



## Joint Appraisal Update Report 2019

<b>Country</b>	Kyrgyzstan
<b>Full JA or JA update<sup>1</sup></b>	<input type="checkbox"/> Full JA <input checked="" type="checkbox"/> JA update
<b>Date and location of Joint Appraisal meeting</b>	May 28–30, 2019, Bishkek
<b>Participants / affiliation<sup>2</sup></b>	Ministry of Health of the Kyrgyz Republic, Gavi Secretariat, WHO Regional Office for Europe, WHO Country Office, UNICEF Regional Office for Europe and Central Asia, UNICEF Country Office, World Bank
<b>Reporting period</b>	January - December 2018
<b>Fiscal period<sup>3</sup></b>	January - December 2018
<b>Comprehensive Multi Year Plan (cMYP) duration</b>	2017–2021
<b>Gavi transition / co-financing group</b>	<i>Preparatory transition</i>

### 1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

<b>Vaccine (NVS) renewal request (by 15 May)</b>	Yes <input checked="" type="checkbox"/> x	No <input type="checkbox"/>	
<b>Does the vaccine renewal request include a switch request?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> x	N/A <input type="checkbox"/>
<b>HSS renewal request</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> x	N/A <input type="checkbox"/>
<b>CCEOP renewal request</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> x	N/A <input type="checkbox"/>

### 2. GAVI GRANT PORTFOLIO

Existing vaccine support (to be pre-filled by Gavi Secretariat)

Vaccine introduced	Year introduced	2018 Coverage (WUENIC) by dose	2018 Target		Approx. Value \$	Comment
			%	Children		
IPV	2018	54%	45%	153,600	451,000	1st year of introduction; target reached.

<sup>1</sup> Information on the differentiation between full JA and JA update can be found in the Guidelines on reporting and renewal of Gavi support, <https://www.gavi.org/support/process/apply/report-renew/>

<sup>2</sup> If taking too much space, the list of participants may also be provided as an annex.

<sup>3</sup> If the country's reporting period deviates from the fiscal period, please provide a short explanation.

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<b>Penta</b>	2009	94%	95%	151,081	410,000	Increase by 2% from 2017; Penta 1-3 drop-out rate increased by 2% from 2017.
<b>PCV</b>	2016	92%	95%	151,081	565,000	WUENIC for PCV3 only; increase by 4% from 2017.

Forecast	Date	Comment
<b>Rotavirus</b>	2019	Approved for March 2019, however postponed due to global supply issues. Country switched to Rotasiil with the revised introduction date of 1 October 2019.

### Existing financial support *(to be pre-filled by Gavi Secretariat)*

Grant	Channel	Period	First disburse.	Current Cumulative financing status				Compliance	
				Comm.	Appr.	Disb.	Util.	Fin.	Audit
<b>HSS2</b>	<u>TOTAL</u>	2016-20	Oct 2015	5.9	5.9	3.2:54%	1.9:59%	2018	Yes
<b>IPV VIG</b>	Govt	2015	Mar 2015	122k	122k	122:100%	109k:89%	2018	NA
<b>PCV VIG</b>	Govt	2015	Jan 2015	122.5k	122.5k	122.5:100%	122.5:100%	2018	NA
<b>Rota VIG</b>	Govt	2019	May 2019	116k	116k	116k	0:0%	2018	NA
<b>CCEOP</b>	UNICEF	2018-20	Jan 2019	0.7k	0.7k	0.45	0:65%	2018	NA
<b>Comments</b>									

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Originally the HSS2 proposal was developed and approved for Government implementation. Administrative bottlenecks, resulting in a stand still in implementation of the HSS grant, led to the reorganisation of the implementation arrangements with UNICEF and WHO taking a big share of the HSS2 grant. UNICEF received the first disbursement only in May 2017 and WHO only in August 2017 thus leaving a very short time for implementation in 2017. The remaining two-years (2019-2020) of HSS2 budget was approved by HLRP in October 2018 and disbursements for 2019 made in Q1 2019. The last tranches will be disbursed in Q4 2019 for implementation in 2020. Additional 25% HSS funds will be channelled through WHO and UNICEF with the first disbursement expected in Q4 2019. The CCEOP Year 1 amount disbursed to Supply Division in Q1 2019 and the first year ODP is fully implemented. Rota VIG was disbursed to the Government in Q2 2019, introduction expected on 1 October 2019.

### Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future<sup>4</sup>

Indicative interest to introduce new vaccines or request HSS support from Gavi	Program	Expected application year	Expected introduction year
	HPV	2020	2022
	HSS 3	2020	2022

### Grant Performance Framework – latest report, for 2018 (to be pre-filled by Gavi Secretariat)

Milestone	Target	Actual
Percentage of parents/caregivers who agreed that vaccination was necessary for the child	95% (baseline value)	N/A next result due in 2020
Percentage of health workers who acquired immunization communications skills as a result of trainings	60%	79%
Percentage of implemented activities according to the endorsed Communications Strategy	30%	36%
Percentage of mobile sessions conducted for selected hard-to-reach districts	25%	49.2%
Number of health workers trained in Immunization in Practice, by years	280	Scheduled for 2017 but delayed due to finalization of implementation arrangements
% of sub-national level facilities with fit-for-purpose cold chain capacities (based on WHO "fit-for-purpose" definition)	56%	27% Low achievement is attributed to the delayed installation of cold rooms.

<sup>4</sup> Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

Countries are encouraged to highlight in subsequent sections, and particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable.

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		Ongoing and to be completed in 2019.
Number of health workers trained in the use of new electronic immunization reporting system	140	Activity delayed linked to the finalization of the DHIS 2 roll out plan. Implementation of activities to commence in 2019/2020.
<b>Comments</b>		
Due to the above mentioned changes in the implementation arrangements, the GPF was revised in early 2018. CCEOP roll-out started only in the first quarter of 2019, thus no indicators due for reporting.		

### PEF Targeted Country Assistance: Core and Expanded Partners as of April 2019 *(to be pre-filled by Gavi Secretariat)*

	Year	Funding (USD)			Staff	Milestones met	Comments
		Approved	Disbursed	Utilized			
<b>Total (core partners)</b>	2019	855 k	855 k	NA	NA	NA	
	2018	852 k	852 k	219 k	1 of 1	74 of 76	
	2017	494 k	494 k	226 k	1 of 1	32 of 34	
<b>UNICEF</b>	2019	730 k	730 k	NA	NA	NA	
	2018	125 k	125 k	76 k	0 of 0	6 of 7	
	2017	26 k	26 k	26 k	0 of 0	2 of 3	
<b>WHO</b>	2019	125 k	125 k	NA	NA	NA	
	2018	528 k	528 t	23 k	1 of 1	35 of 36	
	2017	268 k	268 k	268 k	1 of 1	27 of 28	WHO does not provide breakdown of regional expenditure for TCA but to date has strong record of 100% utilization and completeness of activities.
<b>World Bank</b>	2018	200 k	200 k	200 k	NA	5 of 5	
	2017	200 k	200 k	200 k	NA	3 of 3	
	2019	149 k	--	NA	NA		

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<b>Total (expanded partners)</b>	2018	353 k	--	--	--	15 of 15	
	2017	104 k	--	--	--	0 of 6	
<b>Dalberg</b>	2019	149 k	--	NA	NA	NA	
	2018	201 k	--	--	--	14 of 14	
	2017	55 k	--	--	--	0 of 5	
<b>One23</b>	2018	70 k	--	--	--	1 of 1	
	2017	49 k	--	--	--	0 of 1	
<b>JSI</b>	2018	82 k	--	--	--	4 of 4	

### 3. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

1. The Kyrgyz Republic Governmental Program for public health protection and health system development for 2019-2030 "A Healthy Person — a Prosperous Country" and the Action Plan (Resolution of the Government of the Kyrgyz Republic No. 600 dd. 20.12.2018) have been approved. Source: <http://cbd.minjust.gov.kg>
2. A draft of the Immunoprophylaxis Program for 2019-2023 has been developed; the process is currently at the stage of calculating the financial cost of the program.
3. The Public Health Department of MoH KR has been reorganized into the Public Health Administration of MoH KR.
4. The public health services funding mechanism has been revised.
5. A draft of the Public Health Service Development Concept is being developed
6. The National Essential Drug List was approved by the Government of the KR on June 6, 2018, No. 274
7. An analytical overview of the organization of health services provision in the Kyrgyz Republic has been carried out.  
[http://www.euro.who.int/\\_data/assets/pdf\\_file/0006/378843/RUS\\_07\\_Kyrgyzstan-HSD\\_final-web.pdf](http://www.euro.who.int/_data/assets/pdf_file/0006/378843/RUS_07_Kyrgyzstan-HSD_final-web.pdf)
8. GKR Resolution No. 451 dd. 28.09.2018 - new payment methods were introduced to enhance the motivation of health workers to provide high-quality medical care.

#### Potential risks:

1. The mechanism for the transfer of vaccine procurement from UNICEF procedures to MoH KR public procurement is at the implementation stage. In 2019, MoH KR plans public procurement for all traditional vaccines. The procurement mechanism for Gavi supported vaccines after 2020 is unclear.
2. The bottleneck is timing of approval of funds balances from year to year by the Ministry of Finance
3. Worsening of the epidemiological situation with regard to measles and need for decision-making on interventions at the highest level.
4. Ongoing reforms at the level of PHC services (to optimize healthcare organization).
5. In connection with the receipt of a large amount of cold chain equipment as part of CCEOP, uncertainty as to the CCE maintenance mechanism and lack of funds for CCE maintenance.
6. A cohort of 2016-2018 children unprotected against polio of the second type (due to global shortages of IPV).
7. TA from Dalberg ends in February 2020 and there is a risk of drop of the initiated changes. As a risk mitigation it should be considered that a continuous presence of the managing partner is considered and an appropriate mechanism for smooth transition is developed.

