



*Global Alliance for Vaccination and Immunization*

# Annual Progress Report for **2013**

Submitted by:

**Government**  
***Azerbaijan***

Report for: **2013**

Request for Year of Support **2015**

Submission Date: **May 14, 2014**

**Submission Deadline: May 22, 2014**

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

Send requests to: [apr@gavialliance.org](mailto:apr@gavialliance.org) or to the representatives of the GAVI Alliance. Copies of the documents can be sent to the GAVI partners, other cooperating organizations, and the general public. The Annual Progress Report (APR) and appendixes shall be submitted in English, French, Spanish, or Russian.

**Note:** *You are encouraged to use the previous APRs and approved Proposals for GAVI support as reference documents. The electronic copies of the previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

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

## GAVI ALLIANCE TERMS AND CONDITIONS FOR THE GRANT ASSIGNMENT

### APPROPRIATION OF FINANCIAL RESOURCES ONLY FOR PROGRAMS APPROVED

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

### AMENDMENTS TO PROPOSAL

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

### FUNDS REPAYMENT

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

### SUSPENSION / TERMINATION OF FUNDING

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

### ANTI-CORRUPTION MEASURES

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

### AUDITS AND RECORDS

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

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

### VALIDITY CONFIRMATION

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

### CONFIRMATION OF GAVI ALLIANCE POLICY COMPLIANCE REGARDING TRANSPARENCY AND FINANCIAL ACCOUNTABILITY

The country confirms that it is familiar with the GAVI Alliance's policy pertaining to transparency and financial reporting procedures and shall abide by its requirements.

### COMMERCIAL BANKS ACCOUNTS USE

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

### ARBITRATION

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

With the purpose of resolving a dispute with the amount claimed under or equal to USD 100 thousand, one arbitrator appointed by the GAVI Alliance shall be called. With the purpose of resolving a dispute with the amount claimed of over USD 100 thousand, three arbitrators appointed the following way shall be called: GAVI and the country will appoint an arbitrator from each side, and the two arbitrators appointed shall jointly appoint a third arbitrator, who shall be the Chairman.

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

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

*works fulfilled during the previous year using the GAVI funding*

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

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

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

*possible measures by GAVI in order to simplify the APR, while maintaining the reliability of the GAVI principles regarding the accountability and transparency procedures*

## 1. Proposal Specification

Report for: **2013**

Request for Support in: **2015**

### 1.1. New Vaccines Support and Injection Safety Support

Type of Support	Vaccine Used	Preferred Presentation	Expiry date
Support of new vaccines introduction for planned immunization	DTP-HepB-Hib, 1 dose per vial, LIQUID	DTP-HepB-Hib, 1 dose per vial, LIQUID	2015
Support of new vaccines introduction for planned immunization	Pneumococcal vaccine (PCV10), 2 doses per vial, LIQUID	Pneumococcal vaccine (PCV10), 2 doses per vial, LIQUID	2015

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

### 1.2. Program Prolongation

This year, there is no right for the prolongation of the program for new vaccine support

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

Type of Support	Report on Funds use in 2013	Application for Approval	Eligible For 2013 ISS Reward
Immunization Service Support	No	Next tranche: Not applicable	Not applicable
Health Service Support	Yes	Next grant for Health Service Support Not applicable	Not applicable

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

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

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

## 2. Signatures

### 2.1. List of Government Officials' Signatures for All Types of GAVI Support (Immunization Service Support, Injection Safety Support, New Vaccines Support, Health Service Support, Civil Society Organizations)

By signing this page, the Government of Azerbaijan hereby confirms the authenticity of the information contained in this report and all appendixes hereof, including the statement on financial implications and reports on audit results. The Government also confirms that the vaccines, equipment, and financing were used in accordance with the GAVI Alliance terms and conditions for providing support, as specified by this APR.

By the Government of [Azerbaijan](#)

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

Minister of Health (or Authorized Representative)		Minister of Finance (or Authorized Representative)	
Full Name	Abbas Velibekov	Full Name	Azad Veliyev
Date		Date	
By		By	

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

Full Name	Position	Tel.:	Email
Victor Gasymov	Head of Sanitary and Epidemiological Surveillance Sector	994 12 565 12 47	viktor.qasimov@health.gov.az
Oleg Salimov	Advisor of Sanitary and Epidemiological Surveillance Sector	994 12 565 12 73	oleq.salimov@health.gov.az

### 2.2. List of Interagency Coordination Committee Members' Signatures

*Immunization Service Support, Injection Safety Support, and/or for Support of Implementation of New and Underused Vaccines*

**In some countries, the National Coordinating Committee in the Health Care Sector and the Interagency Coordination Committee are run together. Fill out each section with the relevant information and upload signatures to the "Attached Documents" (twice), separately the signatures of the National Coordinating Committee in the Health Care Sector members and signatures of the Interagency Coordination Committee members.**

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

#### 2.2.1. ICC Report Approval

We, the undersigned, as members of the Interagency Coordination Committee on Immunization, hereby approve this report. Signing this document shall not create any financial (or legal) obligation for the partner agency or any individual.

Full Name/Title	Institution / Organization	By	Date
Soltan Mammadov, Deputy Chairman	Country Coordination Commission		
Oleg Salimov - Advisor Sanitary and Epidemiological Surveillance Sector	Ministry of Health		
Afag Aliyeva - Deputy General Director	Republican Center of Hygiene and Epidemiology		
Rashid Abdullayev - Head of Planning Department	Innovation and Supply Center		
Natig Umarov - Coordinator for Health	UNICEF		
Vusalya Allahverdiyeva - Specialist of Immunization and Vaccine-Preventable Diseases	WHO		
Aytan Abbaszade - Assistant in Administrative Cases	Secretariat of Country Coordinating Commission		

The Interagency Coordination Committee may wish to send unofficial comments to the following address:  
[apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments shall be kept confidential

Partners' Comments

No comments

Regional Task Team's Comments

No comments

### 2.3. List of Signatures of Members of the National Coordinating Committee in the Health Care Sector

We, the undersigned, the members of the National Coordinating Committee in the Health Care Sector of Azerbaijan, hereby approve this report on strengthening the health care system. Signing this document shall not create any financial (or legal) obligation for the partner agency or any individual.

Transparency and Reporting Policy is an integral part of the GAVI Alliance monitoring of the performance by the countries. By signing this form, the members of the National Coordinating Committee in the Health Care Sector hereby confirm that the funds provided by the GAVI Alliance were used for the goals specified by the approved proposal of the country, and that the funds management was transparent, in accordance with the rules of the government and requirements pertaining to financial management. Further, the National Coordinating Committee in the Health Care Sector confirms that the content of this report is based on accurate and verifiable data contained in financial reports.

Name/Title	Institution / Organization	By	Date
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Afag Aliyeva - Deputy General Director	Republican Center of Hygiene and Epidemiology		
Djabrail Asadzade - Director	Informatization Center of Health Care		
Lutfi Gafarov - Head of Department of Primary Health Care Organization	Center of Reform and Public Health		
Natig Umarov - Health Care Coordinator	UNICEF		
Vusalya Allahverdiyeva - Expert on Immunization and Vaccine-Preventable Diseases	WHO		
Sabina Babazade - Head of Department Project Coordination	Center of Reform and Public Health		
Oleg Salimov - Advisor of Sanitary and Epidemiological Surveillance sector	Ministry of Health		

The National Coordinating Committee in the Health Care Sector may wish to send unofficial comments to the following address: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments shall be kept confidential

#### Partner's Comments

No comments

#### Regional Task Team's Comments

No comments

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

Azerbaijan will not report on the <b>GAVI support of Civil Society Organizations (type A and B)</b> for 2014

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This APR contains data on activities undertaken in Azerbaijan from January to December 2013, as well as the application for January-December 2015

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## 4. Initial and Annual Goals

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

Number	Results on JRF Data		Target (Preferred Presentation)			
	2013		2014		2015	
	Initial Goal Specified in Letter of Approval	According to Reports Data	Initial Goal Specified in Letter of Approval	Latest Estimate	Previous Assessment in 2013	Latest Estimate
Total Newborn Babies	158 639	159 023	160 543	160 543	162 469	162 469
Total Deceased Babies	1 809	1 862	1 831	1 831	1 852	1 852
Total Surviving Babies	156830	157 161	158 712	158 712	160 617	160 617
Total Pregnant Women	158 639	213 615	160 543	160 543	162 469	162 469
Total BCG Obtained (To Be Obtained)	157 052	155 268	158 937	158 937	160 844	160 844
BCG Coverage	99 %	98 %	99 %	99 %	99 %	99 %
Total Oral Polio Vaccine Obtained (To Be Obtained)	152 125	150 547	153 950	153 950	157 404	157 404
Oral Polio Vaccine Coverage	97 %	96 %	97 %	97 %	98 %	98 %
Total TDP1 Obtained (To Be Obtained)	153 693	148 048	155 537	155 537	157 404	157 404
Total TDP3 Obtained (To Be Obtained)	153 693	144 925	155 537	155 537	157 404	157 404
TDP3 Coverage	98 %	92 %	98 %	98 %	98 %	98 %
Wastage[1] indicator in initial year and plan for the following period (%) for TDP	0	8	0	10	0	10
Wastage[1] factor in initial year and plan for the following period for TDP	1,00	1,09	1,00	1,11	1,00	1,11
Total babies that received (are to receive) 1 dose of TDP hepB-Hib	153 693	148 048	155 537	155 537	157 404	157 404
Total babies that received (are to receive) 3 dose of TDP hepB-Hib	153 693	144 925	155 537	155 537	157 404	157 404
TDP hepB-Hib Coverage	98 %	92 %	98 %	98 %	98 %	98 %
Wastage [1] indicator in initial year and plan for the following period (%) [2]	5	3	5	5	5	5
Wastage [1] factor in base-year and planned thereafter (%)	1,05	1,03	1,05	1,05	1,05	1,05
Degree of maximum wastage indicator for DTP-HepB-Hib, 1 dose per vial, liquid	5 %	5 %	5 %	5 %	5 %	5 %
Total babies that received (are to receive) 1 dose of pneumococcal vaccine (PCV10)	134 843	8 433	138 079	138 079	147 767	157 404
Total babies that received (are to receive) 3 dose of pneumococcal vaccine (PCV10)	134 843	0	138 079	138 079	144 555	157 404
Pneumococcal Vaccine (PCV10) Coverage	86 %	0 %	87 %	87 %	90%	98 %
Wastage [1] indicator in initial year and plan for the following period (%)	10	0	10	5	0	5

Wastage [1] factor in base-year and planned thereafter (%)	1,11	1	1,11	1,05	1	1,05
Degree of maximum wastage indicator for Pneumococcal (PCV10), 1 dose per vial, liquid	5 %	10 %	5 %	10 %	5 %	10 %
1st dose of measles vaccine	152 125	144 358	153 950	153 950	155 798	155 798
Measles Vaccine Coverage	97 %	92 %	97 %	97 %	97 %	97 %
Pregnant women, AC+ vaccinated	0	0	0	0	0	0
AC+ coverage	0 %	0 %	0 %	0 %	0 %	0 %
Prescribing Vitamin A for mothers for 6 weeks after delivery	0	0	0	0	0	0
Prescribing Vitamin A for babies after 6 months from birth	146 040	0	147 792	147 792	149 566	149 566
Annual noncompletion indicator in respect of DTP [ ( DTP1 – DTP3 ) / DTP1 ] x 100	0 %	2%	0 %	0 %	0 %	0 %

\*\* Number of vaccinated babies out of the total number of survived babies

\*\*\* Specify total number of children that received only DTP or combined vaccine

\*\*\*\* Number of pregnant women that received AC+ out of the total number of pregnant women

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

## 5. General Part of Program Management

### 5.1. Updated Initial and Annual Goals

**Remark:** Fill out the table in Section 4 Initial and Annual Goals and then continue

The figures for 2013 shall conform to the data submitted by the country in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. Figures for 2014 - 2015 in Table 4: Initial and Annual Goals shall correspond to the data submitted to GAVI in its previous APR, the new proposal on providing GAVI support, or KMP.

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

- Argumentation of the changes in the **number of newborn babies**

In Form No. 5, the number of the target group of newborn babies is more accurately reflected and amounts to 159 023, subsequent registration of surviving children at health facilities still requires additional measures to improve the quality of data. Currently, work on improving the electronic register of immunization with the module of vaccines management is still taking place.

- Argumentation of the changes in the **number of surviving newborns**

Despite the activities carried out to improve the quality of data in terms of correctness, the discrepancies still take place between the data obtained from registers at medical facilities; surviving children – 156 169, and total size of the target group - 159 023 newborns. Currently, work on improving the electronic register of immunization with module of vaccine administration is still taking place.

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

For surviving children, the goals for 2014 and subsequent years exceed the execution in 2013 by 1.6%. This is achieved as a result of ongoing works for further improvement of data quality and improvement of the electronic register of immunization with the module of vaccines management. According to the activities completed, registration of surviving children at the local level will continue to improve during 2014-2015, which allows conducting full-scale immunization activities in this target group. Target groups of newborn babies and surviving babies specified for 2014 and subsequent years are also used for the procurement of all the vaccines included into the immunization schedule.

- Argumentation of change in the **vaccine wastage**

No changes

### 5.2. Immunization Results in 2013

5.2.1. Specify the results achieved in the course of the immunization program's implementation versus the planned indicators (specified in the APR for the previous year), the key activities held, and any challenges faced in 2013, as well as solutions to such challenges:

Traditional vaccines coverage included in the planned immunization, according to the administrative accountability (on the basis of the group of surviving children registered at medical facilities -156 169, remains high at the national level (>95%) coverage with DTP-HiB-HepB by the end of 2013 was 92,8%

Within a year, all the cities and districts of the republic received an adequate amount of vaccines and consumables based on the safe injection practices (auto-disable syringes, syringes for breeding, boxes of safe destruction).

