parameter	#		Yes	Yes	
Number of Reconstitution Syringes Required	Parameter	#		No	No	
Number of Safety Boxes Required	Parameter	#		Yes	Yes	
cc	Country co-financing per	\$		0.20	0.20	

	dose					
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	\$		0	0
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%		3.50 %	3.60 %

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

The method of calculation remaining vaccines as at 31 December drew on the real remainder of all types of vaccines in the central warehouse. There was no variance between the number of vaccines as at 31.12.2014 and 01.01.2015.

With regard to pentavalent vaccines, GAVI applies a comparative assessment of the buffer in 4.5 months + operating stock. Countries are requested to provide their buffer requirements + operating stock if there is a difference compared to the comparative assessment of not more than 6 months. To obtain support on the methods of calculation of the buffer levels and operating stocks, turn to WHO or UNICEF. By default, buffer + operating stock for 4.5 months was pre-selected.

Not specified

Tables for co-financing of **DTP-HepB-Hib, single-dose vial, LIQUID**

Group of the national co-financing	Low
------------------------------------	-----

	2014	2015	2016
Minimum Co-Financing	0.20	0.20	0.20
Recommended Co-Financing in accordance with			0.20
Your co-financing	0.30	0.20	0.20

Table 7.11.2: Estimated GAVI support and co-financing by the relevant country (support at the expense of GAVI)

		2014	2015	2016
Number of vaccine doses	#	827,100	740,000	742,700
Number of AD Syringes	#	1,034,100	881,200	890,400
Number of reconstitution syringes required	#	0	0	0
Number of safety boxes	#	11,500	9,700	9,175
Total Amount to Be Co-Financed	\$	1,755,000	1,513,000	1,418,500

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

		2014	2015	2016
Number of vaccine doses	#	141,900	83,300	89,400
Number of AD Syringes	#	0	0	0
Number of reconstitution syringes required	#	0	0	0
Number of safety boxes	#	0	0	0

Total Financing for Country [1]	\$	291,000	165,000	171,000
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Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, single-dose vial, LIQUID (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	240,224	245,990	
B1	Number of children to be vaccinated with the third dose	Table 4	240,224	245,990	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses required	$B + B1 + \text{Target for 2nd dose } ((B - 0.41 \times (B - B1)))$	720,672	736,219	
E	Estimated vaccine wastage factor	Table 4	1.04	1.03	
F	Number of doses required (including wastage)	$D \times E$		758,306	
G	Vaccines buffer stock	<p>Buffer on doses required + buffer on doses wasted Buffer on doses required = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> $\text{if}(\text{wastage factor of previous year current estimation} \leq \text{wastage factor of previous year original approved}): ((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ $\text{else}: (F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 			
H	Deducted buffer stock	$H1 - (F \text{ (2015) current estimation} \times 0.375)$			
H1	Estimated starting stock	$H2 \text{ (2015)} + H3 \text{ (2015)} - F \text{ (2015)}$			
H2	Expected stock by 1 Jan	Table 7.11.1	3,650	173,200	
H3	Delivery plan	Approved volume		823,300	
I	Number of vaccines required	$\text{Rounded value } ((F + G - H) / \text{size of vaccine packs}) \times \text{size of vaccine pack}$		823,300	
J	Number of doses per vial	Vaccine parameter			
K	Number of AD syringes (+ 10% wastage) required	$(D + G - H) \times 1.10$			
L	Number of Reconstitution Syringes (+ 10% wastage) Required	$(I / J) \times 1.10$			
M	Number of Safety Boxes (+ 10% of extra requirement) Required	$(I / 100) \times 1.10$			
N	Cost of vaccines required	$I \times \text{price of single vaccine dose (g)}$			
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes required	$L \times \text{reconstitution syringe price per unit (cr)}$			
Q	Cost of safety boxes required	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines required	$N \times \text{freight cost as of \% of vaccines cost (fv)}$			
S	Freight cost of injecting equipment	$(O+P+Q) \times \text{freight cost as \% of injecting equipment cost (fd)}$			
T	Financing required	$(N+O+P+Q+R+S)$			
U	The volume of national co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

Since the delivery schedule for 2014 is yet to be prepared, the total approved financing for 2014 is used as our best warrant for deliveries in 2014. Information may be updated when the delivery plan is made available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, single-dose vial, LIQUID (Part 2)

