



# Annual Progress Report 2009

Submitted by

The Government of

**KYRGYZ REPUBLIC**

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: ... **15 May 2010**

**Deadline for submission: 15 May 2010**

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**Note:** Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.

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

By signing this page, the Government hereby attest the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in page 2 of this Annual Progress Report (APR).

For the Government of [*Name of Country*].....**Kyrgyz Republic**

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

**Minister of Health (or delegated authority):**

**Minister of Finance (or delegated authority):**

Title: **Minister of Health - Niyazalieva D.**

Title: **Minister of Finance - Sariev T.**

Signature: .....

Signature: .....

Date: .....

Date: .....

*This report has been compiled by:*

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mail.....

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## ICC Signatures Page

*If the country is reporting on ISS, INS, NVS support*

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

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

Name/Title	Agency/Organisation	Signature	Date
Abdikarimov S. – Deputy Minister of Health	MoH		
Saginbaeva D. – head, Health Care Organization Department	MoH		
Nazarova Z. – head, Finance and Economics Department	MoH		
Sydykanov A. – head, Public Health Unit	MoH		
Isakov T. – director general, Department of State Sanitary Epidemiological Surveillance	MoH		
Kurmanov R. – director general, Department of Drug Provision and Medical Equipment	MoH		
Kalilov J. – director, Republican Center if Immunoprophylaxis	MoH		
Aitmurzaeva G. – director, Republican Health Promotion Center	MoH		
Safonova O. – deputy director, Republican Center if Immunoprophylaxis	MoH		
Adjaparova A. – technical coordinator, HSS component under GAVI support	MoH		
Chernova I. – epidemiology doctor, Republican Center of Immunoprophylaxis	MoH		
Moldokulov O. – head of WHO country office in Kyrgyzstan	WHO		
Imanalieva Ch. – health programs coordinator	UNICEF		
Kojobergenova G. – project coordinator	ADB		
Sargaldakova A. – project expert	World Bank		

Biybosunova D. – project coordinator	USAID		
Boltobaeva A. – project coordinator	Soros Foundation – Kyrgyzstan		

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)  
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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1. Expand the list as appropriate;
2. List the documents in sequential number;
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## 1. General Programme Management Component

### 1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-excell)

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 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 space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

*Provide justification for any changes **in births**:*

Current APR has undergone alterations as compared to WHO/UNICEF Joint Reporting Form (JRF) in terms of the number of live births. This relates to the fact that the above-mentioned reporting form was submitted to WHO/UNICEF on March 15, 2010 when only preliminary data were available and statistical data were in the process of refinement. National Statistical Committee submitted finalized data only by April 15. According to these data, total number of live birth is 135 494 but not 129 026 as reported in indicated report.

*Provide justification for any changes **in surviving infants**:*

Similar situation is observed with regard to survived newborns, total number of which is 132 101 but not 123 779.

*Provide justification for any changes **in Targets by vaccine**:*

The number of vaccinated children was validated and alterations in target numbers for each vaccine were introduced. WHO/UNICEF Joint Reporting Form (JRF) includes preliminary data on administered immunization. These data were obtained from health organizations serving population enrolled with Family Group Practices in the catchment area. Data on additional immunization of not-enrolled (hard-to-reach) population were in the process of refinement at that point of time. GAVI application contains clean data obtained in the course of routine immunization as well immunization of hard-to-reach population groups administered by mobile teams.

*Provide justification for any changes **in Wastage by vaccine**:*

No alterations in regard to wastage rates

### 1.2 Immunisation achievements in 2009

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

In 2009, immunization coverage at national level increased by 2,2-2,4%. On April 1 pentavalent vaccine (DTP+HepB+Hib) was introduced countrywide.

Below is the list of remaining challenges:

- underfunding of procurement of vaccines from republican budget impedes creation of 25% buffer-stock and compels procurement of cheaper vaccines supplied in multidose prepackaging;
- inadequate introduction of new vaccines which is postponed to later dates

(pneumococcal- 2013, rotavirus - 2014);

- lack of cold-chain equipment necessary for introduction of new vaccines (rotavirus) requires procurement of additional cold-chain equipment;
- limited access of population to immunization services in a number of remote districts requires organization of mobile teams;
- number of individual cases of violation of safe immunization practice is minimized by introduction of supervisory visits;
- imperfect and labor-intensive reporting on immunization coverage. This issue is addressed through development of new computer software to be installed countrywide, composition of database and alteration of quality-oriented registration-reporting forms.

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

Work on addressing the above-mentioned challenges is ongoing.

### 1.3 Data assessments

1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)<sup>1</sup>.

No discrepancies were observed.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [ YES / NO ]. – **NO**

Please describe the assessment(s) and when they took place.