Problems were identified related to the registration of surviving children at medical institutions. With the improvement of the electronic register of immunization 2014-2015, the problem will be solved.

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

Problems were identified related to the registration of surviving children at medical institutions. With the improvement of the electronic register of immunization 2014-2015, the problem will be solved.

### 5.3. Monitoring of Gender Policy Progress (GAVI)

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **Yes**

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

Data source	Reference Year for Estimate	Coverage calculation	
		Boys	Girls
Form No. 5 Vaccinations report	Annual	Target group, excluding girls coverage	Target group, including separate girls coverage

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

Vaccines are accessible for all children regardless sex. There are no gender problems in the Republic.

5.3.3. If there are no data on gender at this date, do you plan to include data on gender into reports on planned immunization in future? **No**

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

No Comments

## 5.4. Data Assessment

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

In connection with the changes in Form No. 5, the number of the target group of newborns is more accurately reflected, but subsequent registration of surviving children at health facilities still requires additional measures to improve the quality of data.

According to the report, the Demographic and Health Survey conducted in 2011, the Center for Public Health and the Reforms of Ministry of Health, prepared for use in 2014, the coverage of polio vaccine in the republic is: OPV0 97% OPV1-95, 2%, OPV2-92, 7%, OPV3-85, 2%, KPK-88, 6%, Hepatitis B-95, 3%, DTP1-93, 5%, DPT № - 80.7% BCG 97, 9%.

The methodology of the Demographic and Health Survey 2011 was used for the survey, which was used by the State Committee of Statistics of the Republic in the same poll in 2006, with the participation and support of international organizations (UNICEF, USAID, etc.).

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

5.4.2. Was the assessment of the administrative data systems from 2012 to the present time carried out? **Yes.**

If yes, describe these assessments and information on the assessment carried out.

With WHO technical input, there was data quality assessment in immunization conducted on June 17-July 7, 2012 in Azerbaijan, and the recommendations to improve accounting and reporting systems for immunization were developed. The assessment covered the national, sub-national and operative levels and held by WHO consultants with the participation of the national staff of the immunization program. Based on the recommendations of the assessment, the Ministry of Health issued an order "On Preparation and Reporting of Statistical Forms" and developed an Action Plan to improve the data quality of the immunization system, under which a number of activities were held

in 2012. Currently, the work on the plan implementation is ongoing.

In June 2013, with the participation of the WHO Representative in the Republic, a situation analysis was carried out, and currently, the report based on its findings is being translated from English.

5.4.3. Describe the key activities for the improvement of administrative data system since 2011 until the present time.

- Implementation of the electronic system of "health card" for the population including children up to 5 years.
- Implementation of the electronic surveillance system for morbidity from April 1, 2010
- Implementation of updating Form No. 5 on preventive vaccination, which also contains information on non-vaccinated groups, including separately the information on medical taps.
- Development of standard operating procedures and forms for accounting, reporting and analysis of vaccine management and injection materials, including:
  - planning of vaccines' and injection materials' quantity (application) and their distribution
  - storage and delivery of vaccines and injection materials
  - inventory vaccine management and injection materials, including bottling analysis
  - monitoring vaccine temperature mode

#### Waste Management

- Development of standard operating procedures and forms for accounting, reporting and analysis of the target group and unvaccinated, including:
  - pre-planning of target group (estimates) and accounting
  - analysis of target groups by age, antigen (vaccine), and doses
  - accounting and reporting of unvaccinated contingent
  - analysis of unvaccinated cohort on age, antigen (vaccine), doses, and reasons

comparing of unvaccinated group and target group

- Development of standard operating procedures and forms for accounting, reporting and analysis of the target group and unvaccinated, including:
  - Unified Register of planned vaccination
  - analysis of immunization coverage by age and antigen (vaccine)
  - analysis of the completeness and timeliness of immunization by age groups and antigens (vaccines)
- Unified Register of IAA (Immunization Additional Actions) and EIW (European Immunization Week)
- Analysis of immunization coverage during IAA and EIW by age groups and antigens (vaccines)

In 2013, to improve the quality of data on immunization by the Republican Center for Hygiene and Epidemiology, tables were developed for the calculation of the target group and infants surviving before 1 year of their lives, as well as preliminary forecast was carried out - use of fertility data of the preceding year with the addition of the projected growth rate of fertility; the state data and medical statistics of each region were used, the monitoring in medical preventive facilities was held to clarify the target group of survivors before 1 year of their lives.

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

Using an electronic system "health card" and the electronic surveillance system for morbidity, as well as administrative data for comparative analysis of immunization coverage. <? Xml: namespace prefix = o />

- Creating a register of pregnant women to improve antenatal and subsequent perinatal care, as well as registration of newborns
- Creation of an electronic immunization card for the child

### 5.5. Total Input and Immunization Funding

The purpose of **Table 5.5a** is to enable GAVI to understand broad trends in the immunization program expenditures and financial flows. Fill out the table using USD

<b>Used exchange rate</b>	1 US\$ = 0,78	Enter the exchange rate only Do not specify the local currency
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**Table 5.5a:** Total Expenses and Financing of Immunization from All Sources (Government and Donors) in USD

Expenses by Category	Expenses in 2013	Source of Funding						
		Country	GAVI	UNICEF	WHO	Project Hope	0	0
Traditional vaccines*	3 134 410	3 134 410	0	0	0	0	0	0
New and underused vaccines**	5 698 476	2 280 000	3 383 990	0	0	34 486	0	0
Injection materials (auto-disable and other syringes)	340 809	311 390	29 419	0	0	0	0	0
Cold chain equipment	100 000	0	100 000	0	0	0	0	0
Employees	0	0	0	0	0	0	0	0
Other routine expenses	0	0	0	0	0	0	0	0
Other Capital Expenditures	100 000	0	0	0	100 000	0	0	0
Expenses for Campaigns	0	0	0	0	0	0	0	0
no		0	0	0	0	0	0	0
Total expenses for immunization	9 373 695							
Total Government expenditures for health protection		5 725 800	3 513 409	0	100 000	34 486	0	0

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

#### 5.5.1. If the government is not financing purchase of traditional vaccines, specify the reasons and plans for the expected financing sources in 2014 and 2015

The Government fully finances traditional vaccines and performs all the obligations under the new vaccines' co-financing.

### 5.6. Finance Management

#### 5.6.1. Has an assessment of financial management (OUF) GAVI before or during the 2012 calendar year? **Yes, Completed**

If **yes**, specify the results in the table below in brief with respect to the requirements and terms agreed in any kind of memorandum, concluded between GAVI and your country:

Plan of Actions Specified in Memorandum	Was it Fulfilled?
Signing the Agreement on Manual Control Funding under GAVI HSS Grant in 2011	Yes

If it is seen from the above table that the plan from the memorandum is fully or partially completed, briefly specify the points completed.

Implementation of the application of the HSS was launched in October 2012 in accordance with the agreement with GAVI. In connection with this, HSS activities planned for 2012 were postponed to 2013.

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

## 5.7. Interagency Coordination Committee (ICC)

How many meetings of the Interagency Coordination Committee were held in 2013? **5**

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

Specify the main problems or recommendations (if any) made by the Interagency Coordination Committee regarding sections [Initial and Annual Goals and 5.5. Immunization Total Expenses and Financing](#)

Development of a communication strategy for UNICEF within the pneumococcal vaccine implementation

Discussion of the cooling equipment procurement for GAVI's grant for implementation of Hib pentavalent vaccine

Presentation of the communication strategy for the pneumococcal vaccine application

Discussion of the quality of immunization data

Preparing for the pneumococcal vaccine implementation

Creating a website for immunization based on the Ministry of Health website

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

If yes, who?

List of Relevant Civil Society Organizations:
NGO "Health Service"
NGO "Clean World"
NGO "Legal Development and Democracy"

## 5.8. Top-Priority Activities in 2014-2015

What are the main tasks and main priority activities within the program of the Republic's Immunization Plan for the period from 2014 until 2015?

<?xml:namespace prefix = o />

Preparatory work for the implementation of IPV (Inactivated polio-vaccine) and non OPV (oral polio-vaccine) and development of a new multi-year plan is in progress, and the implementation of the plan to strengthen the national regulatory authority of the Analytical Examination Center of Medicines.

Work to Continue:

to improve the quality of immunization programs data and Transition Plan data to ensure the sustainability of the immunization programs after the end of the GAVI support;

to execute the comprehensive multi-year plan for 2011-2015 years and all the related activities, namely:



- to maintain the status of polio-free areas
- to eliminating measles and rubella
- to monitor Hep. B and diphtheria
- to improve the quality of immunization program data through updating the electronic immunization registry and create a module for managing vaccines in the program e-health card
- to maintain the high level of the planned immunization coverage
- to introduce new vaccines
- to strengthen surveillance of vaccine-preventable diseases
- to ensure vaccination quality and safety

## 5.9. Progress in Implementation of Plan for Transition to Safe Injections

For all countries, specify the progress in implementing the plan for transition to safe injections.

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

| Vaccine                | Types of Syringes Used in 2013 for the Republic's Immunization Plan | Sources of Funding 2013 |
|------------------------|---|-------------------------|
| BCG                    | Auto-Disable  | State                   |
| Measles                | Auto-Disable  | State                   |
| AC                     | Not Applicable  |                         |
| DPT-containing vaccine | Auto-Disable  | State                   |
| DTP-Hib-HepB           | Auto-Disable  | State, GAVI Alliance    |
| DT                     | Auto-Disable  | State                   |
| HepB                   | Auto-Disable  | State                   |
| Pk                     | Auto-Disable  | State, GAVI Alliance    |

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

If yes: Have you encountered any obstacles in the implementation of the policy/plan of injection safety improvement?

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

There were no obstacles in the implementation of security policies injection.

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

- With the support of the Ministry of Economic Development, there a company was established in compliance with the international standards with the necessary facilities for medical wastes elimination in Baku and Absheron Peninsula

-At the sub-national level, in some areas, with the support of the local administration, centralized disposal of medical wastes was carried out

With support from WHO, the policy for medical wastes disposal was developed by the country.

## **6. Immunization Service Development Support (ISS)**

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

Azerbaijan is not required to submit the Report on Use of Funds for Injection Safety Support (ISS) in 2013

### **6.2. Detailed Data on Use of Funds Provided for Immunization Service Support within 2013 Calendar Year**

Azerbaijan is not required to submit the Report on Use of Funds for Injection Safety Support (ISS) in 2013

### **6.3. Application for Premium within Immunization Service Support**

Request for premium for success in using Immunization Service Support in Azerbaijan is not applicable for 2013.

## 7. New and Underused Vaccines Implementation Support

### 7.1. Obtaining New and Underused Vaccines for the Immunization Programs in 2013

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

**Table 7.1:** Vaccine Doses Obtained for Immunization is 2013 in Comparison with Approved Number for 2013

|                      | [ A ]                                      | [ B ]  |  |  |
|----------------------|--|--|--|--|
| Type of Vaccine      | Total Doses in 2013 in the Approval Letter | Total Obtained Doses as of December 31, 2013 | Total Doses with Delay in Delivery in 2013 | Did the country experience any stockouts at any level in 2013? |
| DTP-HepB-Hib         | 557 200                                    | 556 450                                      | 0  | no   |
| Pneumococcal (PCV10) |  | 171 600                                      | 0  | no   |

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

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

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

According to the replacement of 13-valent pneumococcal vaccine with 10-valent vaccine and procedures associated with the 10-valent vaccine implementation, preparation for the implementation was completed by the end of the third quarter in 2013. Consequently, the actual implementation of pneumococcal vaccine was conducted in December 2013 according to the Order issued by the Ministry of Health.

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

**GAVI would also appreciate any feedback from countries on the feasibility and interest in selecting and delivering multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage coverage, and costs.**

In order to improve vaccines quality control, since 2014 the country has begun to purchase vaccines for planned immunization through the UNICEF Department of Supply. <?xml: namespace prefix = o />

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

## 7.2. Introduction of New Vaccines in 2013

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

| DTP-HepB-Hib, 1 dose per vial, LIQUID  |     |   |
|--|-----|---|
| Phased Implementation  | No  |   |
| Implementation at the National Level   | Yes | July 01, 2011   |
| Has the implementation of the vaccine been conducted in time and scale specified in the proposal? If not, why? | No  | Vaccine implementation was scheduled for January 2011, but the actual delivery from UNICEF Supply Division was conducted at the end of March 2011. Details of implementation are specified in the APR for 2011. |

| Pneumococcal (PCV10), 2 doses per vial, LIQUID   |     |  |
|--|-----|--|
| Phased Implementation  | No  |  |
| Implementation at the National Level   | Yes | December 01, 2013  |
| Has the implementation of the vaccine been conducted in time and scale specified in the proposal? If not, why? | No  | According to the replacement of 13-valent pneumococcal vaccine with 10-valent vaccine and procedures associated with the 10-valent vaccine implementation, preparation for the implementation was completed by the end of the third quarter in 2013. Consequently, the actual implementation of pneumococcal vaccine was conducted in December 2013 according to the Order issued by the Ministry of Health. |

7.2.2. When is it planned to make the assessment of the situation after vaccine introduction? **September 2014**

If your country made an assessment of the situation after vaccine introduction during the last two years, attach the relevant reports and a brief description of carrying out the recommendations in accordance with the results of the said assessment. (Document No. 9)

Assessment based on the DTPHibHepB vaccine implementation results was conducted within the period of 17-21 September 2012, with the participation of WHO, USA Committee for Disease Control (US CDC) and staff of the Azerbaijan Center for Hygiene and Epidemiology. This assessment covered 10 administrative areas at the sub-national level, including areas with high coverage, low coverage, and the border areas of Baku. Key recommendations from the vaccine implementation assessment were related to:

- communication component and health workers and the public awareness, including communications in crisis condition
- improving the registration and estimation of target group
- improving the cold chain at the sub-national level

Recommendations developed based on the assessment results were reviewed by the Ministry of Health and taken into account in the pneumococcal vaccine implementation plan. To improve the cold chain at the sub-national level, a list of equipment for procurement with the GAVI grant for DTPHibHepB vaccine implementation has been made, with WHO technical input.