### 4. PERFORMANCE OF THE IMMUNIZATION PROGRAM

WUENIC 2018 data shows a 2% increase in DTP3 coverage and a 4% increase in PCV3 coverage.

## 5. PERFORMANCE OF GAVI SUPPORT

### 5.1. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

<b>Objective 1</b>	
<b>Objective of the HSS grant</b> (as per the HSS proposals or PSR)	Expansion of knowledge, trust and demand for MCHPP services among the population. This goal will solve the problem of the increasing rate of refusals from immunization due to insufficient knowledge, incorrect perceptions and negative attitudes against vaccination (UNICEF).
<b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b>	<p>National coverage with a focus on the Chui and Talas oblasts, as well as the City of Bishkek, including new settlements</p> <ul style="list-style-type: none"> <li>- Parents and other caregivers for children under 5 doubting vaccination</li> <li>- Parents and other caregivers for children under 5 living without registration in new housing developments in the suburbs of Bishkek</li> <li>- Parents and other caregivers for children under 5 using the Internet to obtain information</li> <li>- Parents and other caregivers for children under 5 that are members of religious communities</li> </ul>
<b>% activities conducted or budget utilization</b>	<p>2017–2018 — 100%</p> <p>2019 — 27%</p>
<p><b>Major activities implemented and review of implementation progress,</b></p> <p>including key successes and outcomes, activities not implemented or delayed, financial absorption</p>	<p>In 2018, the following outcomes were achieved:</p> <ul style="list-style-type: none"> <li>● The following strategic documents were developed: <ul style="list-style-type: none"> <li>Immunization Communications Strategy 2018–2020, Strategic Plan for Promoting Immunization Online 2019–2020,</li> <li>Strategic Plan for Social Mobilization 2019–2020,</li> </ul> </li> <li>● Monitoring and Mid-Term Assessment Methodology.</li> <li>● An interpersonal communications module for health workers was developed. 1,000 people were trained. The module was integrated into the curricula for training and professional development of nurses and family medicine doctors.</li> <li>● A module for journalists' training was developed. 50 people were trained. Mentoring competition was held.</li> <li>● A campaign on measles prevention was carried out on social media platforms. A total of 500–600 thousand women aged 24–40 years were covered.</li> <li>● The development of video materials began.</li> <li>● Partner organizations for social mobilization were identified.</li> <li>● Round tables with religious communities were held. A resolution on cooperation was signed.</li> </ul>
<b>Major activities planned for upcoming period</b>	Implementation of the immunization communications strategy in accordance with the Operational Plan 2019–2020, without significant changes.

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(describe significant changes or budget reallocations and associated needs for technical assistance) <sup>5</sup>	IR-T-6 indicator is proposed to be changed due to the impracticability of a nationwide quantitative knowledge, attitudes and practices study at this stage.
<b>Objective 2</b>	
<b>Objective of the HSS grant</b> (as per the HSS proposals or PSR)	Upgrade of PHC facilities to ensure better access to basic MCH services and immunization for urban migrants and hard-to-reach districts (WHO).
<b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b>	Based on immunization coverage data for 2018, RCI defined a list of priority settlements and healthcare facilities for 2019.
<b>% activities conducted or budget utilization</b>	100%
<b>Major activities implemented and review of implementation progress,</b> including key successes and outcomes, activities not implemented or delayed, financial absorption	<ul style="list-style-type: none"> <li>- Studies on vaccination coverage of children of internal migrants in the cities of Bishkek and Osh were conducted, a report was prepared and presented;</li> <li>- Immunization sessions by mobile teams in selected remote and hard-to-reach areas and in new settlements in Bishkek and Osh, inhabited mostly by internal migrants were conducted;</li> <li>- An overview of the legislative framework of internal migrants' rights was carried out and barriers were identified;</li> <li>- The Formative Study was conducted: interviews were held with health workers serving internal migrants;</li> <li>- Focus groups were held with migrant parents in new housing developments in Bishkek;</li> <li>- The National Group for Immunization Program Adaptation (IPA) was created and trained;</li> <li>- Based on all of the above aspects of the formative study, a set of proposed interventions was developed and discussed / agreed with RCI and UNICEF.</li> <li>- A Round Table was held, and the new Resolution was developed to ensure the right of migrants to access vaccination regardless of their registration;</li> <li>- Information messages and a training module for HCWs were developed (some materials will be integrated with UNICEF communications activities).</li> <li>- MoH KR working group, with technical support from WHO, reviewed the old MoH Resolution on mobile teams. It was discussed at the Round Table and revised. It was endorsed by a MoH KR Resolution;</li> <li>- According to MoH KR Resolution No. 757, 44 mobile teams were formed that carried out immunization sessions in 99 settlements from the list approved by the resolution/</li> </ul>

<sup>5</sup> When specifying Technical Assistance (TA) needs do not include elements of resource requirements. These are discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner), quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as a reference guide.

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<p><b>Major activities planned for upcoming period</b> (describe significant changes or budget reallocations and associated <b>needs for technical assistance</b>)<sup>12</sup></p>	<p>Conduct immunization sessions by mobile teams in selected remote and hard-to-reach areas and in new settlements in Bishkek and Osh, inhabited mostly by internal migrants.</p>
<p><b>Objective 3</b></p>	
<p><b>Objective of the HSS grant</b> (as per the HSS proposals or PSR)</p>	<p>Capacity building of PHC personnel for the provision of high quality immunization services (WHO)</p>
<p><b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b></p>	<p>Based on immunization coverage data for 2018, RCI defined a list of priority settlements and healthcare facilities for 2019.</p>
<p><b>% activities conducted or budget utilization</b></p>	<p>100%</p>
<p><b>Major activities implemented and review of implementation progress,</b> including key successes and outcomes, activities not implemented or delayed, financial absorption</p>	<ul style="list-style-type: none"> <li>- Trainings according to the WHO course for middle level managers in immunization (MLM) were held — 15 people trained; Immunization in Practice — 15 people trained; Training for Trainers — 15 people trained. National trainers conducted the training under the supervision of an international trainer (for the immunization program specialists of the Naryn and Issyk-Kul regions) — 23 people trained;</li> <li>- Conduct supervising visits on IMCI with a focus on immunization;</li> <li>- The AEFI Guide was translated into Kyrgyz, and 100 copies in Russian and 50 copies in Kyrgyz were printed.</li> <li>- The AEFI Clinical Protocol was developed for the PHC level, translated into Kyrgyz, and 2100 copies were printed;</li> <li>- The Guide on medical contraindications for vaccination was developed by MoH KR working group with technical support from WHO. The Guide was translated into Kyrgyz, and 1450 copies in Russian and 610 copies in Kyrgyz were printed;</li> <li>- An integrated tool was created for conducting supervising visits to support MCH and immunization at PHC facilities;</li> <li>- Supervising visits were carried out in 7 regions of the country including the City of Bishkek; - RCI and the Department of Prevention of Diseases and State Sanitary and Epidemiological Surveillance as per the MoH KR Resolution conducted supervising visits in 26 regional SSES Centers as related to vaccine storage facilities, supply and distribution of vaccines, including safe transportation; - A team of RCI specialists conducted regional supportive supervising visits,</li> <li>- The report on meeting the requirements of safe immunization practices, AEFI and effective vaccine management (EVM) was prepared.</li> </ul>
<p><b>Major activities planned for upcoming period</b></p>	<ul style="list-style-type: none"> <li>- Conduct supervising visits on IMCI with a focus on immunization;</li> </ul>



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(describe significant changes or budget reallocations and associated <b>needs for technical assistance</b> ) <sup>12</sup>	<ul style="list-style-type: none"> <li>- Conduct epidemiological supervising visits on vaccines supply and distribution, including safe transportation;</li> <li>- Training in the AEFI Clinical Protocol</li> </ul>
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<b>Objective 4</b>	
<b>Objective of the HSS grant</b> (as per the HSS proposals or PSR)	Supporting and strengthening health system in order to ensure a decrease in the infant mortality rate through overcoming systemic barriers, development of access to basic services in the field of maternal and child health, including maintenance of at least 95% preventive vaccination coverage (MoH).
<b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b>	National RCI warehouse and regional storage facilities, and 2 regions for cold rooms establishment.
<b>% activities conducted or budget utilization</b>	Out of 10 planned activities, 4 were implemented in the amount of USD 176,234.21 (40%).
<b>Major activities implemented and review of implementation progress,</b> including key successes and outcomes, activities not implemented or delayed, financial absorption	<p>Actions taken as follows:</p> <ul style="list-style-type: none"> <li>- according to 4.2, Diesel generator units (1 pc. - 50 kW, 8 pcs. - 20 kW) - USD 102,278.62 USD 102,392.20; cargo arrived with a delay only in May of this year;</li> <li>-according to 4.2, Voltage stabilizers, 8 pcs. in the amount of USD 9,105.0</li> <li>- according to 4.6, Spare parts for cold chain equipment - USD 37,922.05, spare parts are capitalized and transferred to RCI for distribution;</li> <li>- according to 4.8, Replication of accounting and reporting forms, a register on vaccine and supplies stocks management in accordance with the EVM plan - USD 4,566.5, reporting forms are distributed among healthcare organizations;</li> <li>- according to 4.11, Freeze-tags (2000 pcs.) for vaccine products' transportation - USD 9,098.1, distributed among healthcare organizations;</li> <li>- operating expenses - USD 22,568.92.</li> </ul>
<b>Major activities planned for upcoming period</b> (describe significant changes or budget reallocations and associated <b>needs for technical assistance</b> ) <sup>12</sup>	<p>The following activities are planned for 2019:</p> <p>Via MoH KR: Installation of cold chain equipment, repair of vaccine storage facilities, EVM trainings, printing of reporting forms and instructions, conducting an audit on the implementation of the project from 2016 to 2018.</p>