		Formula	2014		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	251,894	27,061	224,833
B1	Number of children to be vaccinated with the third dose	Table 4	251,894	27,061	224,833
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses required	$B + B1 + \text{Target for 2nd dose } ((B - 0.41 \times (B - B1)))$	755,682	81,183	674,499
E	Estimated vaccine wastage factor	Table 4	1.03		
F	Number of doses required (including wastage)	$D \times E$	778,353	83,618	694,735
G	Vaccines buffer stock	<p>Buffer on doses required + buffer on doses wasted Buffer on doses required = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if (wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	7,518	808	6,710
H	Deducted buffer stock	$H1 - (F \text{ (2015) current estimation} \times 0.375)$	- 46,169	- 4,959	- 41,210
H1	Estimated starting stock	$H2 \text{ (2015)} + H3 \text{ (2015)} - F \text{ (2015)}$	238,195	25,590	212,605
H2	Expected stock by 1 Jan	Table 7.11.1			
H3	Delivery plan	Approved volume			
I	Number of vaccines required	$\text{Rounded value } ((F + G - H) / \text{size of vaccine packs}) \times \text{size of vaccine pack}$	832,050	89,387	742,663
J	Number of doses per vial	Vaccine parameter	1		
K	Number of AD syringes (+ 10% wastage) required	$(D + G - H) \times 1.10$	890,306	0	890,306
L	Number of Reconstitution Syringes (+ 10% wastage) Required	$(I / J) \times 1.10$	0	0	0
M	Number of Safety Boxes (+ 10% of extra requirement) Required	$(I / 100) \times 1.10$	9,153	0	9,153
N	Cost of vaccines required	$I \times \text{price of single vaccine dose (g)}$	1,495,194	160,628	1,334,566
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	39,886	0	39,886
P	Cost of reconstitution syringes required	$L \times \text{reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of safety boxes required	$M \times \text{safety box price per unit (cs)}$	50	0	50
R	Freight cost for vaccines required	$N \times \text{freight cost as \% of vaccines cost (fv)}$	53,827	5,783	48,044
S	Freight cost of injecting equipment	$(O+P+Q) \times \text{freight cost as \% of injecting equipment cost (fd)}$	0	0	0
T	Financing required	$(N+O+P+Q+R+S)$	1,588,957	170,701	1,418,256
U	The volume of national co-financing	$I \times \text{country co-financing per dose (cc)}$	166,410		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	10.74 %		

Since the delivery schedule for 2014 is yet to be prepared, the total approved financing for 2014 is used as our best warrant for deliveries in 2014. Information may be updated when the delivery plan is made available.

Table 7.11.1: Specifications for Rotavirus, 2-dose schedule

Identification		Source		2014	2015	2016	2017	2018	TOTAL
	Number of surviving infants	Parameter	#	243,890	249,743	255,744	262,414	269,414	1,281,205
	Number of children to be vaccinated with the first dose	Parameter	#	0	244,748	250,629	257,166	263,120	1,015,663
	Number of Children to Be Vaccinated with the Second Dose	Parameter	#		0	250,269	257,166	263,120	770,555
	Coverage with the Second Dose	Parameter	%	0.00 %	0.00 %	97.86 %	98.00 %	97.66 %	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.00	1.05	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	295,500					
	Stock across second level Dec 31, 2014 (if available)*		#						
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#						
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Number of Reconstitution Syringes Required	Parameter	#		No	No	No	No	
	Number of Safety Boxes Required	Parameter	#		No	No	No	No	
cc	Country co-financing per dose	Parameter	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		4.20 %	4.40 %	4.40 %	4.40 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

The method of calculation remaining vaccines as at 31 December drew on the real remainder of all types of vaccines in the central warehouse. There was no variance between the number of vaccines as at 31.12.2014 and 01.01.2015.

Table of Co-Financing for Rotavirus, 2-dose schedule

Group of the national co-financing	Low
------------------------------------	-----

	2014	2015	2016	2017	2018
Minimum Co-Financing		0.20	0.20	0.20	0.20
Recommended Co-Financing in accordance with			0.20	0.20	0.20
Your co-financing		0.20	0.20	0.20	0.20

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	240,224	245,990	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses required	$B \times C$	720,672	736,219	
E	Estimated vaccine wastage factor	Table 4	1.04	1.03	
F	Number of doses required (including wastage)	$D \times E$		758,306	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$			
H	Deducted buffer stock	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$			
H2	Expected stock by 1 Jan	Table 7.11.1	3,650	173,200	
I	Number of vaccines required	Rounded value $((F + G - H) / \text{size of vaccine packs}) \times \text{size of vaccine pack}$		823,300	
J	Number of doses per vial	Vaccine parameter			
K	Number of AD syringes (+ 10% wastage) required	$(D + G - H) \times 1,10$			
L	Number of Reconstitution Syringes (+ 10% wastage) Required	$(I / J) \times 1,10$			
M	Number of Safety Boxes (+ 10% of extra requirement) Required	$(I / 100) \times 1,10$			
N	Cost of vaccines required	$I \times \text{price of single vaccine dose (g)}$			
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes required	$L \times \text{reconstitution syringe price per unit (cr)}$			
Q	Cost of safety boxes required	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines required	$N \times \text{freight cost as of \% of vaccines cost (fv)}$			
S	Freight cost of injecting equipment	$(O+P+Q) \times \text{freight cost as \% of injecting equipment cost (fd)}$			
T	Financing required	$(N+O+P+Q+R+S)$			
U	The volume of national co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