7.2.3. Adverse Effects After Immunization (AEAI)

Is there a country-wide system of pharmacological control of vaccines specifically? **Yes**

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

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

Does your country provide data on vaccine safety to the other countries? **No**

Does your country provide data on vaccine safety to the other countries? **No**

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

#### 7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies on:

a. rotavirus diarrhea? **No**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine implementation and use? **Yes**

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

In 2010-2013, 302 cases of meningitis were investigated among children under 5 years within sentinel surveillance of invasive bacterial diseases (meningitis). Of these 302 cases, 20.5% - cases among infants up to 6 months, 24% - among children 6 - 11 months, 20.1% - cases among children 12-23 months and 47.4% - children 24-59 months. All the cases covered by sentinel surveillance were investigated for Haemophilus influenzae b (Hib), pneumococcus and meningococcus. A laboratory study revealed 26 cases caused by pneumococcus, 37 cases caused by meningococcus, 22 cases caused by Hib. As a result of surveillance, the following serotypes were separated in Azerbaijan: 6A, 14, 18A and 19A, <?xml: namespace prefix = st1 ns = "urn:schemas-microsoft-com:office:smarts" />19F, 1, 9V/9A, Sp.NT, Sp.pneumoniae. With respect to meningococcus, a serotype C was separated in 13 cases, a serotype B was separated in 13 cases and also the serotype A, X and W135 were separated. On the basis of the surveillance data of invasive bacterial diseases and the WHO recommendations, the Intersectoral Coordination Committee in 2011 decided to implement a vaccine against pneumococcal infection. In 2012, taking into account information from the GAVI Secretariat about the production deficit of 13-valent pneumococcal vaccine (PCV13), the WHO recommendations, as well as the sentinel surveillance data of bacterial meningitis, the Working Group on Immunization of the Country Coordination Mechanism decided to replace 13-valent pneumococcal vaccine with 10-valent pneumococcal vaccine for implementation in 2013. With regard to the National Technical Group of Experts on Immunization, this structure in the country is represented by the panel of main experts of the ministry of Health, who provide consultation and expert recommendations on issues related to immunization for the Ministry of Health, including the implementation of new vaccines. Sentinel surveillance data of invasive bacterial diseases was used by the leading specialists of the Ministry of Health in consultation with regard to the presentation of the vaccine and calendar of pneumococcal vaccination, the calendar also has been made according to WHO recommendations. The leading experts of the Ministry of Health emphasize the importance of the data obtained in the surveillance system to subsequent monitoring of vaccine impact in respect of continuing the surveillance and perspective to use the surveillance data in the future, and they also suggest extending this surveillance so as to include the pneumonia study.<?xml: namespace prefix = o />

During the period of 2013, 822 children under 5 years were to be included within sentinel surveillance for rotavirus enteritis in Azerbaijan, and 815 (99%) were included in surveillance. There were 815 laboratory specimens collected, 815 of them were taken and tested in the national reference laboratory of the Republican Anti-Plague Station. The method of investigation is immunoenzymometric. 192 of the investigated samples were positive (24% of total). In accordance with the standard procedures for the current period, summary reports of all cases from January to December 2013 were submitted to WHO. According to the WHO recommendations in 2013, a database developed by ERB WHO is used for accounting and reporting. At the moment, this database contains individual information on all cases for the entire 2013.

During 2013, 39 sample deliveries to the national laboratory were carried out. Within the WHO procedures on external quality control of rotavirus network laboratories, the Republican Anti-Plague Station Immunological Laboratory, which serves as the national rotavirus laboratory, has fulfilled the professional panel for 2013 with a 100% result.

During this period specified, additional one-day training on the subject of Sentinel Surveillance for Rotavirus in Azerbaijan was conducted and supported by WHO at the A. Karayev Children Clinical Hospital No. 2. Preparation for training was conducted from November 25 to December 3 with the participation of representatives from the Ministry of Health, as well as RCHE and RPES representatives. All presentations and training program were prepared according to the WHO recommendations. Experts from

Moldova participated in the training and made presentations on the incidence review, the situation in the country, data analysis, and exchange of experience. After the training, issues of strengthening cooperation between clinicians, epidemiologists and laboratory were discussed.

## 7.3. One-Time Cash payments within Grant Introduction of New and Underused Vaccines in 2013

### 7.3.1. Reporting on Finance Management

|  | Amount in USD | Amount in Local Currency |
|--|---------------|--------------------------|
| Funds obtained in 2013 (A)                   | 0             | 0                        |
| Funds remaining (transferred) since 2012 (B) | 100 000       | 78 000                   |
| Total funds available in 2013 (C=A+B)        | 100 000       | 78 000                   |
| Total expenditure in 2013 (D)                | 100 000       | 78 000                   |
| Balance transferred to the 2014 (E=C-D)      | 0             | 0                        |

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

Attach a detailed financial statement on the use of funds within the grant for the introduction of new vaccines in 2013 calendar year (Document No. 10 and 11). Initial requirements for the making of this report are provided in **Appendix 1**. Financial statements shall be signed by the Financial Director of the Republic's Immunization Program and its Head, or by Deputy Minister of Health.

### 7.3.2. Program Reporting

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

U.S. \$100 000 allocated by the GAVI Alliance in 2011 for the pentavalent Hib vaccine implementation has been spent on strengthening the cold chain. As a result, the following has been purchased:

1. Refrigerators MK 404, PQS code 003/012 - 44 pieces
2. Log Tag TRID30-7FW, PQS code 006/013 - 300 pieces
3. Log Tag TRID30-7FW-USB station, PQS code 006/013 - 75 pieces
4. Freeze tag, PQS code 006/007- 450 pieces
5. Equipment for continuous monitoring of temperature regime Berlinger SmartView - 1 piece

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

Payment of 127 000 USD by the GAVI Alliance within the introduction of the pneumococcal vaccine was delayed until April 2014 due to the Republic not signing the Framework Agreement on Cooperation regarding delivery of the vaccines or its payment. The draft document is under consideration by the Ministry of Health.

Describe the activities to be carried out with the funds remaining from 2014

127 000 USD will be spent to set up a website on vaccination and cold chain strengthening

## 7.4. Reporting on Country's Co-Financing in 2013

**Table 7.4** : Five Questions on Country's Co-Financing

| Q.1: What were the actual amounts of co-financing and the number of doses in 2013?   |                                     |                   |
|--|-------------------------------------|-------------------|
| Payments for Co-Financing  | Total USD                           | Total Doses       |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose per vial, liquid  | 2 280 000                           | 250 400           |
| Awarded Vaccine #2: Pneumococcal (PCV13), 2 dose per vial, LIQUID  | 34 486                              | 8 000             |
| Q.2: What were the amounts of funding for country's co-financing in reporting year 2013 from the following sources?  |                                     |                   |
| Government   |                                     |                   |
| Donor  |                                     |                   |
| Other  |                                     |                   |
| Q.3: Did you purchase injection materials for the co-financing vaccines? Specify amounts in USD and materials.   |                                     |                   |
| Payments for Co-Financing  | Total USD                           | Total Doses       |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose per vial, liquid  | 0                                   | 0                 |
| Awarded Vaccine #2: Pneumococcal (PCV13), 2 dose per vial, LIQUID  | 0                                   | 0                 |
| Q.4: When are you going to transfer the funds for co-financing in 2015?  |                                     |                   |
| Schedule of Payments within Co-Financing   | The proposed Transfer Date for 2015 | Source of Funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose per vial, liquid  | January                             | State Funding     |
| Awarded Vaccine #2: Pneumococcal (PCV13), 2 dose per vial, LIQUID  | January                             |                   |
| Q.5: Specify any need in technical assistance for the development of strategy for providing financial stability and resources mobilization for immunization, including co-financing. |                                     |                   |
|  |                                     |                   |

In case of non-fulfillment by the country of its obligations pertaining to the payments, describe and explain the measures the country is going to take in order to fulfill the obligations on co-financing. More detailed information contained in the GAVI policy for non-fulfillment of obligations by the country is available at: <http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

The country did not purchase the pneumococcal vaccine, its share of 8000 doses was purchased by the Rostropovich-Vishnevskaya Foundation

Is support from GAVI, in the form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Not Chosen**

## 7.5. Vaccine Management (EVSM/VMA/EVM)

We remind you that the assessment tools of effectiveness of vaccine warehouse safety management (EVSM) and Vaccine Management Assessment (VMA) were replaced by a single tool for Effective Vaccine Management (EVM). You can find information in English at [http://www.who.int/immunization\\_delivery/systems\\_policy/logistics/en/index6.html](http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html)

*Before applying with a proposal for the introduction of the new vaccine the countries shall conduct EVM assessment. The assessment will be finalized by making a plan on remedial actions, including activities and*

terms of performance; the report on its performance shall be attached to the annual report. The EVM assessment results are valid for three years.

When was the last EVM assessment conducted of alternative EVSM/VMA conducted? **May 2011**

Attach the following documents:

- (a) EVM Assessment Results (**Document No. 12**)
- (b) Remedial Actions Plan According to EVM Assessment Results (**Document No. 13**)
- (c) Report on Activities Performed During the Year and the State of Carrying out of the Recommendations of Remedial Actions Plan (**Document No. 14**)

The report on the course of performance in accordance with the remedial actions plan in EVSM/VMA/EVM is a mandatory requirement.

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

If yes, specify the details

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

## **7.6. Monitoring of GAVI Support for Prophylaxis Campaign in 2013**

Azerbaijan is not submitting the Report on New Vaccines Support (for preventative campaigns).

## **7.7. The Modification of Vaccine Presentation**

Azerbaijan requires no changes in the vaccine presentation in the coming years.

## **7.8. Resumption of Long-Term Implementation Support of Vaccines For Countries, Ongoing Support of Which Ends in 2014**

Renewal of long-term support of vaccine introduction in Azerbaijan in 2014 is not applicable.

## **7.9. Request for Continued Supplies of Vaccines for Immunization Programs in 2015**

In order to draw up a request for New Vaccines Support in **2015** take the following steps:

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

If you do not confirm, please explain.

The application to receive support for the introduction of a new vaccine in 2015 in terms of the DTPHibHepB vaccine co-financing meets the level of co-financing indicated in the 2011 APR.

The application to receive support for the introduction of a new vaccine in 2015 in terms of the PCV10 vaccine co-financing should be calculated in terms of updated data on the target group of children - 157,404 people, according to the fourth part of the APR - Initial and Annual Goals.

For each vaccine, the country supports co-financing under the minimum level for a group of leaving countries.<?xml:namespace prefix = o />

The part of the DTPHibHepB vaccines financed by the government funds will be procured in accordance with the level of co-financing indicated in APR 2011.



## 7.10. Weighted Average Price of Delivery and Related Freight Price

**Table 7.10.1** Cost of Products

Estimated prices of supply are not disclosed

**Table 7.10.2:** Costs of Freight

| Vaccine Antigens     | Types of Vaccines           | No Boundary | 200,000 \$ |   | 250,000 \$ |   |
|----------------------|-----------------------------|-------------|------------|---|------------|---|
|                      |                             |             | <=         | > | <=         | > |
| DTP-hepB             | hepB-Hib                    | 2.00 %      |            |   |            |   |
| HPV, divalent        | HPV                         | 3.50 %      |            |   |            |   |
| HPV, quadruple       | HPV                         | 3.50 %      |            |   |            |   |
| Yellow fever         | YF                          | 7.80 %      |            |   |            |   |
| Measles Rubella      | Measles Rubella             | 13.20 %     |            |   |            |   |
| Rubella 2nd dose     | Rubella                     | 14.00 %     |            |   |            |   |
| Meningococcal type A | Meningococcal A, conjugated | 10.20 %     |            |   |            |   |
| Pneumococcal (PCV10) | PNEUMO                      | 3.00 %      |            |   |            |   |
| Pneumococcal (PCV13) | PNEUMO                      | 6.00 %      |            |   |            |   |
| Rotaviral            | Rotaviral                   | 5.00 %      |            |   |            |   |

| Vaccine Antigens     | Types of Vaccines           | 500,000 \$ |        | 2,000,000 \$ |   |
|----------------------|-----------------------------|------------|--------|--------------|---|
|                      |                             | <=         | >      | <=           | > |
| DTP-hepB             | hepB-Hib                    |            |        |              |   |
| DTP hepB-Hib         | hepB-Hib                    | 25.50 %    | 6.40 % |              |   |
| HPV, divalent        | HPV                         |            |        |              |   |
| HPV, quadruple       | HPV                         |            |        |              |   |
| Yellow fever         | YF                          |            |        |              |   |
| Measles Rubella      | Measles Rubella             |            |        |              |   |
| Rubella 2nd dose     | Rubella                     |            |        |              |   |
| Meningococcal type A | Meningococcal A, conjugated |            |        |              |   |
| Pneumococcal (PCV10) | PNEUMO                      |            |        |              |   |
| Pneumococcal (PCV13) | PNEUMO                      |            |        |              |   |
| Rotaviral            | Rotaviral                   |            |        |              |   |