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	<p>To date, tender announcements for the procurement of estimator and technical supervision services were published, which will be used to conduct a joint appraisal together with the vaccine storage facilities repair commission. Via UNICEF SD: procurement of 8 refrigerated trucks, 2 pick-ups, procurement of equipment for an electronic temperature monitoring system.</p> <p>After the appraisal by the commission the additional required budget for remaining vaccine storage facilities for refrigerators and cold rooms' repair and maintenance will be known.</p>
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Objective 5	
<b>Objective of the HSS grant</b> (as per the HSS proposals or PSR)	Data collection system strengthening in order to ensure the acquisition of timely and accurate information about immunization (WHO)
<b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b>	National and regional levels of the immunization program
<b>% activities conducted or budget utilization</b>	100%
<b>Major activities implemented and review of implementation progress,</b> including key successes and outcomes, activities not implemented or delayed, financial absorption	<ul style="list-style-type: none"> <li>- An in-depth review was undertaken by the WHO mission to optimize data collection on immunization;</li> <li>- As a result of the WHO mission to develop the Immunization Information System (IIS), a plan for the IIS implementation was agreed;</li> <li>- To implement the zero phase of the plan, a local IT consultant was hired, who conducted an inventory audit of computer equipment, Internet communications and the availability of a trained data entry specialist for all Healthcare facilities of the country;</li> <li>- The Centre for E-Health and RCI proposed DHIS 2 as an electronic immunization system;</li> </ul>
<b>Major activities planned for upcoming period</b> (describe significant changes or budget reallocations and associated <b>needs for technical assistance</b> ) <sup>12</sup>	<ul style="list-style-type: none"> <li>- Demo version development and a discussion of the detailed plan are planned during the mission of WHO EURO, the University of Oslo and HISP India teams in July 2019;</li> <li>- Contract with HISP India for further development of the DHIS 2 based Immunization Information System (next phases of the Plan)</li> </ul>

### 5.2 Performance of vaccine support

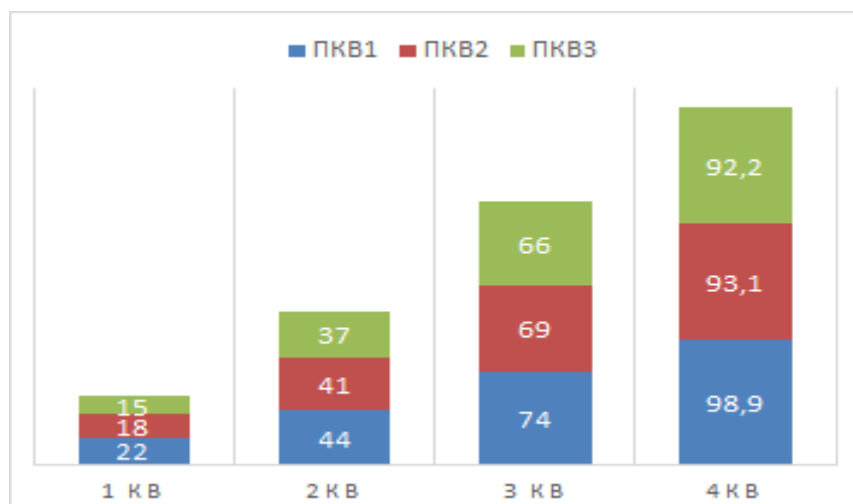
<b>Performance of vaccine support</b>
<p><b>NVS PCV</b> - pneumococcal vaccine, introduced with Gavi support since 2016 throughout the republic, with the provision of an implementation grant in the amount of USD 122,500. According to Gavi's decision letter dd.</p>

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December 13, 2017, in 2018 151,600 doses of PCV-13 were delivered to the country through the Gavi line in the amount of USD 565,000, and 27,700 doses of PCV-13 and supplies were delivered from GKR in the amount of USD 95,500. According to the results of 2018 and as per administrative data, the coverage of one-year-old children with 2 doses of PCV in the republic amounted to 93.1% and reached targets set for 2018 (75%). The PCV3 coverage was 92.2%.

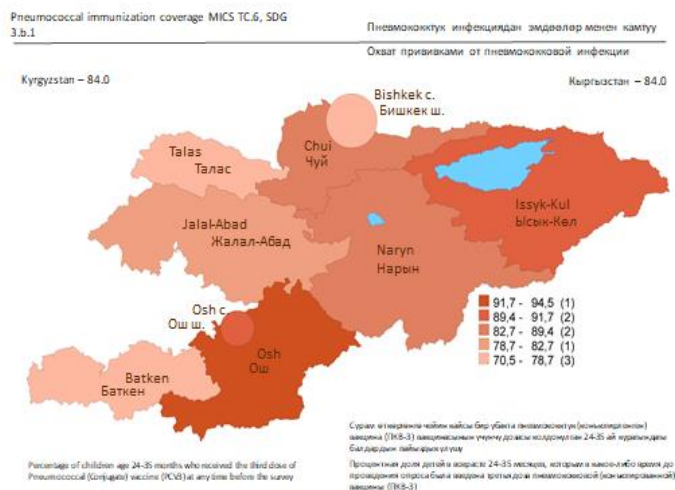
### 1. PCV coverage in KR in 2018

ПКВ1	PCV1
ПКВ2	PCV2
ПКВ3	PCV3
4 ВК	4Q
18	18
37	37
44	44
69	69
92,2	92,2
98,9	98,9
1 КВ	1Q
2 КВ	2Q
3 КВ	3Q
15	15
22	22
41	41
66	66
74	74
93,1	93,1



According to MICS 2018, PCV3 in 2017 was evaluated. The difference between the administrative data of Penta3 coverage and MICS 2018 survey was 4%, 88% versus 84% respectively. Calendar deadlines for two data sources submission must be taken into account.

2. MCV3 coverage (MICS, 2018)



Охват прививками от пневмококковой инфекции	Vaccination coverage against pneumococcal infection
89,4 – 91,7 (2)	89,4 – 91,7 (2)
78,7 – 82,7 (1)	78,7 – 82,7 (1)
91,7 – 94,5 (1)	91,7 – 94,5 (1)
82,7 – 89,4 (2)	82,7 – 89,4 (2)
70,5 – 78,7 (3)	70,5 – 78,7 (3)

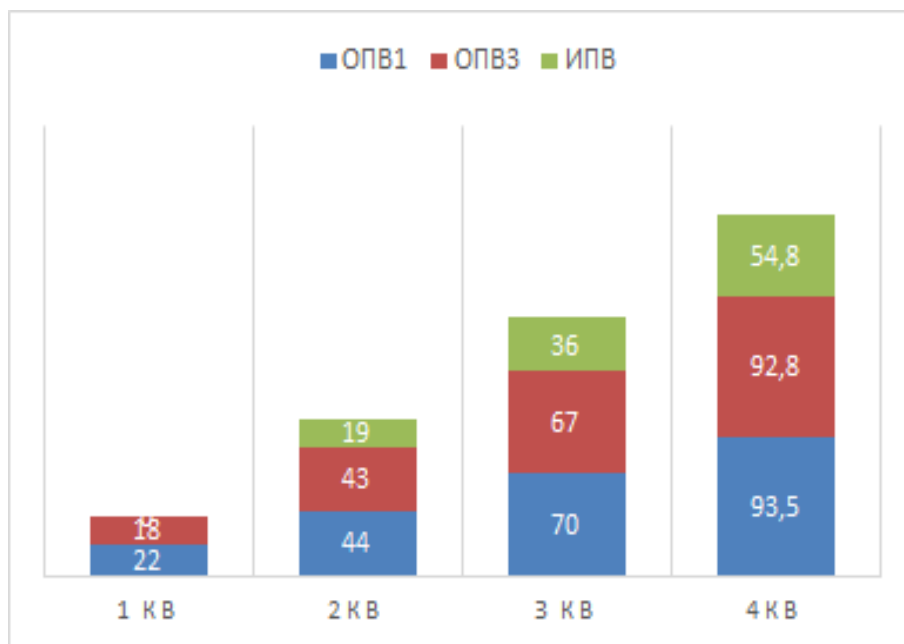
NVS IPV - inactivated polio vaccine

As part of the Global Polio Eradication Initiative, the Kyrgyz Republic switched from the trivalent oral polio vaccine (tOPV) to the bivalent vaccine (bOPV) in April 2016. The introduction of IPV was delayed until 2018 as a result of the problems of the global supply chain. And only in May 2018 the introduction of IPV in the country became possible. A grant in the amount of USD 122,000 was received for IPV introduction, which was used to conduct trainings for PHC and public health professionals. 864 health workers were trained. In addition, the grant was employed for the purpose of vaccine transportation and IPV introduction monitoring. IPV coverage for the 1st year of introduction amounted to 54.8%, and reached the target set for 2018 — 50%.

3. Indicators of IPV coverage in comparison with bOPV1 and bOPV3 for 2018

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ОПВ1	ОРВ1
ИПВ	IPV
22	22
43	43
36	36
70	70
93,5	93,5
2 КВ	2Q
4 КВ	4Q
ОПВ3	ОРВ3
18	18
19	19
44	44
67	67
92,8	92,8
1 КВ	1Q
3 КВ	3Q

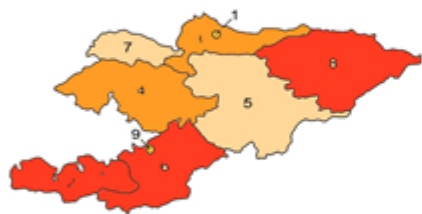


**NVS-Penta - pentavalent vaccine DTP-HBV-HIB.** The national pentavalent vaccine coverage for 2018 tends to increase, from 92% to 94.4%, mainly due to individual health facilities in Bishkek, Osh, and districts of the Chuya and Jalal-Abad regions. However, monitoring by districts shows an increase in the number of regions in the range of 90–94% as compared to 2017.