Table 7.11.4: Calculation of requirements in Rotavirus, 2-dose schedule (part 2)

	Formula	2016			
		Total	Government	GAVI	
A	Country co-financing	V	8.49 %		
B	Number of children to be vaccinated with the first dose	Table 4	250,629	21,283	229,346
C	Number of doses per child	Vaccine parameter (schedule)	2		
D	Number of doses required	$B \times C$	501,258	42,565	458,693
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required (including wastage)	$D \times E$	526,321	44,694	481,627
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	3,088	263	2,825
H	Deducted buffer stock	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$	167,008	14,182	152,826
H2	Expected stock by 1 Jan	Table 7.11.1			
I	Number of vaccines required	Rounded value $((F + G - H) / \text{size of vaccine packs}) \times \text{size of vaccine pack}$	363,000	30,825	332,175
J	Number of doses per vial	Vaccine parameter	1		
K	Number of AD syringes (+ 10% wastage) required	$(D + G - H) \times 1.10$	0	0	0
L	Number of Reconstitution Syringes (+ 10% wastage) Required	$(I / J) \times 1.10$	0	0	0
M	Number of Safety Boxes (+ 10% of extra requirement) Required	$(K + L) / 100 \times 1.10$	0	0	0
N	Cost of vaccines required	$I \times \text{price of single vaccine dose (g)}$	818,928	69,541	749,387
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of reconstitution syringes required	$L \times \text{reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of safety boxes required	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines required	$N \times \text{freight cost as of \% of vaccines cost (fv)}$	36,033	3,060	32,973
S	Freight cost of injecting equipment	$(O+P+Q) \times \text{freight cost as \% of injecting equipment cost (fd)}$	0	0	0
T	Financing required	$(N+O+P+Q+R+S)$	854,961	72,600	782,361
U	The volume of national co-financing	$I \times \text{country co-financing per dose (cc)}$	72,600		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	8.49 %		

Table 7.11.4: Calculation of Requirements in Rotavirus, 2-dose schedule (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-financing	V	8.49 %		
B	Number of children to be vaccinated with the first dose	Table 4	257,166	21,838	235,328
C	Number of doses per child	Vaccine parameter (schedule)	2		
D	Number of doses required	$B \times C$	514,332	43,676	470,656
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses required (including wastage)	$D \times E$	540,049	45,859	494,190
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	3,432	292	3,140
H	Deducted buffer stock	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$			
H2	Expected stock by 1 Jan	Table 7.11.1			
I	Number of vaccines required	Rounded value $((F + G - H) / \text{size of vaccine packs}) \times \text{size of vaccine pack}$	544,500	46,237	498,263
J	Number of doses per vial	Vaccine parameter	1		
K	Number of AD syringes (+ 10% wastage) required	$(D + G - H) \times 1.10$	0	0	0
L	Number of Reconstitution Syringes (+ 10% wastage) Required	$(I / J) \times 1.10$	0	0	0
M	Number of Safety Boxes (+ 10% of extra requirement) Required	$(K + L) / 100 \times 1.10$	0	0	0
N	Cost of vaccines required	$I \times \text{price of single vaccine dose (g)}$	1,228,392	104,311	1,124,081
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of reconstitution syringes required	$L \times \text{reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of safety boxes required	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines required	$N \times \text{freight cost as of \% of vaccines cost (fv)}$	54,050	4,590	49,460
S	Freight cost of injecting equipment	$(O+P+Q) \times \text{freight cost as \% of injecting equipment cost (fd)}$	0	0	0
T	Financing required	$(N+O+P+Q+R+S)$	1,282,442	108,900	1,173,542
U	The volume of national co-financing	$I \times \text{country co-financing per dose (cc)}$	108,900		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	8.49 %		

Table 7.11.4: Calculation of Requirements in Rotavirus, 2-dose schedule (part 4)