## 7.11. Requirements Calculation

**Table 7.11.1:** Specifications for DTP-HepB-Hib, 1 dose per vial, LIQUID

| Identification |   | Source  |   | 2013    | 2014    | 2015    | TOTAL   |
|----------------|---|---------|---|---------|---------|---------|---------|
|                | Number of Surviving Infants                           | Table 4 | # | 156,830 | 158,712 | 160,617 | 476,159 |
|                | Number of Children to be Vaccinated by the First Dose | Table 4 | # | 153,693 | 155,537 | 157,404 | 466,634 |
|                | Number of Children to be Vaccinated by the Third Dose | Table 4 | # | 153,693 | 155,537 | 157,404 | 466,634 |

|    |  |                                    |    |         |         |         |
|----|--|------------------------------------|----|---------|---------|---------|
|    | Coverage by the Third Dose                                       | Table 4                            | %  | 98.00 % | 98.00 % | 98.00 % |
|    | Number of Doses for Vaccination per Child                        | Parameter                          | #  | 3       | 3       | 3       |
|    | Calculated Factor of the Vaccine Wastage                         | Table 4                            | #  | 1.05    | 1.05    | 1.05    |
|    | Vaccine Stock on 31st December 2013 * (see explanatory footnote) |                                    | #  | 276 810 |         |         |
|    | Vaccine Stock on 1 January 2014 ** (see explanatory footnote)    |                                    | #  | 276 810 |         |         |
|    | Number of Doses per Vial   | Parameter                          | #  |         | 1       | 1       |
|    | Required Number of Auto-Disable Syringes                         | Parameter                          | #  |         | Yes     | Yes     |
|    | Required Number of Syringes for Dilution                         | Parameter                          | #  |         | No      | No      |
|    | Required Number of Safety Boxes                                  | Parameter                          | #  |         | Yes     | Yes     |
| cc | National Co-financing of One Dose                                | Table of the national co-financing | \$ |         | 1.58    | 2.00    |
| ca | Price of One Auto-Disable Syringe                                | Table 7.10.1                       | \$ |         | 0.0450  | 0.0450  |
| cr | Price of One Syringe for Dilution                                | Table 7.10.1                       | \$ |         | 0       | 0       |
| cs | Price of One Safety Box  | Table 7.10.1                       | \$ |         | 0.0050  | 0.0050  |
| fv | Freight Cost as % of Cost of Vaccine                             | Table 7.10.2                       | %  |         | 6.40 %  | 6.40 %  |
| fd | Freight Cost as % as of cost of Injecting Equipment              | Parameter                          | %  |         | 0.00 %  | 0.00 %  |

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

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

No differences

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

Not defined

### Tables of National Co-Financing for DTP-hepB-Hib, 1 doses per vial, LIQUID

| Group of National Co-financing                       | Graduating |      |      |
|--|------------|------|------|
|  | 2013       | 2014 | 2015 |
| Minimum Amount of National Co-Financing              | 1.16       | 1.58 | 2.00 |
| Recommended Co-Financing in Accordance with APR 2012 |            |      | 2.00 |
| Your Co-Financing                                    | 1.16       | 1.58 | 2.00 |

**Table 7.11.2: Calculated Volume of GAVI Support and National Co-financing (GAVI Support)**

|                                 |    | 2014    | 2015    |
|---------------------------------|----|---------|---------|
| Number of vaccine doses         | #  | 208,400 | 105,400 |
| Number of auto-disable syringes | #  | 218 400 | 109 100 |
| Number of syringes for dilution | #  | 0       | 0       |
| Number of safety boxes          | #  | 2,425   | 1,200   |
| Total volume to be co-financed  | \$ | 571,000 | 285,500 |

**Table 7.11.3: Calculated Volume of GAVI Support and National Co-Financing (Country's Support)**

|                                 |    | 2014    | 2015    |
|---------------------------------|----|---------|---------|
| Number of vaccine doses         | #  | 283 800 | 298 100 |
| Number of auto-disable syringes | #  | 297,400 | 308,700 |
| Number of syringes for dilution | #  | 0       | 0       |
| Number of safety boxes          | #  | 3,275   | 3,400   |
| Total funding by country        | \$ | 778,000 | 807,000 |

**Table 7.11.4: Calculation of Required Number of DTP-HepB-Hib, 1 dose per vial, LIQUID (part 1)**

|    | Formula  | 2013  | 2014    |            |         |         |
|----|--|---|---------|------------|---------|---------|
|    |  |   | Total   | Government | GAVI    |         |
| A  | National co-financing  | V   | 0.00 %  | 57.66 %    |         |         |
| B  | Number of Children to be Vaccinated by the First Dose                              | Table 4   | 153,693 | 155,537    | 89,683  | 65,854  |
| B1 | Number of Children to be Vaccinated by the Third Dose                              | Table 4   | 153,693 | 155,537    | 89,683  | 65,854  |
| C  | Number of Doses for Vaccination per Child  | Parameter of the vaccine (schedules)  | 3       | 3          |         |         |
| D  | Required number of doses   | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$   | 461,079 | 466,611    | 269,049 | 197,562 |
| E  | Calculated Factor of vaccine wastage   | Table 4   | 1.05    | 1.05       |         |         |
| F  | Required number of vaccine doses (including wastage)                               | $D \times E$  |         | 489,942    | 282,501 | 207,441 |
| G  | Reserve stock of vaccines  | $((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$ |         | 2,179      | 1,257   | 922     |
| H  | Stock to be deducted   | $H1 - F \text{ of previous year} \times 0.375$  |         |            |         |         |
| H1 | Calculated opening stock   | $H2 (2014) + H3 (2014) - F (2014)$  |         |            |         |         |
| H2 | Supposed stock on January 1.   | Table 7.11.1  | 0       | 276,810    |         |         |
| H3 | Shipment plan  | UNICEF shipment report  |         | 491,500    |         |         |
| I  | Required number of vaccine doses   | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$   |         | 492,150    | 283,775 | 208,375 |
| J  | Number of Doses per Vial   | Parameter of the vaccine  |         | 1          |         |         |
| K  | Required number of auto-disable syringes (taking into account the 10% of wastage)  | $(D + G - H) \times 1.10$   |         | 515,670    | 297,336 | 218,334 |
| L  | Required number of syringes for dilution (taking into account the 10% of wastage)  | $(I / J) \times 1.10$   |         | 0          | 0       | 0       |
| M  | Required number of safety boxes (taking into account the 10% for additional needs) | $(K + L) / 100 \times 1.10$   |         | 5,673      | 3,272   | 2,401   |
| N  | Cost of required vaccines  | $I \times \text{Cost of one dose of vaccine (g)}$   |         | 5,673      | 718,233 | 527,399 |
| O  | Cost of required auto-disable syringes   | $K \times \text{Cost of one auto-disable syringe (ca)}$   |         | 23,206     | 13,381  | 9,825   |
| P  | Cost of required syringes for dilution   | $L \times \text{Cost of one syringe for dilution (cr)}$   |         | 0          | 0       | 0       |
| Q  | Cost of required safety boxes  | $M \times \text{Cost of one safety box (cs)}$   |         | 29         | 17      | 12      |
| R  | Shipping cost of the required vaccines   | $N \times \text{Shipping cost as \% of the cost of vaccines (fv)}$  |         | 79,721     | 45,968  | 33,753  |
| S  | Shipping cost of the injecting equipment   | $(O+P+Q) \times \text{Shipping cost as \% of the cost of injecting equipment (fd)}$   |         | 0          | 0       | 0       |
| T  | The volume of necessary funding  | $(N+O+P+Q+R+S)$   |         | 1,348,588  | 777,597 | 570,991 |
| U  | Volume of national co-financing  | $I \times \text{The national co-financing of one dose (cc)}$  |         | 777,597    |         |         |
| V  | % of the national co-financing from the volume covered by the GAVI Alliance        | $U / T$   |         | 57.66 %    |         |         |

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

**Table 7.11.4: Calculation of Required Number of DTP-HepB-Hib, 1 dose per vial, liquid (part 2)**

|    | Formula  | 2015  |            |         |         |
|----|--|---|------------|---------|---------|
|    |  | Total   | Government | GAVI    |         |
| A  | National Co-financing  | V   | 73.89 %    |         |         |
| B  | Number of children to be vaccinated by the first dose                              | Table 4   | 157,404    | 116,309 | 41,095  |
| B1 | Number of children to be vaccinated by the third dose                              | Table 4   | 157,404    | 116,309 | 41,095  |
| C  | Number of doses for vaccination per child  | Parameter of the vaccine (schedules)  | 3          |         |         |
| D  | Required number of doses   | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$   | 472,212    | 348,927 | 123,285 |
| E  | Calculated factor of vaccine wastage   | Table 4   | 1.05       |         |         |
| F  | Required number of vaccine doses (including wastage)                               | $D \times E$  | 495,823    | 366,373 | 129,450 |
| G  | Reserve stock of vaccines  | $((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$ | 2 206      | 1 631   | 575     |
| H  | Stock to be deducted   | $H1 - F \text{ of previous year} \times 0.375$  | 94 641     | 69 932  | 24 709  |
| H1 | Calculated opening stock   | $H2 (2014) + H3 (2014) - F (2014)$  | 278 368    | 205 692 | 72 676  |
| H2 | Supposed stock on January 1.   | Table 7.11.1.   |            |         |         |
| H3 | Shipment plan  | UNICEF shipment report  |            |         |         |
| I  | Required amount of vaccine doses   | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$   | 403 400    | 298 080 | 105 320 |
| J  | Number of doses per vial   | Parameter of the vaccine  | 1          |         |         |
| K  | Required number of auto-disable syringes (taking into account the 10% of loss)     | $(D + G - H) \times 1.10$   | 417 755    | 308 687 | 109 068 |
| L  | Required number of syringes for dilution (taking into account the 10% of loss)     | $(I / J) \times 1.10$   | 0          | 0       | 0       |
| M  | Required number of safety boxes (taking into account the 10% for additional needs) | $(K + L) / 100 \times 1.10$   | 4 596      | 3 397   | 1 199   |
| N  | Cost of required vaccines  | $I \times \text{Cost of one dose of vaccine (g)}$   | 1 008 500  | 745 200 | 263 300 |
| O  | Cost of required auto-disable syringes   | $K \times \text{Cost of one auto-disable syringe (ca)}$   | 18 799     | 13 891  | 4 908   |
| P  | Cost of required syringes for dilution   | $L \times \text{Cost of one syringe for dilution (cr)}$   | 0          | 0       | 0       |
| Q  | Cost of required safety boxes  | $M \times \text{Cost of one safety box (cs)}$   | 23         | 17      | 6       |
| R  | Shipping cost of required vaccines   | $N \times \text{Shipping cost as \% of the cost of vaccines (fv)}$  | 64 544     | 47 693  | 16 851  |
| S  | Shipping cost of injecting equipment   | $(O+P+Q) \times \text{Shipping cost as \% of the cost of injecting equipment (fd)}$   | 0          | 0       | 0       |
| T  | Volume of necessary funding  | $(N+O+P+Q+R+S)$   | 1 091 866  | 806 800 | 285 066 |
| U  | Volume of national co-financing  | $I \times \text{National co-financing of one dose (cc)}$  | 806 800    |         |         |
| V  | % of the national co-financing from the volume which covered by GAVI Alliance      | $U / T$   | 73.89 %    |         |         |

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

**Table 7.11.1.** Specifications for **Pneumococcal (PCV10), 2 doses per vial, liquid**

| Identification |  | Source:                            |    | 2013    | 2014    | 2015    | TOTAL   |
|----------------|--|------------------------------------|----|---------|---------|---------|---------|
|                | Number of Surviving Infants                                      | Table 4                            | #  | 156 830 | 158 712 | 160 617 | 476 159 |
|                | Number of Children to be Vaccinated by the First Dose            | Table 4                            | #  | 134 843 | 138 079 | 157 404 | 430 326 |
|                | Number of Children to be Vaccinated by the Third Dose            | Table 4                            | #  | 134 843 | 138 079 | 157 404 | 430 326 |
|                | Coverage by the Third Dose                                       | Table 4                            | %  | 85.98 % | 87.00 % | 98.00 % |         |
|                | Number of Doses for Vaccination per Child                        | Parameter                          | #  | 3       | 3       | 3       |         |
|                | Calculated factor of Vaccine Wastage                             | Table 4                            | #  | 1.11    | 1.11    | 1.05    |         |
|                | Vaccine Stock on 31st December 2013 * (see explanatory footnote) |                                    | #  | 81 706  |         |         |         |
|                | Vaccine stock on 1 January 2014 ** (see explanation footnote)    |                                    | #  | 81 706  |         |         |         |
|                | Number of Doses per Vial   | Parameter                          | #  |         | 2       | 2       |         |
|                | Required Number of Auto-Disable Syringes                         | Parameter                          | #  |         | Yes     | Yes     |         |
|                | Required Number of Syringes for Dilution                         | Parameter                          | #  |         | No      | No      |         |
|                | Required Number of Safety Boxes                                  | Parameter                          | #  |         | Yes     | Yes     |         |
| cc             | National Co-financing of One Dose                                | Table of the national co-financing | \$ |         | 0.61    | 1.53    |         |
| ca             | Price of One Auto-Disable Syringe                                | Table 7.10.1                       | \$ |         | 0.0450  | 0.0450  |         |
| cr             | Price of One Syringe for Dilution                                | Table 7.10.1                       | \$ |         | 0       | 0       |         |
| cs             | Price of One Safety Box  | Table 7.10.1                       | \$ |         | 0.0050  | 0.0050  |         |
| fv             | Freight Cost as % of Cost of Vaccine                             | Table 7.10.2                       | %  |         | 3.00 %  | 3.00 %  |         |
| fd             | Freight Cost as % as of cost of Injecting Equipment              | Parameter                          | %  |         | 0.00 %  | 0.00 %  |         |