Table 4. Penta3 coverage at the subnational level

### ОХВАТ ПЕНТАЗ НА СУБНАЦИОНАЛЬНОМ УРОВНЕ ЗА 2017/2018 ГОД

#### КАРТИРОВАНИЕ



Область/Город	Охват за 2017 (%)	Охват за 2018 (%)	Δ(%)
Ошская область (6)	96,6	95,8	0,8
Баткенская область (2)	96,3	96,5	0,2
Иссык-Кульская область (8)	95,8	94,9	0,9
Чуйская область (3)	91,4	92,3	0,9
город Бишкек (1)	86,5	90,2	3,7
Таласская область (7)	93	95,2	2,2
Нарынская область (5)	97	94,6	2,4
Джалал-Абдская область (4)	93,8	96,1	2,3
город Ош (9)	89,6	95,1	5,5

▲ - в этих областях отмечается снижение охвата по сравнению с 2017 годом  
 ▲ - территория риска



МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ  
КЫРГЫЗСКОЙ РЕСПУБЛИКИ



Республиканский  
Центр  
Иммунопрофилактики

13

Region/City	Coverage in 2017 (%)	Coverage in 2018 (%)	Difference (%)
Osh region (6) !	96.6	95.8	0.8
Batken region (2)	96.3	96.5	0.2
Issyk-Kul region (8) !	95.8	94.9	0.9
Chuya region (3) !	91.4	92.3	0.9
City of Bishkek (1) !	86.8	90.2	3.7
Talass region (7)	93	95.2	2.2
Naryn region (5) !	97	94.6	2.4
Jalal-Abad region (4) !	93.8	96.1	2.3
City of Osh (9)	89.6	95.1	5.5

! In these regions, there is a decrease in coverage as compared to 2017

! Risk territory

The administrative data for Penta3 coverage for 2017 are disputed by the MICS study, with a difference of 5.6%. 92% versus 86.4% respectively. Also, calendar timeframes at the time of receiving data from both sources should be taken into account. (CEH KR and MICS).

Table 5. Penta3 coverage, MICS, 2018

Official data – MICS 2018

Охват Пента3 / Penta3 MICS TC.3,SDG 3.b.1 & 3.8.1  
Kyrgyzstan – 86.4

Беш компоненттүү вакцина амдалару менен камтуу  
Охват прививками Пентавалентной вакцины (Пентавакцина)  
Кыргызстан – 86.4 / 92.0



Percentage of children age 12-23 months, who received the third dose of Pentavalent vaccine at any time, before the survey

Сүрүм өтөрүнө чейин кайсы бир учурда (беш компоненттүү вакцина) эңгиресүүнү үчүнчү дозасын кабылган 12-23 ай аралындагы балдардын пайыздык үлүшү

Процентал дозул дегил в возрасте 12-23 месяцев, которые в какой-либо время до проведения опроса была принята третья доза Пентавакцины



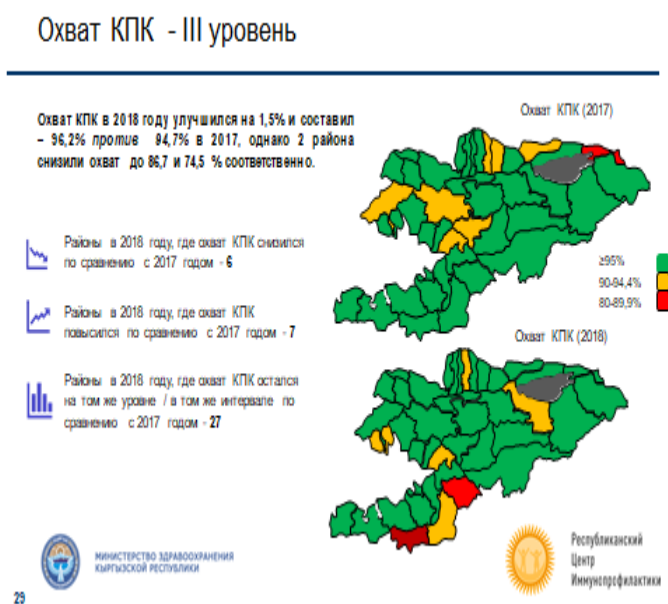
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Penta3 coverage
Pentavalent vaccine coverage (Penta vaccine)
Kyrgyzstan 86.4 / 92,0
95,5 – 96,2 (1)
93,6 – 95,5 (2)
90,3 – 93,6 (2)
88,8 – 90,3 (1)
69,7 – 88,8 (3)
MINISTRY OF HEALTH OF THE KYRGYZ REPUBLIC
Republican Centre of Immunoprophylaxis

### Measles and rubella situation analysis

As part of its commitment as a member country of WHO EURO, the Kyrgyz Republic adheres to the Global Strategic Plan for Measles and Rubella Elimination, supports at least a 95% coverage rate with 2 doses of combination vaccines, with an integrated surveillance system for all suspected measles/rubella cases with a mandatory laboratory component. Although a stable coverage at a level above 95% is noted in 27 regions, still there is a trend towards a decrease in coverage in the range of 80-89% and below: 80% in two KR regions - Chon-Alaisky (74.6%) and Khaoa-Kuldzhinsky (86.7%) districts of the Osh Region.

Table 6. MMR1 coverage for 2017–2018 at the district level

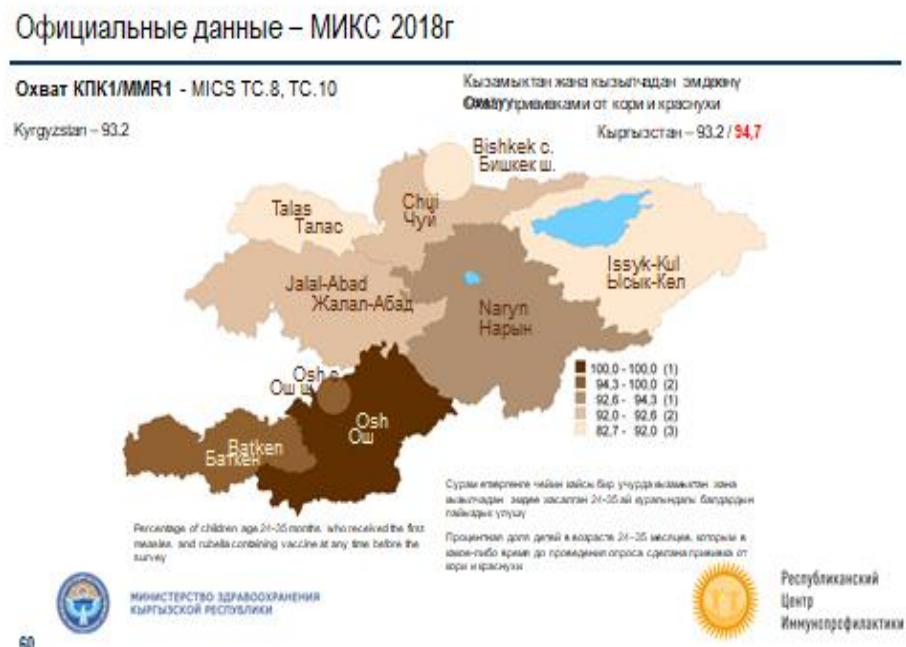


MMR coverage - III level
MMR coverage in 2018 improved by 1.5% and amounted to 96.2% versus 94.7% in 2017; however, 2 regions reduced coverage to 86.7 and 74.5% respectively.
Regions in 2018 where MMR coverage decreased as compared to 2017 — 6
Regions in 2018 where MMR coverage increased as compared to 2017 — 7
Regions in 2018 where MMR coverage remained at the same level / in the same interval as compared to 2017 — 27



Top picture/map - MMR coverage in 2017/ Bottom picture/map - MMR coverage in 2018. The administrative data on MMR-1 coverage for 2017 are confirmed and have a difference of 1.5% as compared to the MICS 2018 data.

Table 7. MMR1 coverage, MICS 2018



Vaccination coverage against measles and rubella
100,0 – 100,0 (1)
94,3 – 100,0 (2)
92,6 – 94,3 (1)
92,0 – 92,6 (2)
82,7 – 92,0 (3)

The goal set by the Program – reducing the incidence of measles and rubella to individual cases and sustainable elimination of these infections before 2017 – **was not achieved**.

Measles epidemiology in 2018 – **renewed endemic transmission**

In the Kyrgyz Republic, as a continuation of the outbreak of measles in 2017, a total of 1820 suspected cases of measles/rubella were recorded from January to December 2018. According to the results of an epidemiological investigation and laboratory virology studies, only 1007 cases of measles were identified: of which 518 cases were confirmed by laboratory tests, 422 cases were epidemiologically related, and 67 cases were confirmed by clinical data. 929 blood samples were laboratory-tested, of which 518 cases were confirmed for measles, 8 cases were confirmed for rubella, and 403 cases were laboratory declined.

A trend for age distribution of measles cases remains, as compared to the same period in 2018, where children under 1 prevail - 44.7%. (451 cases), children from 1 to 4 — 390 cases, 5–9 years old — 45 cases, 10–14 years old — 13 cases, 15–19 years old — 12 cases, 20–29 years old — 57 cases, and 30 years old and older — 39 cases. An outbreak of measles in the country occurred due to children’s hospital-acquired infections in hospitals.

The spread sources were hospitals in Bishkek, namely RCIH, with further emergence of sites in the municipal children's clinical emergency hospital and other hospitals throughout the country.

The incidence was recorded in all 7 regions and 2 cities of the republic: the City of Bishkek-575 cases, Chuya Region-242, Jalal-Abad-97, Issyk-Kul Region-21, Naryn Region-22, Osh Region-20, the City of Osh- 18, Talass Region - 13 cases.