	Formula	2018		
		Total	Government	GAVI
A	Country co-financing	V	8.49 %	
B	Number of children to be vaccinated with the first dose	Table 4	263,120	22,344
C	Number of doses per child	Vaccine parameter (schedule)	2	
D	Number of doses required	$B \times C$	526,240	44,687
E	Estimated vaccine wastage factor	Table 4	1.05	
F	Number of doses required (including wastage)	$D \times E$	552,552	46,921
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	3,126	266
H	Deducted buffer stock	$H2 \text{ of previous year} - 0,25 \times F \text{ of previous year}$		
H2	Expected stock by 1 Jan	Table 7.11.1		
I	Number of vaccines required	Rounded value $((F + G - H) / \text{size of vaccine packs}) \times \text{size of vaccine pack}$	556,500	47,256
J	Number of doses per vial	Vaccine parameter	1	
K	Number of AD syringes (+ 10% wastage) required	$(D + G - H) \times 1.10$	0	0
L	Number of Reconstitution Syringes (+ 10% wastage) Required	$(I / J) \times 1.10$	0	0
M	Number of Safety Boxes (+ 10% of extra requirement) Required	$(K + L) / 100 \times 1.10$	0	0
N	Cost of vaccines required	$I \times \text{price of single vaccine dose (g)}$	1,255,464	106,610
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	0	0
P	Cost of reconstitution syringes required	$L \times \text{reconstitution syringe price per unit (cr)}$	0	0
Q	Cost of safety boxes required	$M \times \text{safety box price per unit (cs)}$	0	0
R	Freight cost for vaccines required	$N \times \text{freight cost as of \% of vaccines cost (fv)}$	55,241	4,691
S	Freight cost of injecting equipment	$(O+P+Q) \times \text{freight cost as \% of injecting equipment cost (fd)}$	0	0
T	Financing required	$(N+O+P+Q+R+S)$	1,310,705	111,300
U	The volume of national co-financing	$I \times \text{country co-financing per dose (cc)}$	111,300	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	8.49 %	

8. Health System Strengthening Support (HSS)

Instructions for preparing the report on the use of HSS funds

1. Fill only this section if your country **had been confirmed and had received means for HSS before or within the period of January-December 2014**. All countries are required to submit reports:

- a. Results received in 2014
- b. Progress of the work of HSS during January - April 2015 (interim report)
- c. Plans on 2016
- d. The proposed changes to the approved activities and budget (see No. 4 below)

For countries that received support for HSS within last three months of 2014 or upon other delays that restrict the execution of works in 2014, this section can be used as an initial report for commenting of activities in the initial period of support.

2. To bound reporting of support for HSS with the processes used in the country, for countries where 2014 fiscal year begins in January 2014 and ends in December 2014, progress reports of SHS must be received by the GAVI Alliance until **May 15 2015**. 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 2015, the HSS report shall be received by the GAVI Alliance in September 2015.

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 (program changing), please submit a request for guidance on program changing by contacting the responsible regional representative of GAVI or by sending an e-mail message to gavihss@gavi.org.

5. If you request a new tranche of funding, please see [Section 8.1.2](#).

6. Make sure to provide a report to GAVI Alliance Secretariat approved by the relevant country-level coordination mechanisms (HSCC or equivalent body) [in accordance with Signature page](#), taking into account the accuracy and authenticity of facts, figures and sources used.

7. Please attach all necessary [supporting documents](#). They include:

- a. Minutes of all meetings of HSCC which have been conducted in 2014
- b. The minute of meeting of HSCC in 2015 on 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 2014 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, IRC requires to include the following information in order to approve appropriation of the following tranches for financing HSS 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 HSS in the following year

8. 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.

8.1. Report on the Use of Funds for HSS in 2014 and Request for New Tranche

For countries that earlier received the last tranche of financing approved by GAVI for the execution of HSS and have no requests for additional funding: Has the implementation of the HSS grant been completed? **Yes**
If NOT, specify the tentative date of the HSS grant implementation completion.

Enclose any works aimed at the study or assessment related to the GAVI grant on HSS or such financed at its expense.

Enclose data with breakdown by gender, rustic/urban area, district/region, where possible, especially with regard to the parameters of vaccination coverage. It is especially important to know whether GAVI grants for HSS are used for a specific target group of the population and/or geographical regions in this country.

If CSOs were involved in the implementation of the HSS grant, attach a CSO list participating in the implementation of the grant. Provide details about financing from CSOs within the scope of GAVI support on HSS, and about activities in which they were involved. If the participation of CSO was included in the original GAVI-approved proposal, but civil society organisations were not offered funding, explain why they received no funding.