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

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

No differences

**Tables of National Co-Financing for **Pneumococcal (PCV10), 2 doses per vial, liquid****

| Group of National Co-financing                              | Graduating |      |      |      |
|---|------------|------|------|------|
|   |            | 2013 | 2014 | 2015 |
| Minimum Amount of National Co-Financing                     |            |      | 0.61 | 1.52 |
| Recommended Co-Financing in Accordance with <b>APR 2012</b> |            |      |      | 1.52 |
| Your Co-Financing   |            | 0.61 | 0.61 | 1.53 |

**Table 7.11.2:** Calculated Volume of GAVI Support and National Co-financing (**GAVI support**)

| 2014 | 2015 |
|------|------|
|------|------|

|  |    |           |           |
|--|----|-----------|-----------|
| <b>Number of vaccine doses</b>         | #  | 315 200   | 288 500   |
| <b>Number of auto-disable syringes</b> | #  | 305 200   | 302 600   |
| <b>Number of syringes for dilution</b> | #  | 0         | 0         |
| <b>Number of safety boxes</b>          | #  | 3 375     | 3 350     |
| <b>Total volume to be co-financing</b> | \$ | 1 114 500 | 1 015 000 |

**Table 7.11.3:** Calculated Volume of GAVI Support and National Co-Financing (country's support)

|  |    | <b>2014</b> | <b>2015</b> |
|--|----|-------------|-------------|
| <b>Number of vaccine doses</b>         | #  | 65 700      | 222 000     |
| <b>Number of auto-disable syringes</b> | #  | 63 700      | 232 900     |
| <b>Number of syringes for dilution</b> | #  | 0           | 0           |
| <b>Number of safety boxes</b>          | #  | 700         | 2 575       |
| <b>Total funding by country</b>        | \$ | 232 500     | 781 000     |

**Table 7.11.4 Calculation of Required Number of DTP-HepB-Hib(PCV10), 2 dose per vial, LIQUID (part 1)**

|           | Formula   | 2013  | 2014    |            |               |           |
|-----------|---|---|---------|------------|---------------|-----------|
|           |   |   | Total   | Government | GAVI Alliance |           |
| <b>A</b>  | <b>National Co-financing</b>  | V   | 0.00 %  | 17.25 %    |               |           |
| <b>B</b>  | <b>Number of Children to be Vaccinated by the First Dose</b>                              | Table 4   | 134 843 | 138 079    | 23 818        | 114 261   |
| <b>C</b>  | <b>Number of Doses for Vaccination per Child</b>  | Parameter of the vaccine (schedules)  | 3       | 3          |               |           |
| <b>D</b>  | <b>Required number of doses</b>   | $B \times C$  | 404 529 | 414 237    | 71 454        | 342 783   |
| <b>E</b>  | <b>Calculated factor of Vaccine Wastage</b>   | Table 4   | 1.11    | 1.11       |               |           |
| <b>F</b>  | <b>Required number of vaccine doses (including wastage)</b>                               | $D \times E$  |         | 459 804    | 79 314        | 380 490   |
| <b>G</b>  | <b>Reserve stock of vaccines</b>  | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ |         | 2 694      | 465           | 2 229     |
| <b>H</b>  | <b>Stock to be deducted</b>   | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$  |         |            |               |           |
| <b>H2</b> | <b>Supposed stock on January 1.</b>   | Table 7.11.1.   | 0       |            |               |           |
| <b>I</b>  | <b>Required amount of vaccine doses</b>   | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$   |         | 380 800    | 65 686        | 315 114   |
| <b>J</b>  | <b>Number of Doses per Vial</b>   | Parameter of the vaccine  |         | 2          |               |           |
| <b>K</b>  | <b>Required number of auto-disable syringes (taking into account the 10% of loss)</b>     | $(D + G - H) \times 1.10$   |         | 368 748    | 63 607        | 305 141   |
| <b>L</b>  | <b>Required number of syringes for dilution (taking into account the 10% of loss)</b>     | $(I / J) \times 1.10$   |         | 0          | 0             | 0         |
| <b>M</b>  | <b>Required number of safety boxes (taking into account the 10% for additional needs)</b> | $(K + L) / 100 \times 1.10$   |         | 4 057      | 700           | 3 357     |
| <b>N</b>  | <b>Cost of required vaccines</b>  | $I \times \text{Cost of one dose of vaccine (g)}$   |         | 1 291 293  | 222 740       | 1 068 553 |
| <b>O</b>  | <b>Cost of required auto-disable syringes</b>   | $K \times \text{Cost of one auto-disable syringe (ca)}$   |         | 16 594     | 2 863         | 13 731    |
| <b>P</b>  | <b>Cost of required syringes for dilution</b>   | $L \times \text{Cost of one syringe for dilution (cr)}$   |         | 0          | 0             | 0         |
| <b>Q</b>  | <b>Cost of required safety boxes</b>  | $M \times \text{Cost of one safety box (cs)}$   |         | 21         | 4             | 17        |
| <b>R</b>  | <b>Shipping cost of required vaccines</b>   | $N \times \text{Shipping cost as \% of the cost of vaccines (fv)}$  |         | 38 739     | 6 683         | 32 056    |
| <b>S</b>  | <b>Shipping cost of injecting equipment</b>   | $(O+P+Q) \times \text{Shipping cost as \% of the cost of injecting equipment (fd)}$   |         | 0          | 0             | 0         |
| <b>T</b>  | <b>Volume of necessary funding</b>  | $(N+O+P+Q+R+S)$   |         | 1 346 647  | 232 289       | 1 114 358 |
| <b>U</b>  | <b>Volume of national co-financing</b>  | $I \times \text{National co-financing of one dose (cc)}$  |         | 232 289    |               |           |
| <b>V</b>  | <b>% of the national co-financing from the volume which covered by GAVI Alliance</b>      | $U / T$   |         | 17.25 %    |               |           |



**Table 7.11.4 Calculation of Required Number of Pneumococcal (PCV10), 2 doses per vial, LIQUID (part 2)**

|    | Formula  | 2015  |            |               |           |
|----|--|---|------------|---------------|-----------|
|    |  | Total   | Government | GAVI Alliance |           |
| A  | National Co-financing  | V   | 43.49 %    |               |           |
| B  | Number of Children to be Vaccinated by the First Dose                              | Table 4   | 157 404    | 68 449        | 88 955    |
| C  | Number of Doses for Vaccination per Child  | Parameter of the vaccine (schedules)  | 3          |               |           |
| D  | Required number of doses   | $B \times C$  | 472 212    | 205 347       | 266 865   |
| E  | Calculated factor of Vaccine Wastage   | Table 4   | 1.05       |               |           |
| F  | Required number of vaccine doses (including wastage)                               | $D \times E$  | 495 823    | 215 615       | 280 208   |
| G  | Reserve stock of vaccines  | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | 14 494     | 6 303         | 8 191     |
| H  | Stock to be deducted   | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$  | 0          | 0             | 0         |
| H2 | Supposed stock on January 1.   | Table 7.11.1.   |            |               |           |
| I  | Required amount of vaccine doses   | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$   | 510 400    | 221 954       | 288 446   |
| J  | Number of Doses per Vial   | Parameter of the vaccine  | 2          |               |           |
| K  | Required number of auto-disable syringes (taking into account the 10% of loss)     | $(D + G - H) \times 1.10$   | 535 377    | 232 815       | 302 562   |
| L  | Required number of syringes for dilution (taking into account the 10% of loss)     | $(I / J) \times 1.10$   | 0          | 0             | 0         |
| M  | Required number of safety boxes (taking into account the 10% for additional needs) | $(K + L) / 100 \times 1.10$   | 5 890      | 2 562         | 3 328     |
| N  | Cost of required vaccines  | $I \times \text{Cost of one dose of vaccine (g)}$   | 1 720 048  | 747 983       | 972 065   |
| O  | Cost of required auto-disable syringes   | $K \times \text{Cost of one auto-disable syringe (ca)}$   | 24 092     | 10 477        | 13 615    |
| P  | Cost of required syringes for dilution   | $L \times \text{Cost of one syringe for dilution (cr)}$   | 0          | 0             | 0         |
| Q  | Cost of required safety boxes  | $M \times \text{Cost of one safety box (cs)}$   | 30         | 14            | 16        |
| R  | Shipping cost of required vaccines   | $N \times \text{Shipping cost as \% of the cost of vaccines (fv)}$  | 51 602     | 22 440        | 29 162    |
| S  | Shipping cost of injecting equipment   | $(O+P+Q) \times \text{Shipping cost as \% of the cost of injecting equipment (fd)}$   | 0          | 0             | 0         |
| T  | Volume of necessary funding  | $(N+O+P+Q+R+S)$   | 1 795 772  | 780 912       | 1 014 860 |
| U  | Volume of national co-financing  | $I \times \text{National co-financing of one dose (cc)}$  | 780 912    |               |           |
| V  | % of the national co-financing from the volume which covered by GAVI Alliance      | $U / T$   | 43.49 %    |               |           |

## 8. Support of Injection Safety Improvement

This window of support is no longer available.

## 9. Support for Health Service Strengthening (HSS)

### Instructions on compiling the report on funds received under HSS

1. Complete this section only if your country **has been approved and received funding for HSS before or during January-December 2013**. All countries are required to submit reports:

- a. Results obtained in 2013
- b. Progress of the work of HSS during January - April 2014 (interim report)
- c. Plans on 2015
- d. Proposed changes to the approved activities and budget (see number 4 below)

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

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

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

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

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

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

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

- a. Minutes of Meeting of the National Coordinating Committee in the Health Care Sector held in 2013
- b. Minutes of Meeting of the National Coordinating Committee in the Health Care Sector in 2014, under which this report application was approved
- c. Report on the latest assessment of the state of the health sector
- d. Financial report on the use of funds for HSS in 2013 calendar year
- e. The external audit report as for the use of funds for HSS, hold in the near financial year (if applicable)

8. The Independent Review Committee (IRC) of the GAVI Alliance examines all annual progress reports. Besides the below listed data, the IRC requires to include to this section the following information in order to approve the next tranche of funding for HSS:

- a. Reports on agreed indicators, as specified in the approved framework of monitoring and evaluation in the Proposal and Approval Letter;
- b. Demonstration (with conclusive data) of the close connection between ongoing activities, outputs, outcomes and indicators of the ultimate effectiveness;
- c. Briefly describe the technical input that may be required to facilitate the execution of works and monitoring of absorption the funds provided by GAVI for Health Service Support in the following year.

9. Inaccurate, incomplete or unfounded reporting may entail the IRC returning of APR to the country for additional explanations (which may cause a delay of providing the funds for HSS in the future) or IRC advising to discontinue subsequent allocation of funds, or approving allocation only of the part of the next tranche for HSS.

## 9.1. Report on Use of Funds for Health Service Support in 2013 and Request for New Tranche 9.1. F

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

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

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

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

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

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

Specify sources of all data used in this report.

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

### 9.1.1. Report on Use of Funds for HSS purposes in **2013**

Fill out tables 9.1.3.a and 9.1.3.b (according to APR) for each year of the approved long-term country Health Service Support program (in USD and local currency)

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

### 9.1.2. Specify if you request a new financing tranche or not **Yes**

If yes, specify the volume of the financing requested: **205500** US\$

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

### 9.1.3. Is GAVI Health Service Support included into the national budget of the health care sector? **Not Chosen**

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

Table 9.1.3a (US)\$

|  | 2008 | 2009   | 2010   | 2011   | 2012   | 2013   |
|--|------|--------|--------|--------|--------|--------|
| Initial annual budgets<br>(according to the initially approved proposal on Health Service Support) |      | 582000 | 395000 | 205000 |        |        |
| Revised annual budgets<br>(if revised after  |      |        |        |        | 582000 | 395000 |

|  |   |   |   |   |        |        |
|--|---|---|---|---|--------|--------|
| <i>consideration of previous annual assessments of APR)</i>  |   |   |   |   |        |        |
| Total funds received from GAVI during the calendar year (A)  |   | 0 | 0 | 0 | 582000 | 0      |
| Balance of the previous year (B)   |   | 0 | 0 | 0 | 0      | 579521 |
| Total funds available within the calendar year (C=A+B)   |   | 0 | 0 | 0 | 582000 | 579521 |
| Total costs during the calendar year (D)   |   | 0 | 0 | 0 | 2478   | 115896 |
| Balance transferred to the following calendar year (E=C-D)   |   | 0 | 0 | 0 | 579521 | 463625 |
| <b>Volume of financing requested for the following calendar year(s)</b> [if you request new tranche you should fill out this line] | 0 | 0 | 0 | 0 | 0      | 0      |

|  | 2014   | 2015   | 2016 | 2017 |
|--|--------|--------|------|------|
| Initial annual budgets<br>(according to the initially approved proposal on Health Service Support)                                 |        |        |      |      |
| Revised annual budgets<br>(if revised after consideration of previous annual assessments of APR)                                   | 205000 |        |      |      |
| Total funds received from GAVI during the calendar year (A)  | 0      |        |      |      |
| Balance of the previous year (B)   | 463625 |        |      |      |
| Total funds available within the calendar year (C=A+B)   | 463625 |        |      |      |
| Total costs during the calendar year (D)   | 104789 |        |      |      |
| Balance transferred to the following calendar year (E=C-D)   | 358836 |        |      |      |
| <b>Volume of financing requested for the following calendar year(s)</b> [if you request new tranche you should fill out this line] | 395000 | 205000 | 0    | 0    |

Table 9.1.3b (local currency)

|  | 2008 | 2009   | 2010   | 2011   | 2012   | 2013   |
|--|------|--------|--------|--------|--------|--------|
| Initial annual budgets<br>(according to the initially approved proposal on Health Service Support)                                 |      | 466473 | 317146 | 163529 |        |        |
| Revised annual budgets<br>(if revised after consideration of previous annual assessments of APR)                                   |      |        |        |        | 454542 | 308495 |
| Total funds received from GAVI during the calendar year (A)  |      | 0      | 0      | 0      | 454542 | 0      |
| Balance of the previous year (B)   |      | 0      | 0      | 0      | 0      | 452606 |
| Total funds available within the calendar year (C=A+B)   |      | 0      | 0      | 0      | 454542 | 452606 |
| Total costs during the calendar year (D)   |      | 0      | 0      | 0      | 1936   | 90514  |
| Balance transferred to the following calendar year (E=C-D)   |      | 0      | 0      | 0      | 452606 | 362091 |
| <b>Volume of financing requested for the following calendar year(s)</b> [if you request new tranche you should fill out this line] | 0    | 0      | 0      | 0      | 0      | 0      |

|  | 2014   | 2015   | 2016 | 2017 |
|--|--------|--------|------|------|
| Initial annual budgets<br>(according to the initially approved proposal on Health Service Support)                                 |        |        |      |      |
| Revised annual budgets<br>(if revised after consideration of previous annual assessments of APR)                                   | 160105 |        |      |      |
| Total funds received from GAVI during the calendar year (A)  | 0      |        |      |      |
| Balance of the previous year (B)   | 362091 |        |      |      |
| Total funds available within the calendar year (C=A+B)   | 362091 |        |      |      |
| Total costs during the calendar year (D)   | 81840  |        |      |      |
| Balance transferred to the following calendar year (E=C-D)   | 280251 |        |      |      |
| <b>Volume of financing requested for the following calendar year(s)</b> [if you request new tranche you should fill out this line] | 308495 | 160105 | 0    | 0    |

### Report on Exchange Rate Dynamics

Specify in Table 11.3.c below the exchange rate applied in each calendar year upon opening and closing.