No assessments conducted

1.3.3 Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

Primary data of health organizations are used for determination of target groups for vaccination (denominator). In the sequel these data are adjusted in compliance with official data from National Statistical Committee.

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

The plan for 2010 is to explore immunization coverage level applying cluster method or

<sup>1</sup> Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

Lot method. To be done with technical support of WHO.

#### 1.4 Overall Expenditures and Financing for Immunisation

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

**Table 2:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$.

<i>Expenditures by Category</i>	<b>Expenditure Year 2009</b>	<b>Budgeted Year 2010</b>	<b>Budgeted Year 2011</b>
Traditional Vaccines <sup>2</sup>	\$463,280	\$540,000	\$691,863
New Vaccines	\$1,515,960	\$1,244,520	\$1,769,089
Injection supplies with AD syringes	\$118,223	\$121,738	\$ 159,965
Cold Chain equipment	\$125,737	-	\$ 137,956
Service Delivery	\$758,251	\$773,600	\$786,577
Advocacy and Communication	\$36,494	\$41,800	\$45,900
Monitoring and Disease Surveillance	\$11,944	\$14,000	\$17,340
Programme Management	\$235,661	\$150,000	\$183,795
<b>Other</b>	\$65,973	\$30,000	\$15,057
<b>Total EPI</b>	<b>\$3,331,523</b>	<b>\$2,915,658</b>	<b>\$3,807,542</b>
<b>Total Government Health</b>	<b>\$97 mln.</b>		

<b>Exchange rate used</b>	<b>1 \$ - 45 som</b>
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Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

#### 1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? .....**3**.....

Please attach the minutes (**Document N°.....**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

Major issue of concern: consent for introduction of rotavirus vaccine in some provinces of the country on pilot basis in 2009-2010 with support of Norwegian Institute of Public Health.

ICC recommendations:

- consider possibility to introduce rotavirus vaccine countrywide in linkage to development of new National program "Immunoprophylaxis 2011-2015";
- explore preparedness of health organizations for introduction of rotavirus vaccine and assess needs in additional cold-chain equipment in the context of perennial

<sup>2</sup> Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1<sup>st</sup> 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.

comprehensive plan for 2011-2015;  
- explore the possibility to include rotavirus and pentavalent vaccines in the application for GAVI support for 2011-2015.

Are any Civil Society Organisations members of the ICC ?: [ **Yes / No** ]. If yes, which ones? - **NO**

List CSO member organisations:


#### 1.6 Priority actions in 2010-2011

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

2010 – development of National program “Immunoprophylaxis 2011-2015”;  
2011 – installation of computer software for registration and collection of data on immunoprophylaxis; development of centralized database; introduction of new quality-oriented registration-reporting forms.

## 2. Immunisation Services Support (ISS)

### 1.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$.....**NO**.....  
Remaining funds (carry over) from 2008: US\$ 39,770.....  
Balance carried over to 2010: US\$...**0**.....

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

Transportation of vaccines - 4470  
Maintenance of Cold Chain - 4820  
Social mobilization - 3830  
Multiplication of documents - 4850  
Overhead expenses – 4780  
Epidemiological surveillance - 7870  
Salary – 1200  
Other expenses - 7950  
TOTAL: 39 770

Other expenses include expenses on communication services, Internet services and computer maintenance as well as custom clearance fees for vaccines.

### 1.2 Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? [ **IF YES** ] : please complete **Part A** below.  
[ **IF NO** ] : please complete **Part B** below.

**Part A:** briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

**NO**

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

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

Financial resources received from GAVI for immunization service support are an integral part of the budget of the Ministry of Health, accounted for by the Ministry of Finance and transferred to special account of the Republican Center for Immunoprophylaxis under the

Ministry of Health.

Funds provided for immunization service support (ISS) in 2009 were administered by the Ministry of Health through the Republican Center for Immunoprophylaxis in compliance with annual action plan designed on the basis of national comprehensive perennial immunization plan and National Health Reform Program "Manas Taalimi". Action plan and budget for 2009 were discussed and approved at ICC meeting.

### 1.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

### 1.4 Request for ISS reward

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

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and
- b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.<sup>3</sup>

<sup>3</sup> The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

## 2. New and Under-used Vaccines Support (NVS)

### 2.1 Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

**Table 4:** Vaccines received for 2009 vaccinations against approvals for 2009

	[ A ]		[ B ]	
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *	Total doses of postponed deliveries in 2010
<b>DTP+HepB+Hib</b>	<b>387 200</b>		<b>387 200</b>	

\* Please also include any deliveries from the previous year received against this DL

If numbers [A] and [B] are different,

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...)	•
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF SD)	•

### 2.2 Introduction of a New Vaccine in 2009

2.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	<b>DTP+HepB+Hib</b>
Phased introduction [YES / NO]	<b>No</b>
Nationwide introduction [YES / NO]	<b>Introduction date: April 1, 2009</b>
The time and scale of introduction was as planned in the proposal? If not, why?	<ul style="list-style-type: none"> <li>• Introduction of DTP+HepB+Hib was delayed by 3 months because vaccine was supplied to the national level only on January 17, 2009 although initially it was planned to receive vaccine at the end of November of 2008.</li> </ul>

#### 2.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received: <b>US\$ 100,000</b>	Receipt date: <b>5.02.2009</b>
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Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant.