Additional information about the structure of GAVI programme implementation for CSO, see at:
<http://www.gavialliance.org/support/cso/>

Specify sources of all data used in this report.

Enclose the latest report about national results/structure of monitoring and assessment for the health care sector (with factual accessible statistics for the last year by country).

8.1.1. Report on use of funds for HSS in **2014**

Fill out Tables 8.1.3.a and 8.1.3.b (according to APR) for each year of the approved long-term HSS program of the country (in USD and local currency)

Please consider the following: If you apply for a new tranche of financing, you must fill the last row of Tables 8.1.3.a and 8.1.3.b.

8.1.2. Specify whether you requested the allocation of a new tranche of financing **no**

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

This financing was sufficient to implement the HSS grant in December 2016

Table 8.1.3a \$(US)

	2009	2010	2011	2012	2013	2014
Initial annual budgets (according to originally confirmed offer on support for HSS)						
The reviewed annual budgets (if reviewed after consideration of last annual estimations of works progression)						
Total funds received from GAVI during the calendar year (A)						

Remainder from previous year (B)						
Total funds received during the calendar year (C=A+B)						
Total costs per calendar year (D)						
Carry-over to the next calendar year (E=C-D)						
Funding Requested for Next Calendar Year (s) [if you requested the allocation of a new tranche, you must fill this row completely]						

	2015	2016	2017	2018
Initial annual budgets (according to originally confirmed offer on support for HSS)				
The reviewed annual budgets (if reviewed after consideration of last annual estimations of works progression)				
Total funds received from GAVI during the calendar year (A)				
Remainder from previous year (B)				
Total funds received during the calendar year (C=A+B)				
Total costs per calendar year (D)				
Carry-over to the next calendar year (E=C-D)				
Funding Requested for Next Calendar Year (s) [if you requested the allocation of a new tranche, you must fill this row completely]				

Table 8.1.3b (local currency)

	2009	2010	2011	2012	2013	2014
Initial annual budgets <i>(according to originally confirmed offer on support for HSS)</i>						
The reviewed annual budgets <i>(if reviewed after consideration of last annual estimations of works progression)</i>						
Total funds received from GAVI during the calendar year (A)						
Remainder from previous year (B)						
Total funds received during the calendar year (C=A+B)						
Total costs per calendar year (D)						
Carry-over to the next calendar year (E=C-D)						
Funding Requested for Next Calendar Year (s) [if you requested the allocation of a new tranche, you must fill this row completely]						

	2015	2016	2017	2018
Initial annual budgets (according to originally confirmed offer on support for HSS)				
The reviewed annual budgets (if reviewed after consideration of last annual estimations of works progression)				
Total funds received from GAVI during the calendar year (A)				
Remainder from previous year (B)				
Total funds received during the calendar year (C=A+B)				
Total costs per calendar year (D)				
Carry-over to the next calendar year (E=C-D)				
Funding Requested for Next Calendar Year (s) [if you requested the allocation of a new tranche, you must fill this row completely]				

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 8.1.3.c

Exchange rate	2009	2010	2011	2012	2013	2014
Opening as of January 1						
Closing as of December 31						

Detailed Expenses of HSS Funds in 2014 Calendar Year

Attach detailed financial report on the use of funds for HSS in 2014 calendar year. (*The requirements for drafting this report are available in the online annexes to APR*). Financial statements should 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 2015 are shown, it is also necessary to attach the separate detailed financial account on use of these means for HSS **(Document No: 20)**

not specified

Reports on results of external audits of activities within HSS 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 results of external audit of your government was rendered within the last financial year, it should be also attached (Document No. 21).

8.2. Progress of activities for HSS in 2014 financial year

Describe in table 8.2. the key activities carried out in order to improve immunization using the funds for HSS. 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 8.2: Activities for HSS in 2014 Reporting Year

The basic events (if necessary insert additional rows)	Planned activities for 2014	Percent of accomplishment of events (annual) (if applicable)	Source of Information/Data (if essential)
--------------------------------------------------------	-----------------------------	--------------------------------------------------------------	-------------------------------------------

8.2.1 For each objective and activity (for example, objective 1, activity 1.1, activity 1.2 and etc.) explain the results obtained and the problems encountered (for example, assessment, meetings of the Health System Coordination Committee).

The basic events (if necessary insert additional rows)	Explain the results obtained and the problems encountered/b>
--------------------------------------------------------	--------------------------------------------------------------

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

8.2.3 If the GAVI HSS grant is used as the motivation of health workers of the country, how do these funds contribute to the fulfillment of the national personnel policy and the relevant provisions?