The measles outbreak in 2018 in the republic was accompanied by in-hospital sites of infection. Since the beginning of the year, in-hospital sites of infection were regularly registered in large hospitals in Bishkek, such as the Republican Clinical Infectious Hospital, the municipal children's clinical emergency hospital and the National Centre for Motherhood and Childhood Protection (NCM & CP).

The increased registration of measles incidence in Bishkek is due to hospital-acquired infection of patients in hospitals, as well as internal migration and growth in the number of people denying preventive vaccination. Since Bishkek is the capital of the country, there is a lot of internal migration, where in turn undocumented children often remain without access to immunization. Registration of in-hospital sites of infection is explained by the fact that children in the catarrhal period applying to the hospital were hospitalized in somatic units or infectious units of a non-boxed type, where they were isolated after rash appearance, thereby becoming a source of infection spread for other children. A total of 4224 contact children passed through in-hospital sites of infection.

It should be noted that the weak point in the republic is lack of hospital bedspace, especially boxed units in all hospitals, which in turn leads to in-hospital sites of infection in children's units. And since inpatient treatment is mainly provided to children under 6 that are not vaccinated due to their age (children under 1), often sick children who were not vaccinated due to health reasons, and children of people denying vaccination, conditions for spreading measles are created.

**Surveillance quality in 2018** – in Kyrgyzstan, a highly sensitive epidemiological surveillance system for measles and rubella has been created and is functioning, based on the identification and investigation of both suspected measles or rubella cases and exanthema diseases (cases of maculopapular rash and temperature). In total, 929 blood samples were laboratory-tested, of which 518 cases were confirmed for measles, 8 cases were confirmed for rubella, and 403 cases were laboratory declined as not measles, the rate of declined cases was 6.4 per 100,000 population. In all administrative territories this rate was higher than 2 per 100,000 (from 3.23 to 10.04). There were no "silent" territories in the republic.

**Molecular epidemiology of measles in 2018** – a virology study of clinical samples taken from confirmed cases revealed measles virus strain B3 (Dublin IRL/8.16/) during the measles outbreak in November-December 2017; subsequent studies were conducted in February, July and December 2018 at the reference laboratory in Moscow (Gabrichevsky Institute). Despite 6-fold importation from other countries, the study confirmed measles virus B3 circulations (Dublin IRL/8.16/), which in turn might not exclude the fact that the imported cases also had the same genotype.

**Activities aimed at increasing population immunity in 2018** – the coverage of scheduled vaccination with two doses of measles, mumps and rubella vaccine increased significantly in the republic as compared to 2017. Vaccination with a 1st dose – by 1.8%, amounting to 96.2% as compared to the same period last year, when coverage was 94.7%, vaccination with a second dose equaled to 96.0%.

The main high-risk group in Kyrgyzstan are internally displaced persons, who make up about 7% of the country's total population. From October 2018 to January 2019, clean-up immunization was carried out in the Chuya Region and in the City of Bishkek. The target group consisted of children aged from 2 years to 5 years old. In the City of Bishkek, 3032 children were due for immunization, 458 or 15.1% of them were vaccinated. In the Chuya Region, 1289 children were due for immunization, 1005 or 78.9% of them were vaccinated. In addition, 1,142 health workers were vaccinated in hospitals. In the City of Bishkek, 380 were due for immunization, 390 or 105% of them were vaccinated. In the Chuya Region, 789 were due for immunization, 743 or 94.1% of them were vaccinated.

**Response to measles outbreak in 2018** - The Ministry of Health of the Kyrgyz Republic took measures to localize the outbreak and prevent the spread of infection:

- a meeting of the Measles and Rubella Verification Committee was held with measles epidemiological situation analysis;
- a meeting of the Republican Vaccination Committee was held with measles epidemiological situation analysis, including subsequent preventive measures planning; the issue of measles epidemiological situation complication was discussed at a meeting of the MoH KR board in June 2018;
- "Operational plan for Taking Urgent Measures to Localize Measles" was developed, where detailed preventive measures for each healthcare facility were described;
- A meeting of the Bishkek Healthcare Coordination Committee was held, with the participation of the Deputy Mayor and specialists of Bishkek CSSES, RCI;
- letters from MoH KR to Plenipotentiaries of the KR Government (regions) on the measles situation were prepared;

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- for carrying out of clean-up immunization and immunization of contact persons 10.10.2018 30,000 doses of MR vaccine for a total of 1 million 548 thousand som were received through the UNICEF supply department. An additional letter was sent from MoH KR to Rospotrebnadzor on free-of-charge supply of MR vaccine in the amount of 100,000 doses;

- from October 2018 to January 2019 clean-up immunization and immunization of contact persons against measles was carried out in the Chuya Region and in the City of Bishkek. The target group consisted of children aged from 2 years to 5 years old. In the City of Bishkek, 3032 children were due for immunization, 458 or 15.1% of them were vaccinated. In the Chuya Region, 1289 children were due for immunization, 1005 or 78.9% of them were vaccinated. In addition, 1,142 health workers were vaccinated in hospitals. In the City of Bishkek, 380 were due for immunization, 390 or 105% of them were vaccinated. In the Chuya Region 789 were due for immunization, 743 or 94.1% of them were vaccinated;

- to build the capacity of health workers, a seminar was held on October 25-26, 2018, to strengthen the MR epidemiological surveillance system for personnel of specialized hospitals, public health and PHC in Bishkek and Chuya Region, where 132 health workers were trained;

- On June 10-12, Mr. Deshevoi, a WHO EURO technical officer, provided assistance in describing the epidemiology of measles outbreaks; recommendations were made on control and prevention of in-hospital measles transmission;

- in November 2018, the investigation of in-hospital measles outbreak in KR was facilitated by experts led by Ms. O. V. Tsvirkun, Head of the Epidemiological Department of Gabrichevsky All-Russian Scientific Research Institute of Epidemiology (MNIIEEM), and Ms. N. V. Turaeva, Head of the Viral Infections Prevention Laboratory.

“Clean-up” immunization against measles among susceptible populations and in other regions of the republic should be continued. Calculations were prepared for “clean-up” immunization; currently they are at the stage of consideration by the Republican Vaccination Committee (RVC) and the Scientific and Technical Expert Group on Immunoprophylaxis (STEGI) for approval. It will then be submitted for review to WHO EURO.

### 5.2. Performance of GAVI CCEOP support in Kyrgyzstan

Initially the CCEOP budget for Kyrgyzstan was USD 1,617,401 (the budget as of December 15, 2017). Project implementation period: 2018-2020. With the adoption of the Gavi policy of CCEOP financing ceiling, a financing ceiling of USD 1,386,578 was approved for the country. In Gavi's decision letter dd. March 5, 2018, the amount of USD 1,201,068 was approved for 2018-2019. As at the time of finalisation of this report the decision letter approving the last year (2020) was sent to the country on 14 June 2019.

After receiving Gavi's decision letter on CCEOP support, an operation plan of deployment (OPD) for the first phase of CCEOP (March, 2018) was prepared with technical assistance from UNICEF. This OPD was approved by ICC and was formally sent to UNICEF Supply Division with a request for cost estimates;

From May to November 2018, the following work was performed:

- the supplier's terms of reference were discussed and approved;
- a tender was announced by the UNICEF Supply Division;
- analysis of tender results, technical and financial evaluation of proposals, coordination with the KR Ministry of Health and the Gavi Secretariat, determination of the tender winner. Two companies were selected for final evaluation: Haier and Westfrost. After the country had reviewed financial proposals and technical conditions, the country decided to choose Haier, given that the company offered a 3-year maintenance guarantee, and the financial proposal was within the approved budget, while Westfrost's financial proposal exceeded the approved budget by over 30% and a maintenance period of 2 years was proposed. However, in order not to exceed the approved budget, Westfrost proposed to reduce the amount of cold chain equipment (510 instead of 632 refrigerators) and to exclude related equipment (voltage regulators, freeze tags, etc.). In this regard, in order to fully implement OPD as planned, the country decided to choose Haier;
- Finalization and signing of a contract between UNICEF Supply Division and Haier

Due to the financial closure of the year at the end of November, the transfer of HSS funds on behalf of the Ministry of Health to the account of the UNICEF Supply Division was postponed till 2019. In order to ensure timely CCEOP implementation, with the assistance and request of the UNICEF country office, and also taking into account the official request from the Ministry of Health, the UNICEF Supply Division activated a pre-financing mechanism in the amount of USD 487,753.47. This mechanism means that the funds of the UNICEF Supply Division were used to prepare and sign the contract. Thanks to pre-financing, the contract was signed in a timely manner and the process of cold chain equipment production by the manufacturer was

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launched (production could start only after the contract is officially signed), which subsequently ensured the timely arrival of equipment and the implementation of measures within the established and approved deadlines.

To ensure effective management of CCEOP processes, as well as to prepare OPD for the second CCEOP phase, the National Logistics Working Group (originally called the “Project Management Group”) for 2019–2020 was created by the Ministry of Health, which includes representatives of such structures as the Ministry of Health and the Department of Drug Procurement and Medical Equipment, RCI, DPD & SSES, WHO and UNICEF country offices.

At the same time, data collection for the preparation of OPD for 2019-2020 was initiated. Among the challenges, we note the difficulty of conducting inventory of cold chain equipment due to the lack of tools for electronic data collection. As a result, data collection was done manually on paper.

As at the time of finalization of this report in September 2019, the ODP for 2018 was fully implemented with 100% (632) of the refrigerators installed. The monitoring phase is ongoing.