Table 9.1.3.c

| Exchange Rate             | 2008   | 2009   | 2010   | 2011   | 2012  | 2013  |
|---------------------------|--------|--------|--------|--------|-------|-------|
| Opening as of January 1   | 0,8453 | 0,8015 | 0,8029 | 0,7977 | 0,781 | 0,781 |
| Closing as of December 31 | 0,801  | 0,8031 | 0,7979 | 0,7865 | 0,781 | 0,781 |

### Detailed Expenses of Funds for Health Service Support in 2013 Calendar Year

Attach a detailed financial report on the use of funds for HSS in 2013 calendar year. (*The requirements for compiling such report are specified in the online applications to APR*). Financial statements will be signed by the Chief Accountant or Deputy Minister of Health. **(Document No. 19)**

If Table 14 shows any expenses for January-April 2014, you should also attach a separate detailed financial statement on the use of these funds for Health Service Support **(Document No. 20)**

### Health Service Support Funds Management

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

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



According to the Agreement on Financial Management between the Government of the Republic of Azerbaijan and GAVI (FMA agreement), the financial assets for the first project year were transferred to the account specified in the Agreement, at the International Bank of Azerbaijan. In accordance with the Agreement, the budget for activities under the HSS component is approved by the Interagency Coordinating Committee acting as COSs. Due to the delay in the commencement of the grant implementation (October 2012), it became necessary to make additional assessments of the grant's goals and activities. Transfer of funds to the sub-national and national levels is carried out in accordance with the existing instructions and regulations of the Republic of Azerbaijan. <?xml:namespace prefix = "o" />

no

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

## 9.2. Progress in Activities Performance within Health Service Support in 2013 Financial Year

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

Present the following information regarding each planned activity:

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

Table 9.2: Activities within Health Service Support in 2013 Reporting Year

| Main Activities (if necessary, include additional fields) | Planned activities for 2013   | Percentage of Fulfilled Activities (annual) (if applicable) | Source of Information/Data (if significant)   |
|---|---|---|---|
| <b>Objective 1</b>  | Strengthening the capacity of 7 educational institutions, 42 teachers, and 640 health workers have been trained by strengthening the system of postgraduate education | 65  | As recommended and agreed with key stakeholders (WHO, Centre for Public Health and Reforms, Ministry of Health, Baku Basic Medical College), sub-activities of Objective 1 in GAVI applications were reviewed in connection with the current needs of the country in the immunization field and focused on the in-depth postgraduate education of nurses in immunization modulus (see Minutes of the COSs Meeting of May 7, 2013 and updated Application HSS) |
| <b>Activity 1.1</b>                                       | Identification and selection of base working group for curriculum trainers training, support materials and tools preparation  | 100   |   |
| <b>Activity 1.2</b>                                       | Conducting a training program for 42 teachers   | 100   |   |
| <b>Activity 1.3</b>                                       | Training for 640 mid-level workers  | 0   |   |
| <b>Activity 1.4</b>                                       | Purchase of training equipment for seven medical colleges   | 50  |   |
| <b>Objective 2</b>  | Strengthening the informational health system for   | 48  |   |

|                     |  |    |  |
|---------------------|--|----|--|
|                     | more effective control of maternal and child health protection services  |    |  |
| <b>Activity 2.1</b> | Development of a mechanism to ensure immunization passports  | 60 | <p>Within Activity 2.1, the following sub-activities have been carried out:</p> <p>2.1.1 Development of the concept of immunization passports, their use and integration with other information systems.</p> <p>2.1.2. Development of Technical Specifications of information systems, including reporting forms and model data (based on immunization passport concept).</p>  |
| <b>Activity 2.2</b> | Modernization of the registration of pregnant women to ensure continuous maternal and child care in five pilot areas               | 30 | <p>Within Activity 2.2, the following sub-activities have been carried out:</p> <p>2.2.1 Development of the concept of the Register of pregnant women and model data.</p> <p>2.2.2 Development of specifications for the software, allowing operation register at PHC level and pair it with the information system of birth registration (Form 103).</p> <p>2.2.3 Software development and information transfer system from the district to the national level (at the moment).</p> <p>2.2.5 Purchase of computers.</p> |
| <b>Activity 2.3</b> | Strengthening the decentralization of data entry at the district level, including Forms № 103 and № 106                            | 25 | <p>Within Activity 2.3, the following sub-activities have been carried out:</p> <p>2.3.1 Further development of software designed for input forms at the level of suppliers.</p> <p>2.3.3. Training doctors for coding diagnoses and surgery interventions (ICD-10 and ICD 9)</p>  |
| <b>Activity 2.4</b> | Developing strategy for the integration of separate subsystems of information into a single information system                     | 70 | <p>Within Activity 2.4, the following sub-activities have been carried out:</p> <p>2.4.1 Study and description of technology process of information systems E-card, GEM, Office of Statistics and the Agency for Statistics of the birth registration and demographic statistics.</p> <p>2.4.2 Development of an integration strategy of information systems and coordination of the strategy with stakeholders.</p>   |
| <b>Objective 3</b>  | Strengthening of potentials and tools for planning of expenditure and budget for immunization programs during the next three years | 0  | <p>Considering the priority of Objective 1 and Objective 2 at the moment, at the COSs meeting it was decided to postpone the commencement of the sub-activities of Objective 3 at a later date (see the Minutes of the COSs Meeting on September 7, 2013 and Table 5.2 in the updated HSS Application).</p> <p>Implementation starting of Objective 3 sub-activities planned from June 2014.</p>   |
| <b>Activity 3.1</b> | Identification and selection of base working group for   |    |  |

|                     |  |  |  |
|---------------------|--|--|--|
|                     | developing training course for meetings on cost planning and budgeting |  |  |
| <b>Activity 3.2</b> | Workshop on planning, budgeting and estimating costs                   |  |  |

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

| Main Activities (if necessary, include additional fields) | Explain the results achieved and barriers encountered/b>   |
|---|--|
| <b>Objective 2, Activity 2.1</b>                          | The concept of immunization passports with the current needs of the country, as well as developing requirements for software immunization passports have been the subject of multiple discussions among the stakeholders, which was one of the reasons for the later implementation of sub-activity 2.1.1 and 2.1.2. |
| <b>Objective 2, Activity 2.2</b>                          | The concept of Pregnant Women's Register, technical tasks, and software ensuring of the Pregnant Women's Register became the subject of multiple discussions among the interested parties, which became one of the reasons of later performing the following activities.   |
| <b>Objective 2, Activity 2.3</b>                          | The beginning of sub-activities performance is expected after the software testing stage, which is currently underway.   |

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

Considering the priority of Objective 1 and Objective 2 at the moment, at the COSs meeting it was decided to postpone the commencement of the sub-activities of Objective 3 at a later date (see the Minutes of the COSs Meeting on May 7, 2013 and updated the HSS Application). The commencement of the implementation of Objective 3 sub-activities is scheduled from June 2014.

9.2.3 If the GAVI HSS grant was used as motivation for health care sector workers in the country, how did these funds contribute to the fulfillment of the national personnel policy and the relevant provisions?

Unused

### 9.3. General Overview of Goals Achieved

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

**Table 9.3:** Progress toward Goals

| Task and indicator name (insert additional fields if necessary) | Initial Level |  | Agreed Goal to end of support in initial Health Service Support proposal | Goal 2013  | 2009 | 2010 | 2011 | 2012 | 2013 | Data Source  | If some goals were not reached, explain                                      |
|---|---------------|--|--|--|------|------|------|------|------|--|--|
|   | Initial Level | Initial Source/Date                                      |  |  |      |      |      |      |      |  |  |
| <b>1. DTP3 National coverage (%)</b>                            | 95            | State Committee of Statistics of the Republic Azerbaijan | 95   | 2013 is not a target year<br>Target parameter for indicator for 2015 is «95» |      |      |      |      |      | State Committee of Statistics of the Republic Azerbaijan | 2013 is not a target year<br>Target parameter for indicator for 2015 is «95» |
| <b>. Number of /% districts with DTP3 coverage ≥ 80%</b>        | 63            | State Committee of Statistics of the Republic Azerbaijan | 64   | 2013 is not a target year<br>Target parameter for indicator                  |      |      |      |      |      | State Committee of Statistics of the Republic Azerbaijan | 2013 is not a target year<br>Target parameter for indicator for              |

|   |      |  |     |   |  |  |  |  |  |  |   |
|---|------|--|-----|---|--|--|--|--|--|--|---|
|   |      |  |     | for 2015 is «64»  |  |  |  |  |  |  | 2015 is «64»  |
| <b>Child mortality under 5 years (per 1000 live births)</b>     | 13,5 | State Committee of Statistics of the Republic Azerbaijan       | 12  | 2013 is not a target year<br>Target parameter for indicator for 2015 is «12»  |  |  |  |  |  | State Committee of Statistics of the Republic Azerbaijan       | 2013 is not a target year<br>Target parameter for indicator for 2015 is «12»  |
| <b>% of normal births of all births</b>                         | 84%  | Demographic survey of the health status of the population, MOH | 90% | 2013 is not a target year<br>Target parameter for indicator for 2015 is «90%» |  |  |  |  |  | Demographic survey of the health status of the population, MOH | 2013 is not a target year<br>Target parameter for indicator for 2015 is «90%» |
| <b>. The maternal mortality ratio (per 100,000 live births)</b> | 15.3 | State Committee of Statistics of the Republic Azerbaijan       | 13  | 2013 is not a target year<br>Target parameter for indicator for 2015 is «13»  |  |  |  |  |  | State Committee of Statistics of the Republic Azerbaijan       | 2013 is not a target year<br>Target parameter for indicator for 2015 is «13»  |

## 9.4 Completion of Program in 2013

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

Since the beginning of the project's implementation (October 2012), the following activities have been carried out:  
<?xml:namespace prefix = "o" />

- identification and selection of the basic working group for the preparation of curriculum trainers for the Immunization Module for graduate nursing education
- curricula support materials and tools development for the Immunization Module
- Immunization Module training for teachers based on the developed curricula, support materials, and tools
- mechanism for the introduction of the childhood immunization passports' development
- concept of the immunization passports development
- technical specifications for immunization passports software development
- immunization passports design development
- development of the concept of pregnant women's registry to ensure continuity of maternal and child care
- technical specifications for pregnant women's registry software
- pregnant women's registry software is currently being developed
- software to enhance the decentralization of data entry at the district level, including Forms No. 103 and 106 is currently being finalized

Due to the incompleteness of the number of activities, indicating the results that would lead to the effects of HSS funds spent on immunization programs is premature.