8.3. General overview of the aims achieved

Fill **Table 8.3** for each indicator and the tasks described in the initial offer and the Decision letter. Use initial amounts and goals for 2013 from your initial offer on HSS.

Table 8.3: Progress toward aims

Name of the task and indicator (if necessary include additional lines)	Initial level		Approved goal until the end of support in the initial proposal for HSS	Aim 2014	Source of data	If some aims were not reached, give the explanation
	Initial level	Initial Source/Date				

8.4. Program execution in 2014

8.4.1. Please provide a description of major achievements in 2014, especially those that influenced the health care program, as well as report on how the HSS funds were usefully implemented within the immunization programme.

8.4.2. Describe the problems encountered and the decision found or offered, aimed at the improvement of HSS funds use in the future.

8.4.3. Describe specific measures on different levels for monitoring and effectiveness assessment of activities within GAVI HSS.

8.4.4. 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 sector-wide approach, instead of the GAVI indicators.

8.4.5. Accurately indicate the participation of key stakeholders in the implementation of the HSS proposals (including EPI and civil society organizations). It is necessary to specify the type of organisation, name and purpose of fulfillment.

8.4.6. 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.

8.4.7. Describe the mechanism of HSS funds management, notifying the following:

- How effective was the management of HSS funds?
- 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

8.5. Activities planned for HSS in 2015

Enter the information about the progress of events in 2015 into **Table 8.4**. If you offer to make changes in the activities and budget in 2015, explain the changes in the table below, and explain the reasons.

Table 8.4: Planned activities for 2015

The basic events (if necessary insert additional rows)	Planned activities for 2015	Initial Budget for 2015 (approved in the proposal for HSS or corrected during the evaluation of the performance of work for a year)	2015 real expenses (by April 2015)	The reviewed event (if essential)	Explanation of suggested changes in activities or budget (if essential)	The correct budget on 2015 (if essential)
		0	0			0

8.6. Activities planned for HSS in 2016

Use **Table 8.6**, to describe Planned activities for 2016. If you are proposing changes to your activities and events, please explain these changes in the table below and give an explanation for each change to allow Independent Review Committee to recommend a revised budget and activities for approval.

Please consider the following: if the change in the budget is more than 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 8.6: Activities planned for HSS in 2016

The basic events (if necessary insert additional rows)	Planned activities for 2016	The initial budget on 2016 (confirmed in the offer for HSS or corrected during estimation of course of accomplishment of works in a year)	The reviewed event (if essential)	Explanation of suggested changes in activities or budget (if essential)	Revised Budget for 2016 (if essential)
		0			

8.7. Revised indicators in case of reprogramming

Countries planning to apply for modification of the programme, may exercise it at any time of the year. Please submit a request for guidance on program changing by contacting the responsible regional representative of GAVI or by sending an e-mail message to gavihss@gavi.org.

8.8. 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 8.8: Fund Sources for HSS in Your Country

Donor	Amount in \$US	Support Duration	Type of funded activities

8.8.1. Is the GAVI HSS support included in the national budget of the health care sector? **not specified**

8.9. Report on the use of HSS grant

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

- How information was confirmed at the national level prior to its submission to the GAVI Alliance.
- 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 8.9.1: Data sources

Data sources used in this report	How was the information verified	Arisen problems, if any

8.9.2. 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.

8.9.3. How many times did the Health System Coordination Committee (HSCC) gather for meetings in 2014?

Please attach:

1. Minutes of HSCC meetings in 2015 with the report approval (**Document No: 6**)
2. Report on the latest assessment of the health sector state

9. Support for strengthening the involvement of the civil society organisations (CSO) in immunisation: type A and type B

9.1. TYPE A: support for strengthening coordination and extension of representation of CSO

Tajikistan **Support of GAVI for CSO (TYPE of A) was NOT received**

Tajikistan will not submit a report on the use of CSO Support Type A in 2014

9.2. Support of CSO of TYPE B: must facilitate the implementation of the GAVI proposal for HSS or CMYP

Tajikistan **Support of GAVI for CSO (TYPE of A) was NOT received**

Tajikistan will not submit a report on the use of CSO Support Type B in 2014

10. Comments of ICC/HSCC Chairmen

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

No comments and additions to this report have been proposed by chairpersons of ICC/HSCC.

11. Appendices

11.1. Appendix 1 – Terms of Reference for ISS

INITIAL REQUIREMENTS:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, , are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting; therefore, GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **As a minimum**, GAVI requires a simple income statement for activity during the 2014 calendar year, to be comprised of points (a) through (e), below. A sample basic income statement is provided on the next page.
- a. Funds carried forward from the 2013 calendar year (opening balance as at 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, commissions, etc.)
 - d. Total expenditures for the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures for 2014 **based on an economic classification system approved by your government**. This analysis should summarise the total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages and salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2014 (referred to as "variance").
- IV. Financial statements should be compiled in the local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited or otherwise certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS are due to the GAVI Secretariat not later than 6 months following the close of each country's financial year.