**Table 1. CCEOP Plan for 2018-2019**

Equipment	Units in 2018	Units in 2019
Specialized refrigerators	632	190
Voltage regulators	545	190
Log tag	153	0
Freeze tag	1200	800
<b>Budget</b>	<b>913,848 \$USD.</b>	<b>287,220 \$USD</b>
<b>Total Budget</b>	<b>1,201,068 \$USD</b>	

**Table 3. Distribution of cold chain equipment by name in 2019**

Equipment	Units in 2018	Units in 2019
Specialized refrigerators	632	190
Voltage regulators	545	190
Log tag	153	0
Freeze tag	1200	800
<b>Budget</b>	<b>USD 913,848</b>	<b>USD 287,220</b>
<b>Total Budget</b>	<b>USD 1,201,068</b>	

**Table 2. Distribution of cold chain equipment by regions of the Kyrgyz Republic in 2019**

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Region	HBC-80	HBC-150	Total number of CCE	Regulator	Freeze tag	Log tag
City of Bishkek	42	2	44	7	60	10
Chuya	77	16	93	124	220	30
Batken	64	13	77	33	120	18
City of Osh	4		4	-	50	5
Osh region	123	12	135	132	220	21
Issyk-Kul	26	6	32	83	160	12
Jalal-Abad	186	21	207	67	220	33
Naryn	12	5	17	61	90	13
Talass	18	5	23	38	60	11
Total	552	80	632	545	1200	153

**CCEOP contribution** - with CCEOP introduction, new CCE availability within the cold chain will reach 71% at the PHC level

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### 5.3. Financial management performance

#### Financial management of grant funds for new vaccine introductions (PCV and IPV)

Grant	Opening balance 01.01.2018	Income 2018	Expenditures 2018	Closing balance, 31.12. 2018, based on the dollar exchange rate as of 01.01.2018
PCV introduction Gavi grant	22,980	0	22,980	0
IPV introduction Gavi grant	84,903	0	54,926	29,977

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<b>Total amount</b>	107,883	0	77,906	29,977
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### Financial management of Gavi HSS-2, Objective 1 (UNICEF)

Gavi Alliance allocated USD 1,333,007 for the implementation of the first component of HSS-2 Program through UNICEF in accordance with Amendment 2 to the Grant Agreement. In 2017, USD 305,398 was transferred (the program part: USD 282,776) for 2017–2018. In accordance with Amendment 1 and Amendment 2, USD \$ 279,809 and USD \$ 440,000 (PBF) accordingly were transferred in 2019. USD \$ 307,800 is planned for 2020.

### Financial management of Gavi HSS-2, Objective 4 (MOH)

In accordance with the 2018 Workplan, procurement of goods and services in the amount of USD 696,032 was planned, including USD 570,237 via the UNICEF Supply Division and USD 125,795 via MoH KR.

No.	Name	Executing agency	Amount, \$ - 2018
4.2	Diesel generator units (1 pc. - 50 kW, 8 pcs. - 15 kW).	MoH, via UNICEF SD	110,426.00
4.3	Refrigerated trucks (8 pcs.) to ensure the distribution and vaccine delivery to the national and regional, district centers (2 pcs. x 20m3, 6 pcs. x 12m3)	MoH, via UNICEF SD	360,000.00
4.4	Pick-up/minivan cars (1 pc.) for the national level to provide cold chain monitoring and maintenance	MoH, via UNICEF SD	60,000.00
4.5	Repair of the national, district vaccine storage facilities	MoH, RCI	60,000.00
4.6	Procurement of spare parts for specialized cold equipment	MoH, via UNICEF SD	30,000.00
4.7	Maintenance of specialized cold chain equipment	MoH	10,000.00
4.8	Training for immunologists, heads of vaccine storage facilities and vaccination nurses associated with temperature indicators, according to the Effective Vaccine Management (EVM) plan.	MoH	10,000.00

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4.9	Replication of accounting and reporting forms, a register on vaccine and supplies stocks management in accordance with the EVM plan. Instructions for cold chain equipment maintenance	MoH	5,000.00
4.11	Freeze-tags (2000 pcs.) for vaccine products' transportation	MoH, via UNICEF SD	9,811.00
4.13.	Audit	MoH	10,000.00
6.1.	HSS Technical Coordinator	MoH	15,255.00
6.1.a	HSS Finance Manager	MoH	6,630.00
6.1.b	HSS Procurement Officer	MoH	1,050.00
6.2	Office equipment	MoH	5,900.00
6.3	Expendable materials	MoH	1,960.00
<b>Total amount</b>			<b>696,032.00</b>

Out of 10 planned activities, 4 were implemented in the amount of USD 176,234.21 (40%) in the following areas:

- according to 4.2, Diesel generator units (1 pc. - 50 kW, 8 pcs. - 20 kW) - USD 102,278.62; cargo arrived with a delay only in May of this year;
- according to 4.2, Voltage stabilizers, 8 pcs. in the amount of USD 9,105.0
- according to 4.6, Spare parts for cold chain equipment - USD 28,817.07, spare parts are capitalized and transferred to RCI for distribution;
- according to 4.8, Replication of accounting and reporting forms, a register on vaccine and supplies stocks management in accordance with the EVM plan – US\$4,366.5, reporting forms are distributed among healthcare organizations;
- according to 4.11, Freeze-tags (2000 pcs.) for vaccine products' transportation - USD 9,098.1, distributed among healthcare organizations;
- operating expenses - USD 22,568.92.

The balance of funds under Objective 4 Strengthening Cold Chain Physical Capacity as of 01.01.2019 was USD 682,066.79 (49,174,365.14 soms)

The main reasons for insufficient funds execution was the suspension of procurement via UNICEF based on the results of the KR Accounts Chamber, which affected the implementation of lines 4.3 and 4.4 of the 2018 workplan in the amount of USD 420,000. Technical specifications were prepared and agreed with WHO, Gavi and RCI,

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and a procurement request was submitted to UNICEF in July 2018. An invoice for 2 pick-ups and 3 refrigerated trucks was received in December 2019. However, the payment failed for the above reason.

On February 26, 2019, we received a letter from the Gavi Secretariat on the allocation of funds directly to UNICEF SD to pay for procurement of refrigerated trucks and cars/pick-ups. As a result, USD 450,000 was refunded back to Gavi Secretariat (in May 2019) for direct transfer to UNICEF SD for the procurement of the cold chain equipment (8 refrigerated trucks, 2 pick-ups, procurement of equipment for an electronic temperature monitoring system) planned for 2019.

### Challenges

The special account balances approval is known to be annually delayed throughout the republic, including the approval of the Gavi project balances. In accordance with the Budget Code of the Kyrgyz Republic, unused budgetary institutions balances on a special account are transferred to the next budget year as the balance at the beginning of the next budget year, which is approved by the KR Government on the basis of the regulatory legal act on amendments to the regulatory legal act on the budget (Law of the Kyrgyz Republic "On the Republican Budget of the Kyrgyz Republic for 2019 and the Forecast for 2020–2021"), after consideration and approval by the KR Jogorku Kenesh (Supreme Council).

Due to the long process of special account balances approval, the implementation of planned activities is delayed annually until May - June of the reporting year.

To solve this problem, the KR Ministry of Health will prepare a draft Resolution of the KR Government on approval of the Gavi fund balances at the beginning of the reporting year, as an exception to general rules for fund balances approval. Such process may begin before the approval of the financial report for the previous year (January). The draft Resolution must be agreed with the KR Ministry of Finance (Revenue Management) before starting the process of agreement with ministries and departments. Such process is planned to be completed by April 1 each year.

### Gavi project tax and duty exemption

In November 2018, we sent an application letter to the KR Ministry of Economy on exemption of goods received via UNICEF for the Gavi project from taxes, customs fees and duties. According to the KR Ministry of Economy, the Gavi project is not entitled to preferential taxation, because the Gavi project is not included in the list of projects with preferential taxation, which is approved by the KR Government. In this connection, MoH KR should pay taxes and duties for cold chain equipment received via UNICEF. As an interim measure, MOH regularly request 'donation certificates' from Gavi which is not a sustainable mechanism and needs to be addressed further at the country level.

### Audit of HSS2 2016-2018 (MOH)

At the time of finalization of the JA report, the external audit report was received and is under review by the Gavi Secretariat. The audit opinion is unqualified with a number of recommendations made. Gavi will share its feedback in September 2019.

### Project for 2019-2020

Taking into account a refund of USD 450,000 to Gavi, the draft budget for 2019 amounted to USD 199,205.50 and for 2020 amounted to USD 44,095.50.

#	Name of Activities	Executing agency	Period		Total
			2019	2020	
	The balance of funds as of 1.01.2019				682,066.79
	Return of funds from UNICEF				11,234.00



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	Return to Gavi				-450,000.00
	<b>Total</b>				<b>243,300.79</b>
4.3.	Refrigerated trucks 5 pcs. (2.2x1.65x1.70 m) 4.64 cbm Refrigerated cars (5), 1,160 ton	MoH KR, RCI, UNICEF	250,000.00		250,000.00
4.3.	Refrigerated trucks 3 pcs. (4.3x2.1x2.1 m) 14.26 cbm Refrigerated cars, 2.3 ton	MoH/Gavi/ UNICEF	324,000.00		324,000.00
4.4.	Pick-up / minivan car (2 pcs.)	MoH/Gavi/ UNICEF	52,000.00		52,000.00
4.5.	Repair of vaccine storage facilities (reconstruction, construction, major and current repairs)	MoH KR, RCI	120,000.00		120,000.00
4.7.	CCE maintenance	MoH KR, RCI	15,000.00	5,000.00	20,000.00
4.8.	Trainings related to temperature indicators	MoH KR, RCI	20,000.00		20,000.00
4.9.	Printing of reporting forms. Instructions for CCE maintenance	MoH KR, RCI	5,000.00	5,000.00	10,000.00
4.12.	Procurement of equipment for an electronic temperature monitoring system	MoH/Gavi/ UNICEF	40,000.00		40,000.00
4.13.	CCEOP financing gap (Gavi and co- investment)	MoH/Gavi/ UNICEF	30,831.00	230,822. 00	261,653.00
4.14.	CCEOP co-investment	MoH/Gavi/ UNICEF	600,534.00	92,755.0 0	693,289.00