**Alterations were introduced into National Immunization Schedule in light of new vaccine**

introduction and the Order №117 dated 3.03.2009 of the Ministry of Health was issued. Training was provided to 450 people including managers of health organizations, specialists and staff members of vaccinating centers. 1 republican and 4 regional workshops were conducted.

Centralized delivery of vaccines in refrigerator vans to district storages was organized. Activities on social mobilization of population were implemented.

Of the available grant funds (US\$ 100 000) US\$ 27 870 were used in 2009, including:

Maintenance of Cold Chain - 600\$

Transportation of vaccines - 2500\$

Trainings - 14476\$

Social mobilization - 5449\$

Supervisory visits - 2845\$

Multiplication of materials - 2000\$

Remaining funds in the amount of **US\$ 72130** will be used in 2010-2012 to perform activities on monitoring, training, development and implementation of surveillance system for Hib-infection and other activities listed in "Pentavaccine introduction plan" and approved by the Ministry of Health of the Kyrgyz Republic.

Please describe any problems encountered in the implementation of the planned activities:

All planned activities were accurately performed. No problems faced.

Is there a balance of the introduction grant that will be carried forward? [YES] [NO] **ДА – на 2010 год**

If YES, how much? US\$**72,130**

.....

Please describe the activities that will be undertaken with the balance of funds:

Remaining funds in the amount of **US\$ 72130** will be used in 2010-2012 to perform activities on monitoring, training, development and implementation of surveillance system for Hib-infection and other activities listed in "Pentavaccine introduction plan" and approved by the Ministry of Health of the Kyrgyz Republic.

### 2.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**Document N°**.....). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

### 2.3 Report on country co-financing in 2009 (if applicable)

**Table 5:** Three questions on country co-financing in 2009

<b>Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>			
<b>Schedule of Co-Financing Payments</b>	<b>Planned Payment Schedule in 2009</b>	<b>Actual Payments Date in 2009</b>	<b>Proposed Payment Date for 2010</b>
	(month/year)	(day/month)	

1 <sup>st</sup> Awarded Vaccine <b>DTP+HepB+Hib</b>	<b>June 2009</b>	<b>3.07.2009</b>	<b>October 2010</b>
2 <sup>nd</sup> Awarded Vaccine (specify)			
3 <sup>rd</sup> Awarded Vaccine (specify)			
<b>Q. 2: Actual co-financed amounts and doses?</b>			
<b>Co-Financed Payments</b>	Total Amount in US\$		Total Amount in Doses
1 <sup>st</sup> Awarded Vaccine <b>DTP+HepB+Hib</b>	<b>122 040</b>		<b>33 900</b>
2 <sup>nd</sup> Awarded Vaccine (specify)			
3 <sup>rd</sup> Awarded Vaccine (specify)			
<b>Q. 3: Sources of funding for co-financing?</b>			
1. Government - <b>YES</b>			
2. Donor (specify)			
3. Other (specify)			
<b>Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?</b>			
1. <i>Late approval of cost estimate by the Ministry of Health (March 2009)</i>			
2. <i>Funds earmarked for procurement of vaccines were allotted in small amounts during several months which resulted in delayed payment for DTP+HepB+Hib vaccine by the Government.</i>			
3.			
4.			

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy [http://www.gavialliance.org/resources/9\\_\\_\\_Co\\_Financing\\_Default\\_Policy.pdf](http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf)

Kyrgyzstan fulfilled commitments on co-financing for 2009.  
**US\$ 122 040** were allocated in the context of co-financing for procurement of DTP+HepB+Hib vaccine, syringes and safety boxes.

## 2.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [mm/yyyy] – **May, 2004**

If conducted in 2008/2009, please attach the report. (**Document N°**.....)

An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Was an action plan prepared following the EVSM/VMA? [ YES / NO ] - **YES**

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

Latest inventory and needs assessment for Cold Chain were conducted by UNICEF in 2007. Needs assessment was built on current level of immunization program performance. It did not include introduction of new vaccines and thus was implemented in accordance with principal scenario of comprehensive perennial immunization plan. Assessment revealed that vaccine storages at all levels have sufficient capacity in terms of freezers while provision with refrigerators constitutes from 36% to 89% in different regions. Assessment destines upgrade and replacement of cold-chain equipment with estimated cost amounted to US\$ 300 000. This plan implied procurement of cold-chain equipment primarily for national, province and district vaccine storages and vaccination centers in 2008 (cold storerooms, autonomous power supply generators, refrigerators with brand name MK-304 and MK-074), formation and functioning of mobile team for cold-chain equipment maintenance, procurement of spare parts for refrigerators and implementation of corresponding trainings for health workers.