11.2. Appendix 2 – Example of Income and Expenditure (ISS)

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

Sample report on income and expenditure

Summary of income and expenditures – GAVI ISS		
	Local Currency (CFA Francs)	Value in USD*
Balance brought forward from 2013 (balance as of 31 December 2013)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditures in 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward for 2015)	60,139,325	125,523

* Indicate the exchange rate at opening (01.01.2014), the exchange rate at closing (31.12.2014), and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in franc CFA	Budget in USD	Actual in CFA	Actual in USD	Difference in CFA	Difference in USD
Salary expenditure						
Salary	2,000,000	4,174	0	0	2,000,000	4,174
Per diem	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.3. Appendix 3 – Terms of Reference - HSS

INITIAL REQUIREMENTS:

FINANCIAL STATEMENTS ON **HEALTH SYSTEM STRENGTHENING (HSS)**

I. I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. As a minimum, GAVI requires a simple income statement for activity during the 2014 calendar year, to be comprised of points (a) through (e), below. A sample basic income statement is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as at 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, commissions, etc.)

d. Total expenditures for the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures for 2014 based on an economic classification system approved by your government. This analysis should summarise the total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as "variance").

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

V. Financial statements need not have been audited or otherwise certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS are due to the GAVI Secretariat not later than 6 months following the close of each country's financial year.

11.4. Appendix 4 – Example of Income and Expenditure, HSS

THE MINIMAL REQUIREMENTS FOR FINANCIAL STATEMENTS OF SUPPORT FOR HSS:

Sample report on income and expenditure

Summary of income and expenditures – HSS		
	Local Currency (CFA Francs)	Amount in USD*
Balance brought forward from 2013 (balance as of 31 December 2013)	25,392,830	53,000
Summary of income received during 2014		
Funds received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditures in 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward for 2015)	60,139,325	125,523

* Indicate the exchange rate at opening (01.01.2014), the exchange rate at closing (31.12.2014), and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in franc CFA	Budget in USD	Actual in CFA	Actual in USD	Difference in CFA Francs	Difference in USD
Salary expenditures						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payment	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditures						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.5. Appendix 5 – Terms of Reference - CSO

INITIAL REQUIREMENTS:

FINANCIAL STATEMENT ON SUPPORT OF **CIVIL SOCIETY ORGANISATIONS (CSO)** TYPE B

- I. All countries that have received CSO Type B Support grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO Type B grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting; therefore, GAVI will not provide a single template to countries with pre-determined cost categories.
- III. As a minimum, GAVI requires a simple income statement for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic income statement is provided on the page 3 of this appendix.
 - a. Funds carried forward from the 2013 calendar year (opening balance as at 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received in 2014 (interest, commissions, etc.)
 - d. Total expenditures for the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures for 2014 based on an economic classification system approved by your government. This analysis should summarise the total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as "variance").
- IV. Financial statements should be compiled in the local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited or otherwise certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for CSO Type B are due to the GAVI Secretariat not later than 6 months following the close of each country's financial year.

11.6. Appendix 6 – Example of Income and Expenditure, CSO

THE MINIMAL REQUIREMENTS FOR FINANCIAL STATEMENTS OF SUPPORT FOR **CSO Type B:**

Sample report on income and expenditure










Summary of income and expenditures – CSO Support		
	Local Currency (CFA Francs)	Value in USD*
Balance brought forward from 2013 (balance as of 31 December 2013)	25,392,830	53,000
Total income received during 2014		
Funds received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditures in 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward for 2015)	60,139,325	125,523

* Indicate the exchange rate at opening (01.01.2014), the exchange rate at closing (31.12.2014), and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.










Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in franc CFA	Budget in USD	Actual in CFA	Actual in USD	Difference in CFA Francs	Difference in USD
Salary expenditures						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payment	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditures						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12. Attachments

Document No	Document	Section	Mandatory	File
1	Signature of Minister of Health (or an authorised representative)	2.1		1.jpg File desc: Date/Time: 05.15.2015 01:53:30 Size: 1 MB
2	Signature of Minister of Finance (or an authorised representative)	2.1		1.jpg File desc: Date/Time: 05.15.2015 01:54:17 Size: 1 MB
3	Signatures of ICC members	2.2.		Подписи МКК.rar File desc: Date/Time: 05.15.2015 01:59:50 Size: 2 MB
4	Minutes of ICC session in 2015 at which the APR was approved for 2014	5.4		1_CCI Minutes #1 2015.doc File desc: Date/Time: 06.16.2015 11:01:26 Size: 14 MB
5	Signatures of HSCC members	2.3		Подписи ККК3.rar File desc: Date/Time: 05.15.2015 02:00:55 Size: 1 MB
6	Minutes of HSCC session in 2015 at which the APR was approved for 2014	8.9.3		Протокол НККК3 №2 2015.docx File desc: Date/Time: 05.15.2015 02:50:17 Size: 433 KB
7	Financial statement for the Immunisation services support (ISS) (2014 financial year), signed by the chief accountant or the permanent secretary at the Ministry of Health	6.2.1		The file is not loaded
8	External audit report for the immunisation services support (ISS) (2014 financial year)	6.2.3		The file is not loaded
9	Post-vaccine introduction evaluation report (PVIE)	7.2.1		The file is not loaded

10	Financial statement for the NVS introduction grant (2014 financial year), signed by the chief accountant or the permanent secretary at the Ministry of Health	7.3.1		финансовый отчет POTA.rar File desc: Date/Time: 05.15.2015 02:03:18 Size: 456 KB
11	External audit report for NVS introduction grant (2014 financial year) if total expenditures in 2014 are greater than \$US 250,000 USD	7.3.1		финансовый отчет POTA.rar File desc: Date/Time: 05.15.2015 03:19:43 Size: 456 KB
12	EVSM/VMA/EVM report	7.5.		TAJ EVM Report 12_10_26R (1).c File desc: Date/Time: 05.15.2015 02:11:43 Size: 9 MB
13	New plan for improving efficient vaccine storage management (EVSM), vaccine management assessment (VMA) and efficient vaccine management (EVM)	7.5.		TAJ EVM Assessment 72Recommend File desc: Date/Time: 05.15.2015 02:21:08 Size: 157 KB
14	Status of implementation of the EVSM/VMA/EVM improvement plan	7.5.		TAJ EVM Assessment 72Recommend File desc: Date/Time: 05.15.2015 02:21:30 Size: 157 KB
16	Current CMYP in case of an incoming request for programme extension support	7.8		TJK APR2014 Not Applicable Doc File desc: Date/Time: 06.16.2015 11:26:40 Size: 22 KB
17	Instrument for expenditures' evaluation under the current CMYP in case of an incoming request for programme extension support	7.8		TJK APR2014 Not Applicable Doc File desc: Date/Time: 06.16.2015 11:26:55 Size: 22 KB
18	Minutes from the ICC meeting approving the extension of the vaccine introduction support programme, if applicable.	7.8		TJK APR2014 Not Applicable Doc File desc: Date/Time: 06.16.2015 11:27:06 Size: 22 KB
19	Financial statement for the health system strengthening (HSS, 2014 fiscal year) grant, signed by the chief accountant or the permanent secretary at the Ministry of Health	8.1.3		Окончательный отчет Проекта УО File desc: Date/Time: 05.15.2015 03:09:44 Size: 912 KB

20	Financial statement for the health system strengthening (HSS) grant for January-April 2015, signed by the chief accountant or the permanent secretary at the Ministry of Health	8.1.3		Окончательный отчет Проекта УО File desc: Date/Time: 05.15.2015 03:26:18 Size: 912 KB
21	External audit report for health system strengthening (HSS) (2014 financial year)	8.1.3		GAVI TJK HSS Assessment_Final Report_RUS_16.09.2014.pdf File desc: Date/Time: 05.15.2015 02:31:49 Size: 3 MB
22	Expert report on the health sector in the HSS area	8.9.3		Окончательный отчет Проекта УО File desc: Date/Time: 05.15.2015 02:26:41 Size: 912 KB
23	Mapping Type A report for Civil Society Organisations	9.1.1		The file is not loaded
24	Financial report for the grant "Civil Society Organisations" (CSO), type B (2014 financial year)	9.2.4		The file is not loaded
25	External audit report for the grant for Civil Society Organizations (CSO), type B (2014 financial year)	9.2.4		The file is not loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are coming to the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0		Окончательный отчет Проекта УО File desc: Date/Time: 05.15.2015 03:27:03 Size: 912 KB
27	minutes_meeting_icc_on_changing_vaccine_presentation	7.7.		The file is not loaded
28	Justification for changes in target population	5.1		The file is not loaded

	Another document		X	The file is not loaded
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