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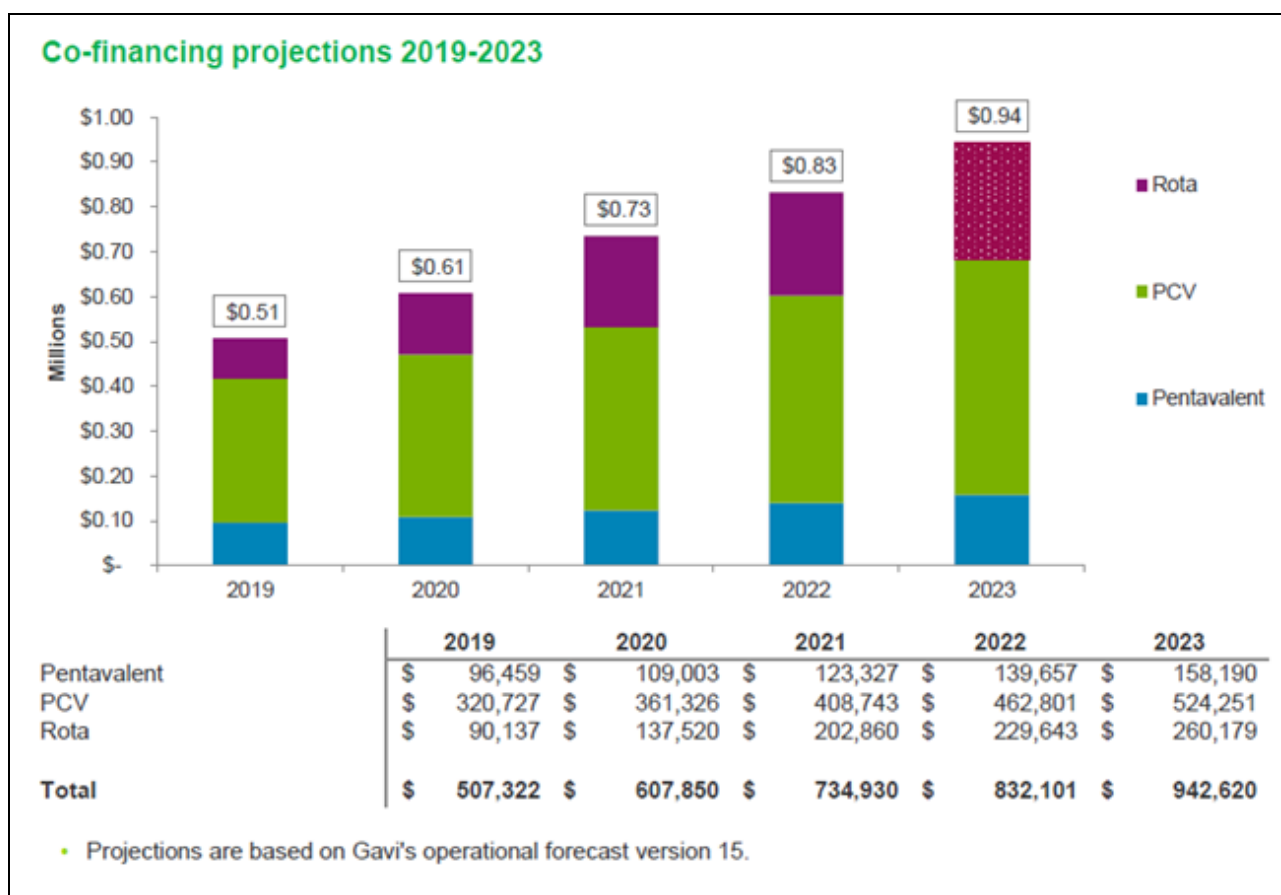
4.13.	Audit services	MoH KR	2,000.00	5,000.00	7,000.00
6.1.a.	HSS Technical Coordinator	MoH KR	17,805.50	17,805.50	35,611.00
6.1.b	Financial Manager	MoH KR	7,340.00	7,340.00	14,680.00
6.1.c	Procurement Officer	MoH KR	5,500.00	1,500.00	7,000.00
6.2	Office equipment	MoH KR	4,110.00		4,110.00
6.3	Monitoring for assessment of vaccine storage facilities and use of fixed assets, supplies	MoH KR	2,450.00	2,450.00	4,900.00
		<b>Total</b>	<b>1,496,570.50</b>	<b>367,672.50</b>	<b>1,864,243.00</b>
	<b>including</b>				
	<b>UNICEF</b>		<b>1,297,365.00</b>	<b>323,577.00</b>	<b>1,620,942.00</b>
	<b>MoH KR</b>		<b>199,205.50</b>	<b>44,095.50</b>	<b>243,301.00</b>

### Financial implementation of HSS-2, Objectives 2, 3 and 5 (WHO)

Of the total amount of the agreement between Gavi and WHO, USD 567,913 (including the cost of the project support USD 31,153) from the first tranche, USD 95,272 were used as of December 31, 2017. The report was presented at the 2018 Joint Review. As at March 31, 2019, taking into account funds transferred to 2019 (WHO internal process), USD 458,050 has been spent. The funds of the second tranche (for 2019 implementation) were received from Gavi in April 2019.

Expenditure Category	Expenditure Type	Encumbrance	Expenditure	Utilization
Staff Costs	501-Staff Costs: LT	0	68,644	68,644
<b>Staff Costs Total</b>		<b>0</b>	<b>68,644</b>	<b>68,644</b>
Activities	513-Contractual Serv, General	14,729	163,861	178,590
	517-Training	0	35,790	35,790
	518-Travel	317	38,698	39,015
	519-General Op. Costs	0	107,031	107,031
<b>Activities Total</b>		<b>15,046</b>	<b>345,379</b>	<b>360,425</b>
Financial Transactions	530-PSC	0	28,981	28,981
<b>Financial Transactions Total</b>		<b>0</b>	<b>28,981</b>	<b>28,981</b>
<b>Grand Total</b>		<b>15,046</b>	<b>443,004</b>	<b>458,050</b>

5.4. Monitoring of transition planning (applicable, if a country is in accelerated transition phase)



5.5. Technical assistance (TA) (progress of the current TCA plan)

**Technical Assistance from Dalberg (PEF TCA 2018)**

Dalberg management partner was installed in Bishkek in March 2018.

At the beginning of the assignment of the management partner, up to 80% of the RCI team was also recently employed. Thus, poor system functionality and insufficient team consolidation implied supplementary challenges to be addressed in the inception phase of the management partner's work.

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The year activities were exclusively dedicated to the implementation of the recommendations resulted from the inception phase evaluation in the first 3 month of work engagement of the Gavi management partner.

In this regard the focus became the RCI organizational structure revision and improvement, recruitment of a communications specialist, personnel training and development specialist, M&A specialist, storage facility manager and cold chain equipment specialist, with subsequent capacity building of the entire RCI team. Some extra domains for skills development comprised strategy planning, M&A and communications.

Several prioritized objectives were set as follows:

1. Leadership and Management Capacity development of the RCI team.
2. Development of strategic planning and monitoring capabilities of the RCI team.
3. RCI Performance Management strengthening.
4. External communications and coordination improvement.

Within each specific objective the following outcomes are registered currently:

### **Objective 1: Leadership and Management Capacity development of the RCI team.**

#### ***Registered Outcomes:***

- Implemented standardized recruiting process within RCI
- Improved organizational structure in place
- JoD development and job advertising on a popular recruiting site in Kyrgyzstan
- Direct involvement of RCI top-management in recruitment methodology implementation
- International partners (WHO) are active members of recruitment team
- Improved decision making both horizontally and transversally within RCI

### **Objective 2: Support the development of strategy planning and monitoring capabilities of the RCI team.**

#### ***Registered Outcomes:***

- Defined RCI's institutional vision/objectives
- Improved operational planning skills and monitoring capabilities of the RCI team
- Improved accomplishment of priorities and mandate defined in the NIP

### **Objective 3: RCI performance management strengthening**

#### ***Registered Outcomes:***

- *Improved communications*
  - An internal and external communications plan for the RCI has been developed
  - Specialized dashboards / monthly reports (Communications, Storage facility and cold chain management, JA planning, Training agenda) have been developed and are currently in the process of implementation.
- *Improved supply chain management*
  - General inventory of the RCI central warehouse has been completed.
  - Annual demand for vaccines and consumables plan has been revised, is now in place and subject to follow up. The analysis of the entire supply-chain has been initiated
- *Improved cold chain management*
  - Inventory of the cold chain equipment within RCI warehouse has been performed, specific equipment has been fixed and maintained.
  - Inventory of all cold chain equipment at national and sub national level has been finalized and monitored

### **Objective 4: External communications and coordination improvement.**

#### ***Registered Outcomes:***

- Improved communications internally within ICC but also with external partners
- Increased awareness of ICC members as to the ICC goals and objectives
- Improved decision making process by ICC

The management partner activities allowed the consolidation of system functionality, team building and improved working skills of the RCI team. Nevertheless, it is important to ensure a strategic continuity of the initiated changes. Thus, the extended presence of the management partner within RCI for a longer period

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shall be regarded as mandatory. Otherwise, there is a high risk of a drop in the initiated changes. The consolidation of the initiated changes as well as the development of appropriate mechanisms for smooth transition to improved RCI functionality requires time, support and leadership of management partner. This fact is supported by the MoH representatives, the RCI team and top management as well as by the coordinators of the HSS grant. They all require extension of the contracted period of the management partner.

### **Technical Assistance from UNICEF (PEF TCA 2018)**

Objective 1: Increase RCI capacity in organizing communications work

- With the help of a local consultant, regular work is being done to interact with the media on immunization issues. The RCI team was supported in expanding media relations and increasing interactions with the population through social media.
- As part of the task of improving and promoting the RCI website, training is being provided on site administration and public relations on social networking sites.