In 2008-2009, in consistence with Cold Chain modernization program the country received, assembled and put into operations three cold storerooms (30M3 – in national vaccine storage and 10M2 – in two provincial vaccine storages), 60 refrigerators MK-304 for province and district vaccine storages which allowed to ensure sufficient capacity regarding refrigerators in all vaccine storages. To date, reserve of positive-cold capacity in vaccine storages of all levels comes to 40%. This allows for introduction of pneumococcal vaccine in the country without additional strengthening of Cold Chain. However, it is required to increase volumes of positive-cold capacity by 140% in order to introduce rotavirus vaccine.

Moreover, 60 refrigerators MK 074 were supplied to vaccination centers. Two electrical power generators were procured and installed. New electronic storage temperature indicators for vaccine storage were installed (Fridge-Tag, Freeze-Tag).

When is the next EVSM/VMA\* planned? [mm/yyyy] – **October,2010**

\*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

## 2.5 Change of vaccine presentation

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied

through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

No changes in vaccine presentation

Please attach the minutes of the ICC meeting (**Document N°.....**) that has endorsed the requested change.

## 2.6 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for **DTP+HepB+Hib**.*[vaccine type(s)]* vaccine for the years **2011-2015**.*[end year]*. At the same time it commits itself to co-finance the procurement of **DTP+HepB+Hib**.*[vaccine type(s)]* vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of **DTP+HepB+Hib**.*[vaccine type(s)]* vaccine support is in line with the new cMYP for the years . **2011-2015**. *[1<sup>st</sup> and last year]* which is attached to this APR (**Document N°.....**).

The country ICC has endorsed this request for extended support of **2011-2015**.*[vaccine type(s)]* vaccine at the ICC meeting whose minutes are attached to this APR. (**Document N°.....**)

## 2.7 Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

**YES**, I confirm

If you don't confirm, please explain:

No discrepancies

### 3. Checklist

**Table 21:** Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

<b>MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)</b>		<b>ISS</b>	<b>NVS</b>	<b>HSS</b>	<b>CSO</b>
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete excel sheet for each vaccine request				
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying				
<b>OTHER REQUIREMENTS</b>		<b>ISS</b>	<b>NVS</b>	<b>HSS</b>	<b>CSO</b>
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)				
15	Provide information on procedure for management of cash				
16	Health Sector Review Report				
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				

## 4. Comments

*Comments from ICC/HSCC Chairs:*

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

**ICC** has approved the presented annual report in GAVI for 2009. The positive moment is an execution by Kyrgyz Republic of their own obligations on co-financing of DTP+Hep B+Hib vaccine purchase.

GAVI ANNUAL PROGRESS REPORT ANNEX 2  
TERMS OF REFERENCE:  
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND  
NEW VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
  - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
  - b. Income received from GAVI during 2009
  - c. Other income received during 2009 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2009
  - f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

**MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:**  
***An example statement of income & expenditure***

Summary information about income and expenditures – GAVI, ISS		
	In local currency	In US dollars
Balance for December 31, 2008	1.789.650	39.770
Cumulative amount received in 2009		
Received from GAVI	4.500.000	100.000
Income from investment	-	-
Other income	-	-
Gross income	6.289.650	139.770
Total expenditures in 2009	3.043.800	67.640
Balance for December 31, 2009 (carry-over to 2010)	3.245.850	72.130

Cost breakdown – GAVI, ISS						
	Budget in som	Budget in US\$	Budget in som	Budget in US\$	Budget in som	Budget in US\$
	Planned		Actual		Difference	
Salary	54.000	1200	54.000	1200	-	-
Business trips	337.500	7500	354.150	7870	16.650	370
Cold Chain maintenance	243.900	5420	243.900	5420	-	-
Transportation, delivery of vaccines	292.500	6500	313.650	6970	21.150	470
Training	651.420	14476	651.420	14476	-	-
Social mobilization	360.000	8000	417.555	9279	57.555	1279
Supervision	128.025	2845	128.025	2845	-	-
Multiplication of materials	308.250	6850	308.250	6850	-	-
Overhead expenses	215.100	4780	215.100	4780	-	-
Other	357.750	7950	357.750	7950	-	-
<b>Total</b>	<b>2.948.445</b>	<b>65.521</b>	<b>3.043.800</b>	<b>67.640</b>	<b>95.355</b>	<b>2119</b>