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

The funds for the 1st year of the project were transferred to DEMR in October 2012. Thus, the execution of activities in the first year of the project began in the 4th quarter of 2012 <? Xml: namespace prefix = "o" />

Objective 1 sub-activities of the GAVI application were re-focused on the profound postgraduate training of nursing staff within the framework of the Immunization Module (see the Minutes of the SSK Meeting on September 7 2013 and the updated HSS application); also, the Objective 2 sub-activities were a subject of

**multiple discussions among the interested parties and required further evaluation with corrections for the current needs of the country.**

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

**As per the terms of the Agreement on the Financial Management Assessment signed by the Government of the Republic of Azerbaijan and GAVI, the candidacy of the Program Monitoring Agency represented by of the Public Association «Assistance to Healthcare Development» was approved. This agency is responsible for the assessment of the effectiveness of the activities undertaken and monitoring the procurement of goods and services by the organization administering the project (Center for Social Health and Reforms).**

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

**The use of the GAVI HSS funds (including the procurement process of goods and services) is performed under the local law (in particular, the Law of the Republic of Azerbaijan on State Procurement and the decrees of the Cabinet of Ministers) and the terms specified in the agreement between GAVI and the Government of Azerbaijan. <? Xml: namespace prefix = "o" />**

**The Program Monitoring Agency is guided by the country's legislation, as well as the terms specified in the agreement between GAVI and the Government of Azerbaijan. The Agency's reporting to GAVI is based on the evaluation tool, previously introduced and described to GAVI. The monitoring reports are submitted to GAVI quarterly.**

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

**Name<?xml:namespace prefix = "o" />**

**Type of Organization**

**Roles and responsibilities of this partner in the GAVI HSS implementation**

Public Health and Reforms Center (PHRC)

Government Organization

- o Implementation of HSS project
- o Coordination, Monitoring, and evaluation of HSS project
- o Rationalization of HSS project activities with MOH and other partners
- o Update of the GAVI HSS Application

Ministry of Health (MOH)

Government Organization

- o Coordination and monitoring HSS project activities with focus on immunization issues
- o Follow-up decision-making on capacity building of mid-level health workers, improvement of immunization, and strengthening of health information system
- o Technical support and consultations

WHO Azerbaijan Country Office

International Organization

- o Coordination, monitoring, and support of HSS project activities
- o Support and coordination of HSS project activities
- o Liaising with Implementing Agency, GAVI, and partners
- o Technical support and consultations on HSS and immunization component

“Assistance to Healthcare Development” Public Union

NGO

- o oversight and reporting on HSS programme implementation
- o monitoring of procurement;
- o evaluation of efficiency of scheduled activities (trainings, workshops)

Vishnevskaya Rastropovich Foundation, NGO

NGO

- o Coordination and monitoring HSS project activities on immunization component
- o Technical support and consultations

Baku Medical School #2

Government Organization

- o Chairing the working group responsible for developing curricula for trainers and trainees, training materials, and tools
- o Follow-up the introduction of new curricula in all eight schools

State Statistical Committee

Government Organization

- o Coordination of activities between MOH and SSC on improvement of newborns’ registration system

Scientific-Research Institute of Obstetrics and Gynecology

Government Organization

- o Leading methodological implementation of pregnant women’s registry
- o Monitoring and evaluation of input/outcome indicators of HSS project

Republican Centre for Hygiene and Epidemiology (RCHE)

Government Organization

- o Technical support and consultations

UNICEF Azerbaijan Country Office

International Organization

- o Technical support and consultations on implementation of immunization passports and pregnant women’s registry components of HSS project

WB

International Organization

- o Rationalization of HSRP/WB plans with GAVI HSS projects
- o Technical support and consultations

Ganja Medical School

Government Organization

- o Follow-up the introduction of new curricula at Ganja Medical School

Sheki Medical School

Government Organization

- o Follow-up the introduction of new curricula at Sheki Medical School

Lenkaran Medical School

Government Organization

- o Follow-up the introduction of new curricula at Lenkaran Medical School

Sumgait Medical School

Government Organization

- o Follow-up the introduction of new curricula at Ganja Medical School

Nakhchivan Medical School

Government Organization

- o Follow-up the introduction of new curricula at Ganja Medical School

Mingechaur Medical School

Government Organization

- o Follow-up the introduction of new curricula at Ganja Medical School

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

**During the project's implementation, the active participation of civil society organizations is assumed. At this stage, the Public Association "Support of Health Development» (Public Union "Assistance to Healthcare Development") is involved in monitoring and evaluating the implementation of the HSS grant implementation. <?xml: namespace prefix = "o" />**

**The amount of funding allocated for the Public Association "Support of Health Development" in the first year of the project is USD 6500.**

**The KSLs composition includes 3 representatives of civil society organizations:**

Public Association "Service for health"

Public Association "Clean World"

Public Association "Legal Development and Democracy"

**Thus, all the questions discussed at the meetings of the KSLs Working Group on the GAVI HSS funds managements are considered by KSLs with the participation of civil society organizations.**

9.4.7. Describe the arrangements for HSS funds, specifying:

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

## 9.5 Activities Planned within Health Service Support for 2014

Enter information on the implementation of activities in 2014 in **Table 9.4**. If you suggest making changes in the activities and budget in 2014, explain the changes in the table below, and provide the reasons.

**Table 9.4: Planned Activities for 2014**

| Additional activities (if necessary include additional fields) | Planned activities for 2014   | Initial budget for 2014 (approved in the proposal for HSS or corrected during the evaluation of the performance of work for a year) | Actual Expenses in 2014 (for April of 2014) | Revised Activity (if significant) | Reason for Changes in Activities or Budget (if significant) | Revised Budget for 2014 (if significant) |
|--|---|---|---|-----------------------------------|---|--|
| Activity 1.1.  | Identification and selection of base working group for curriculum trainers training, support materials, and tools preparation | 44687   | 19164                                       |                                   |   |  |
| Activity 1.2.  | Conducting training program for 42 teachers   | 103030  | 19220                                       |                                   |   |  |
| Activity 1.3.  | Training for 640 mid-level workers  | 0   | 0   |                                   |   |  |
| Activity 1.4.  | Equipping 7 medical colleges for training   | 80000   | 28781                                       |                                   |   |  |
| Activity 2.1.  | Developing a mechanism to ensure immunization passports in 5 pilot areas  | 69803   | 69803                                       |                                   |   |  |
| Activity 2.2.  | Modernization of pregnant women's registry to ensure continuous maternal and child care in 5 pilot areas                      | 167820  | 108343                                      |                                   |   |  |
| Activity 2.3.  | Strengthening the decentralization of data entry at the district level including Form No.103, 106                             | 27767   | 1761  |                                   |   |  |
| Activity 2.4.  | Developing a strategy for the integration of separate subsystems of information into a single information system              | 12133   |   |                                   |   |  |
| Activity 3.1.  | Identification and selection of base working group for developing training course for meetings on                             | 18000   |   |                                   |   |  |



|                            |  |        |        |  |  |   |
|----------------------------|--|--------|--------|--|--|---|
|                            | cost planning and budgeting  |        |        |  |  |   |
| Activity 3.1.2.            | Assessment planning tools for costs and budgeting currently used in the health care system     | 2000   |        |  |  |   |
| Activity 3.1.3.            | Overview of awareness among the agencies involved in the immunization program's implementation | 0      |        |  |  |   |
| Activity 3.2.              | Workshop on planning, budgeting, and estimating costs  | 0      |        |  |  |   |
| Support Costs, Activity 1. | Management   | 43550  | 38614  |  |  |   |
| Support Costs              | Monitoring and assessment  | 6000   | 6000   |  |  |   |
| Support Costs              | Technical input  | 7000   |        |  |  |   |
|                            |  | 581790 | 223163 |  |  | 0 |

## 9.6. Activities Planned within Health Service Support for 2015

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

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

**Table 9.6:** Activities Planned within Health Service Support for 2015

| Main Activities (if necessary, include additional fields) | Activities planned for 2015   | Initial budget for 2015 (approved in the proposal for HSS or corrected during the evaluation of the performance of work for a year) | Revised activity (if significant) | Reasons Changes in Activities or Budget (if significant) | Revised Budget for 2015 (if significant) |
|---|---|---|-----------------------------------|--|--|
| Activity 1.1.   | Identification and selection of base working group for curriculum trainers training, support materials, and tools preparation | 10307   |                                   |  |  |
| Activity 1.2.   | Conducting training program for 42 teachers   | 18965   |                                   |  |  |
| Activity 1.3.   | Training for 640 mid-level workers  | 8078  |                                   |  |  |
| Activity 1.4.   | Equipping 7 medical colleges for training   | 4000  |                                   |  |  |
| Activity 2.1.   | Developing a  | 28999   |                                   |  |  |

|                        |   |        |  |  |  |
|------------------------|---|--------|--|--|--|
|                        | mechanism to ensure immunization passports in 5 pilot areas   |        |  |  |  |
| <b>Activity 2.2.</b>   | Modernization of pregnant women's registry to ensure continuous maternal and child care in 5 pilot areas                        | 15743  |  |  |  |
| <b>Activity 2.3.</b>   | Strengthening the decentralization of data entry at the district level including Form No.103, 106                               | 72930  |  |  |  |
| <b>Activity 2.4.</b>   | Developing a strategy for the integration of separate subsystems of information into a single information system                | 0      |  |  |  |
| <b>Activity 3.1.</b>   | Identification and selection of base working group for developing a training course for meetings on cost planning and budgeting | 0      |  |  |  |
| <b>Activity 3.1.2.</b> | Assessment planning tools for costs and budgeting currently used in the health care system                                      | 0      |  |  |  |
| <b>Activity 3.1.3.</b> | Overview of awareness among the agencies involved in the immunization program's implementation                                  | 0      |  |  |  |
| <b>Activity 3.2.</b>   | Workshop on planning, budgeting, and estimating costs   | 7500   |  |  |  |
| <b>Support Costs</b>   | Management  | 26098  |  |  |  |
| <b>Support Costs</b>   | Monitoring and assessment   | 7000   |  |  |  |
| <b>Support Costs</b>   | Technical input   | 6000   |  |  |  |
|                        |   | 205620 |  |  |  |

## 9.7. Revised Indicators in Case of Reprogramming

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

## 9.8. Other Sources of Financing for Health Service Support

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

Table 9.8: Fund Sources for Health Service Support in Your Country

| Donor | Amount in USD | Duration of support | Type of Financed Activities |
|-------|---------------|---------------------|-----------------------------|
|       |               |                     |                             |

9.8.1. Is GAVI Health Service Support included into the national budget of the health care sector? **No**

## 9.9. Report on Grant Appropriation for Health Service Support

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

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

Table 9.9: Data Sources

| Data Sources Used in This Report | How Information Was Verified | Problems encountered, if Any |
|----------------------------------|------------------------------|------------------------------|
|                                  |                              |                              |

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

9.9.3. How many times did the National Coordinating Committee in the Health Care Protection gather for meetings in 2013? 4

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report (**Document №: 6**)
2. Report on the latest assessment of the situation in the Health Care Sector

## **10. Support for Strengthening Participation of Civil Society Organizations in Immunization (CSO): Types A and type B**

### **10.1. Type A: Support for Strengthening Coordination and Increasing Representation of Civil Society Organization**

Azerbaijan **GAVI support to CSOs (TYPE A) was not received**

Azerbaijan did not submit a report on the use of support for CSO Type A in 2013

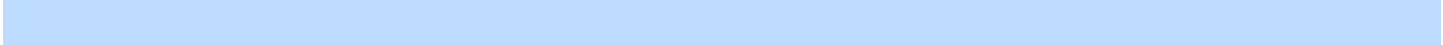
## 10.2. Support of Civil Society Organizations, Type B: Should Contribute to Fulfillment of GAVI 10.2. Proposal for Health Service Support or ILC or ILC

Azerbaijan **GAVI support to CSOs (TYPE A) was NOT obtained**

Azerbaijan did not submit a report on the use of support for CSO Type B in 2013

## **11. Comments by Chairmen of Interagency Coordination Committee/National Coordinating Committee in the Health Care Sector**

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



## 12. Appendix

### 12.1. Appendix 1 - Provision on Immunization Service Support

#### INITIAL REQUIREMENTS:

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

- I. All the countries that have received grants under Immunization Service Support for calendar year 2013 or countries that had remaining of grants previously provided by Immunization Service Support in 2013, should submit financial statements for these programs as part of their annual work performance reports.
- II. Financial statements should be drawn up on the basis of the countries' own accounting standards, and therefore GAVI does not consider it necessary to provide countries with a common template with predefined cost categories.
- III. **As a minimum**, GAVI requires a submitting of simple statement on the profit and loss for activities for the calendar year of 2013, which should include the following items from (a) to (f). The sample of base profit and loss statement is presented on the next page.
- a. Funds transferred from calendar year 2012 (opening balance as of January 1, 2013)
  - b. Proceeds from GAVI received within 2013
  - c. Other proceeds received during the 2013 (interest, commission charges, etc.)
  - d. Total expenditure during the calendar year
  - e. Closing balance as for of December 31, 2013
  - f. Detailed cost analysis for 2013 **on the basis of the economic classification system approved by your government**. This analysis should total annual expenditure by the economic classification system of your government and the relevant cost categories (e.g., wages and salaries). If possible, specify the budget for each category at the beginning of the calendar year, the actual amount of expenditure for the calendar year, as well as the balance of each cost category as of December 31, 2013 (referred to as a "deviation").
- IV. Financial statements should be drawn up on the basis of the local currency, indicating the applicable exchange rate of the U.S. dollar. Additionally, countries should provide an explanation as to how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by the GAVI Alliance.
- V. Financial statements should not undergo any audit or any other verification before submission to GAVI. However, it is understood that these statements should be submitted to examination by the results of financial year 2013, in the course of external audit conducted in each country. The results of the activities audit within HSS support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

## 12.2. Appendix 2 - Revenue and Expenses Sample (Immunization Service Support)

### MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS ON **ISS** AND USE OF GRANTS FOR VACCINE INTRODUCTION 1

#### Revenue and Expenses Sample Report

| Summary of Revenue and Expenses - Immunization Service Support by GAVI         |                               |                    |
|--|-------------------------------|--------------------|
|  | Local Currency<br>(franc CFA) | Amount in USD<br>* |
| <b>Balance transferred from 2012</b> (Balance as of <i>December 31, 2012</i> ) | 25,392,830                    | 53,000             |
| <b>Resume of profits obtained in 2013</b>                                      |                               |                    |
| Total income received from GAVI  | 57,493,200                    | 120,000            |
| Interest income  | 7,665,760                     | 16,000             |
| Other income (fees)  | 179,666                       | 375                |
| <b>Total income</b>  | 38,987,576                    | 81,375             |
| <b>Total expenses in 2013</b>  | 30,592,132                    | 63,852             |
| <b>Balance as for of December 31, 2013</b> (Balance transferred to 2014)       | 60,139,325                    | 125,523            |

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

| Detailed cost analysis on the basis of economic classification ** - GAVI Injection Safety Support |                        |               |                          |                    |                            |                      |
|---|------------------------|---------------|--------------------------|--------------------|----------------------------|----------------------|
|   | Budget in franc<br>CFA | Budget in USD | Actually in<br>franc CFA | Actually in<br>USD | Difference in<br>franc CFA | Difference in<br>USD |
| <b>Expenses for salaries</b>  |                        |               |                          |                    |                            |                      |
| Salary  | 2,000,000              | 4,174         | 0                        | 0                  | 2,000,000                  | 4,174                |
| Daily Allowance   | 9,000,000              | 18,785        | 6,150,000                | 12,836             | 2,850,000                  | 5,949                |
| <b>Expenses other than salaries</b>   |                        |               |                          |                    |                            |                      |
| Training  | 13,000,000             | 27,134        | 12,650,000               | 26,403             | 350,000                    | 731                  |
| Fuel  | 3,000,000              | 6,262         | 4,000,000                | 8,349              | -1,000,000                 | -2,087               |
| Service and overhead<br>expenses  | 2,500,000              | 5,218         | 1,000,000                | 2,087              | 1,500,000                  | 3,131                |
| <b>Other expenses</b>   |                        |               |                          |                    |                            |                      |
| Transport means   | 12,500,000             | 26,090        | 6,792,132                | 14,177             | 5,707,868                  | 11,913               |
| <b>TOTAL for 2013</b>   | 42,000,000             | 87,663        | 30,592,132               | 63,852             | 11,407,868                 | 23,811               |

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



## 12.3. Appendix 3 - Terms of Reference - Health Service Support

### INITIAL REQUIREMENTS:

#### FINANCIAL REPORTING OF **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received grants under the support of Health Service Support for calendar year 2013 or countries that had remaining of grants previously provided by Health Service Support in 2013, must submit financial statements for these programs as part of their annual work performance reports.