Technical support was provided for CCEOP activities:

- OPD preparation for the first phase;
- preparatory work on OPD preparation for the second phase of CCEOP

As part of strengthening of MoH KR procurement capacity, an assessment and analysis of the existing procurement system of MoH KR was carried out. Currently, a report is being finalized and will be submitted to interested parties (MOH), with the further development of a plan for capacity building of RCI and MoH KR employees' procurement skills.

### **Technical assistance from WHO (PEF TCA 2018)**

Technical assistance in the revision of NITAG Provision to bring the composition and functions of NITAG in compliance with the WHO recommendations (inclusion of ex officio members and members-representatives into NITAG and defining their roles and responsibilities; definition of the role of the secretariat; a detailed description of NITAG functioning, including rotation of members); Advisory support of NITAG in developing recommendations for the transition to the new rotavirus vaccine · Technical assistance of NITAG in using a systematic approach to the development of science-based recommendations on the appropriateness of HPV vaccine introduction (the establishment of the Working Group to determine criteria and evidence collection and analysis; holding a desktop meeting to involve all the interested parties in the decision-making process; supporting the Working Group in evidence collecting and analyzing; providing information on the experience of using HPV vaccine in other countries); · Support for preparing for rotavirus vaccine introduction:

- Assistance in carrying out a formative study and the development of a communications strategy for the rotavirus vaccine introduction. ·
- Assistance in the development of a communications plan prior to the rotavirus vaccine introduction;
- Provision of a package of materials on rotavirus diseases and vaccines for health workers' training;
- Assistance in the revision of the Rotavirus Vaccine Introduction Plan and the development of scientific and methodological recommendations for rotavirus vaccine introduction

Technical assistance in creating the Cold Chain Database; TA for the development of TOR for the national logistics group TA to support the development of a CCEOP deployment plan TA for the development of tech. Specifications for equipment procurement, installation and maintenance; Mission for assistance in AEFI assessment system and cause-and-effect relationship training (in progress);

An inter-country workshop to support the implementation of the WHO procedures for registration of drugs and vaccines Mission for safe injection issues (in progress).

## 6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritized actions from previous Joint Appraisal	Current status
n/a	

<b>Additional significant IRC / HLRP recommendations (if applicable)</b>	<b>Current status</b>
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**7. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND NEEDS IN RESOURCES OR SUPPORT IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL**

Overview of key TA activities scheduled for 2020:

6

	<b>Key finding / Action 1</b>	Conduct an endline assessment of the Communication strategy on immunisation
	Current response	Communication activities implemented since 2017
	Agreed country actions	Obtaining data to assess the efficiency of the communication activities on immunisation
	Expected outputs and results	Measured efficiency of communication activities and explored possibility to streamline into government system
	Associated timeline	2020
	Required resources / support and TA	TA and financial support
	<b>Key finding / Action 2</b>	Conduct budgeting analysis for vaccines
	Current response	
	Agreed country actions	Conduct analysis of budgeting for vaccines
	Expected outputs and results	Financing, planning and budgeting for vaccines is done on time
	Associated timeline	2020
	Required resources / support and TA	TA and financial support
	<b>Key finding / Action 3</b>	Strengthen and enhance the procurement capacity of MoH KR, taking into account the transition of procurement mechanism from the UNICEF mechanism to the state mechanism
	Current response	Analysis of MoH KR procurement system as a whole was performed, a report describing recommendations is currently at the finalization stage. According to recommendations, a plan will be

<sup>6</sup> The needs indicated in the JA will inform the TCA planning. However, when specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner), quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. The TA menu of support is available as a reference guide.

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	prepared to increase and strengthen the capacity of MoH KR and RCI employees
Agreed country actions	Report submission and plan implementation
Expected outputs and results	MoH KR and RCI procurement capacity was strengthened and improved
Associated timeline	2020
Required resources / support and TA	TA and financial support
<b>Key finding / Action 4</b>	Support new vaccines introduction: implementation of evaluation recommendations after the introduction of rotavirus vaccine; preparation for the introduction of a vaccine against human papillomavirus; collecting evidence to decide on the use of meningococcal vaccines as a response to outbreaks of meningococcal meningitis.
Current response	The Ministry of Health plans to introduce the rotavirus vaccine in 2019. Evaluation of vaccine introduction will be carried out 6-9 months after the introduction. The MoH is in the process of decision-making on the HPV vaccine introduction. WHO supported MoH in investigating and responding to outbreaks of meningococcal meningitis and recommended improving the surveillance system for bacterial meningitis to collect evidence to help respond to outbreaks effectively in the future.
Agreed country actions	Support of the implementation of evaluation recommendations after the rotavirus vaccine introduction. Support of the national immunization program in preparation for the HPV vaccine introduction (conducting a formative study, developing a communications strategy, a communications plan and a crisis communications plan). Evaluation of bacterial meningitis surveillance system and development of recommendations for its improvement in order to effectively identify, investigate and respond to bacterial meningitis outbreaks
Expected outputs and results	Rotavirus vaccine coverage improvement. Implementation of measures to prepare for the HPV vaccine introduction. Strengthening the ability to detect, investigate and effectively respond to bacterial meningitis outbreaks in a timely manner
Associated timeline	2020
Required resources / support and TA	TA and financial support

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<b>Key finding / Action 5</b>	Ongoing support for NITAG strengthening
Current response	NITAG is reviewing its composition and performance of functions in order to align them with the WHO recommendations. NITAG takes a systematic science-based approach to developing recommendations for the HPV vaccine introduction
Agreed country actions	Ongoing support for enhancing NITAG's capacities through collaboration with other NITAGs and the European Technical Advisory Group: participation of NITAG in meetings of heads of national immunization programs and ETAG meetings.
Expected outputs and results	NITAG will receive updated information on regional priorities in the field of immunization and will improve the ability to develop evidence-based recommendations in the field of immunization for the Ministry of Health.
Associated timeline	2020
Required resources / support and TA	TA and financial support
<b>Key finding, action 6</b>	Improvement of viral hepatitis B control
Current response	Kyrgyzstan is implementing a universal program of vaccination against viral hepatitis B for newborns, but NPI does not have information on the timeliness of administration of the dose of hepatitis B at birth, as well as data on the impact of vaccination.
Agreed country actions	Evaluation of the timeliness of vaccination against viral hepatitis B (dose administration at birth). Conduct a seroepidemiologic study to explore prevalence of chronic hepatitis among vaccinated cohorts.
Expected outputs and results	Obtaining information on the timeliness of vaccination against viral hepatitis B for newborns and developing measures to improve it. Assess the effects of vaccination against viral hepatitis B; validate the achievement of regional goals for viral hepatitis B control; obtain additional evidence-based data on the effectiveness of vaccination to promote immunization among the population and health workers; obtain data for the MoH on saving financial costs by preventing of cases of chronic hepatitis, liver cirrhosis and primary liver carcinoma by means of vaccination.
Associated timeline	2020
Required resources / support and TA	TA and financial support
<b>Key finding, action 7</b>	National warehouse upgrade
Current response	The national warehouse in Kyrgyzstan was supported through an old ISS grant in the past. However, the warehouse has reached its limits and further expansion is not possible.
Agreed country actions	Strategic decision has been made to reconstruct the warehouse.



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Expected outputs and results	A new national warehouse up to WHO standards that is able to accommodate all current upcoming new vaccine introductions.
Associated timeline	2020-2021
Required resources / support and TA	TA and financial support

<b>Key finding, action 8</b>	Leadership, management and coordination support
Current response	Dalberg management partner has been installed in the EPI team since March 2018 with the focus on improving EPI capacity in planning, monitoring, coordination and communication.
Agreed country actions	Review possibility of extending the management partner contract to ensure proper transition.
Expected outputs and results	Well defined and implemented transition.
Associated timeline	2020
Required resources / support and TA	TA and financial support

<b>Key finding, action 9</b>	DHIS2 roll-out
Current response	HSS2 Objective 5 (WHO) envisages roll out of the electronic immunisation system.
Agreed country actions	TA from the University of Oslo will be required for a smooth implementation.
Expected outputs and results	DHIS2 implementation as per the agreed timelines in the technical report of WHO.
Associated timeline	2020
Required resources / support and TA	TA and financial support

### 8. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

The final version of this report was reviewed and approved by ICC members at its meeting in July 2019. Minutes attached.

### 9. ANNEX: Compliance with Gavi Reporting Requirements

	Yes	No	Not applicable
<b>End of year stock level report (due 31 May)</b>	x		
<b>Grant Performance Framework (GPF) *</b> Reporting against all due indicators	x		
<b>Financial reporting*</b>			

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Periodic financial reporting	x		
Annual financial report	x		
Annual financial audit report	x		
<b>Campaign reports*</b>			
Supplementary immunization activity technical report			x
Campaign coverage survey report			x
<b>Immunization financing and expenditure information</b>			x
<b>Data quality and survey reporting</b>			
Annual data quality desk review	X annual data validation (5th/6th form)		
Data quality improvement plan (DQIP)	x		
Progress report on data quality improvement plan implementation	x		
In-depth data quality assessment (conducted in the last five years)	x (DQA 2015)		
Nationally representative coverage study (conducted in the last five years)	x (MICS 2018)		
<b>Annual progress update on the Effective Vaccine Management (EVM) improvement plan</b>	x		
<b>CCEOP: updated CCE inventory</b>	x		
<b>Post Introduction Evaluation (PIE) (please specify vaccines)</b>			x
<b>Measles and rubella situation analysis and five-year plan</b>	x		
<b>Operational plan for the immunization program</b>	x		
<b>HSS end of grant evaluation report</b>			x
<b>HPV demonstration program evaluations</b>			x

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<b>Coverage study</b>			<b>x</b>
<b>Costs analysis</b>			<b>x</b>
<b>Adolescents' health assessment report</b>			<b>x</b>
<b>Reporting by partners on TCA and PEF functions</b>	<b>x</b>		

*In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document or information will be provided.*

n/a
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