II. Financial statements should be drawn up on the basis of the countries' own accounting standards, and therefore GAVI does not consider it necessary to provide countries with a common template with predefined cost categories.

III. As a minimum, GAVI requires a submitting of simple statement on the profit and loss for activities for calendar year 2013, which should include the following items from (a) to (f). The sample of base profit and loss statement is presented on the next page.

a. Funds transferred from calendar year 2012 (opening balance as for of January 1, 2013)

b. Proceeds from GAVI received during 2013

c. Other proceeds received during the 2013 (interest, commission charges, etc.)

d. Total expenditure during the calendar year

e. Closing balance as for of December 31, 2013

f. Detailed cost analysis for 2013 on the basis of the economic classification system approved by your government. This analysis should include a stated total annual expenditure on all goals and activities under the CCL in accordance with the CCL proposal originally approved by your government, as well as breakdown by category of costs (e.g. wages and salaries). Categories of costs should be specified in accordance with the economic classification system approved by your government. Therewith, it should be specified the following: budget for each aim, activities types and category of costs at the beginning of calendar year, the actual amount of expenditure for calendar year, as well as the balance of each aim, activity and category of costs as for of December 31, 2013 (referred to as "deviation").

IV. Financial statements should be drawn up on the basis of the local currency, indicating the applicable exchange rate of the U.S. dollar. Additionally, countries should provide an explanation as to how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by the GAVI Alliance.

V. Financial statements should not undergo any audit or any other verification before submission to GAVI. However, it is understood that these statements should be submitted to examination by the results of financial year 2013, in the course of external audit conducted in each country. The results of the activities audit within HSS support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

## 12.4. Appendix 4 - Revenue and Expenses Sample, HSS

### MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS OF SUPPORT FOR **HSS** :

#### Revenue and Expenses Sample Report

| Summary of Revenue and Expenses - Immunization Service Support by GAVI         |                               |                    |
|--|-------------------------------|--------------------|
|  | Local Currency<br>(franc CFA) | Amount in USD<br>* |
| <b>Balance transferred from 2012</b> (Balance as of <i>December 31, 2012</i> ) | 25 392 830                    | 53 000             |
| <b>The total income received in 2013</b>                                       |                               |                    |
| Funds received from GAVI   | 57 493 200                    | 120 000            |
| Interest income  | 7 665 760                     | 16 000             |
| Other income (fee)   | 179 666                       | 375                |
| <b>Total income</b>  | <b>38 987 576</b>             | <b>81 375</b>      |
| <b>Total expenses in 2013</b>  | <b>30 592 132</b>             | <b>63 852</b>      |
| <b>Balance in December 31, 2013</b> (Balance transferred to 2014)              | <b>60 139 325</b>             | <b>125 523</b>     |

\* State the exchange rate as of the beginning (January 01, 2013) and the end (December 31, 2013) of year, as well as the exchange rate used in these financial statements to convert the local currency into U.S. dollars.

| Detailed cost analysis on the basis of economic classification ** - GAVI HSS |                         |               |                           |                    |                                |                      |
|--|-------------------------|---------------|---------------------------|--------------------|--------------------------------|----------------------|
|  | Budget in<br>francs CFA | Budget in USD | Actually in<br>francs CFA | Actually in<br>USD | Difference in<br>the franc CFA | Difference in<br>USD |
| <b>Expenses for salaries</b>   |                         |               |                           |                    |                                |                      |
| Salaries and wages   | 2 000 000               | 4 174         | 0                         | 0                  | 2 000 000                      | 4 174                |
| Daily allowance  | 9 000 000               | 18 785        | 6 150 000                 | 12 836             | 2 850 000                      | 5 949                |
| <b>Expenses other than salaries</b>  |                         |               |                           |                    |                                |                      |
| Training   | 13 000 000              | 27 134        | 12 650 000                | 26 403             | 350 000                        | 731                  |
| Fuel   | 3 000 000               | 6 262         | 4 000 000                 | 8 349              | -1 000 000                     | -2 087               |
| Service and overhead<br>expenses   | 2 500 000               | 5 218         | 1 000 000                 | 2 087              | 1 500 000                      | 3 131                |
| <b>Other expenses</b>  |                         |               |                           |                    |                                |                      |
| Transport means  | 12 500 000              | 26 090        | 6 792 132                 | 14 177             | 5 707 868                      | 11 913               |
| <b>TOTAL FOR 2013</b>  | <b>42 000 000</b>       | <b>87 663</b> | <b>30 592 132</b>         | <b>63 852</b>      | <b>11 407 868</b>              | <b>23 811</b>        |

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

## 12.5. Appendix 5 - Terms of Reference - Civil Society Organization

### INITIAL REQUIREMENTS:

#### FINANCIAL STATEMENT ON SUPPORT OF **CIVIL SOCIETY ORGANIZATIONS (CSOs)**, TYPE B

I. All countries that have received grants under the support of CSO Type B for calendar year 2013 or countries that had remaining of grants previously provided by CSO Type B in 2013, should submit financial statements for these programs as part of their annual work performance reports.

II. Financial statements should be drawn up on the basis of countries' own accounting standards, and therefore GAVI does not consider it necessary to provide for countries with a common template with predefined cost categories.

III. As a minimum, GAVI requires a submitting of simple statement on the profit and loss for activities for calendar year 2013, which should include the following items from (a) to (f). The sample of profit and loss base statement is presented on page 3 of this Appendix.

a. Funds transferred from calendar year 2012 (opening balance as for of January 1, 2013)

b. Proceeds from GAVI received during 2013

c. Other income received during the 2013 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as for of December 31, 2013

f. Detailed cost analysis for 2013 on the basis of the economic classification system approved by your government. This analysis should include a stated total annual expenditure for each partner - civil society organization in accordance with proposal of CSO Type B support, originally approved by your government, as well as breakdown by category of costs (e.g. wages and salaries). Categories of costs should be specified in accordance with the economic classification system approved by your government. Therewith, the following should be specified : budget for each aim, activities types and category of costs at the beginning of calendar year, the actual amount of expenditure for calendar year, as well as the balance of each goal, activity and category of costs as for of December 31, 2013 (referred to as "deviation").

IV. Financial statements should be drawn up on the basis of the local currency, indicating the applicable exchange rate of the U.S. dollar. Additionally, countries should provide an explanation as to how and why one or another exchange rate was applied, as well as additional information that could be useful for the consideration of financial statements by the GAVI Alliance.

V. Financial statements should not undergo any audit or any other verification before submission to GAVI. However, it is understood that these statements should be submitted to examination by the results of financial year 2013, in the course of external audit conducted in each country. The results of the activities audit within CSO Type B support should be submitted to the GAVI Secretariat not later than 6 months after the end of financial year in each country.

## 12.6. Appendix 6 - Revenue and Expenses Sample, Civil Society Organization

### MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS OF SUPPORT FOR **CSO Type B** :

#### Revenue and Expenses Sample Report










| Summary of Revenue and Expenses - Immunization Service Support by GAVI         |                               |                    |
|--|-------------------------------|--------------------|
|  | Local Currency<br>(franc CFA) | Amount in USD<br>* |
| <b>Balance transferred from 2012</b> (Balance as of <i>December 31, 2012</i> ) | 25 392 830                    | 53 000             |
| <b>Total income received in 2013</b>   |                               |                    |
| Funds received from GAVI   | 57 493 200                    | 120 000            |
| Interest income  | 7 665 760                     | 16 000             |
| Other income (fee)   | 179 666                       | 375                |
| <b>Total income</b>  | <b>38 987 576</b>             | <b>81 375</b>      |
| <b>Total expenses in 2013</b>  | <b>30 592 132</b>             | <b>63 852</b>      |
| <b>Balance in December 31, 2013</b> (Balance transferred to 2014)              | <b>60 139 325</b>             | <b>125 523</b>     |

\* State the exchange rate as of the beginning (January 01, 2013) and the end (December 31, 2013) of year, as well as the exchange rate used in these financial statements to convert the local currency into U.S. dollars.

| Detailed cost analysis on the basis of economic classification ** - GAVI CSO |                         |               |                           |                    |                                |                      |
|--|-------------------------|---------------|---------------------------|--------------------|--------------------------------|----------------------|
|  | Budget in<br>francs CFA | Budget in USD | Actually in<br>francs CFA | Actually in<br>USD | Difference in<br>the franc CFA | Difference in<br>USD |
| <b>Expenses for salaries</b>   |                         |               |                           |                    |                                |                      |
| Salaries and wages   | 2 000 000               | 4 174         | 0                         | 0                  | 2 000 000                      | 4 174                |
| Daily allowance  | 9 000 000               | 18 785        | 6 150 000                 | 12 836             | 2 850 000                      | 5 949                |
| <b>Expenses other than salaries</b>  |                         |               |                           |                    |                                |                      |
| Training   | 13 000 000              | 27 134        | 12 650 000                | 26 403             | 350 000                        | 731                  |
| Fuel   | 3 000 000               | 6 262         | 4 000 000                 | 8 349              | -1 000 000                     | -2 087               |
| Service and overhead<br>expenses   | 2 500 000               | 5 218         | 1 000 000                 | 2 087              | 1 500 000                      | 3 131                |
| <b>Other expenses</b>  |                         |               |                           |                    |                                |                      |
| Transport means  | 12 500 000              | 26 090        | 6 792 132                 | 14 177             | 5 707 868                      | 11 913               |
| <b>TOTAL FOR 2013</b>  | <b>42 000 000</b>       | <b>87 663</b> | <b>30 592 132</b>         | <b>63 852</b>      | <b>11 407 868</b>              | <b>23 811</b>        |

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

## 13. Files Attached

| Document No | Document   | Section | Mandatory  | File   |
|-------------|--|---------|--|--|
| 1           | Signature of the Minister of Health Protection (or Authorized Representative)  | 2.1     |    | <a href="#">Signature-MoH.pdf</a><br><b>File desc:</b> ,,,<br><b>Date/Time:</b> May 12, 2014 03:30:55<br><b>Size:</b> 608 KB                     |
| 2           | Signature of the Minister of Finance (or Authorized Representative)  | 2.1     |    | <a href="#">Signature-MoH.pdf</a><br><b>File desc:</b> ,,,<br><b>Date/Time:</b> May 12, 2014 03:32:14<br><b>Size:</b> 608 KB                     |
| 3           | Signatures of the Interagency Coordination Committee Members   | 2.2     |    | <a href="#">Signature CCM-1.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> May 12, 2014 03:33:15<br><b>Size:</b> 784 KB                       |
| 4           | Minutes of ICC Meeting in 2014 Endorsing the APR 2013  | 5.7     |   | <a href="#">CCM 8 may WG _en-rev final.docx</a><br><b>File desc:</b> ,<br><b>Date/Time:</b> May 14, 2014 08:14:13<br><b>Size:</b> 32 KB          |
| 5           | Signatures of National Coordinating Committee of the Health Care Sector Members  | 2.3     |  | <a href="#">Signature CCM-2.pdf</a><br><b>File desc:</b><br><b>Date/Time:</b> May 12, 2014 03:34:37<br><b>Size:</b> 750 KB                       |
| 6           | Minutes of HSCC Meeting in 2014 Endorsing the APR 2013   | 9.9.3   |  | <a href="#">CCM 8 may WG _en-rev final.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> May 12, 2014 08:16:13<br><b>Size:</b> 32 KB            |
| 7           | Financial Statement for ISS Grant (Fiscal year 2013) Signed by the Chief Accountant or Permanent Secretary at the Ministry of Health | 6.2.1   |  | File not uploaded  |
| 8           | External Audit Report for ISS Grant (Fiscal Year 2013)   | 6.2.3   |  | File not uploaded  |
| 9           | Post Introduction Evaluation Report  | 7.2.2   |  | <a href="#">Assessment of the 10-valent Rk vaccine impo</a><br><b>File desc:</b><br><b>Date/Time:</b> May 8, 2014 07:19:02<br><b>Size:</b> 12 KB |

|    |   |       |   |  |
|----|---|-------|---|--|
|    |   |       |   |  |
| 10 | Financial Statement for NVS Introduction Grant (Fiscal year 2013) Signed by the Chief Accountant or Permanent Secretary at the Ministry of Health | 7.3.1 | ✓ | <a href="#">GAVI Report-2013.rar</a><br><b>File desc:</b> ,,<br><b>Date/Time:</b> May 12, 2014 03:03:37<br><b>Size:</b> 1 MB   |
| 11 | External Audit Report for NVS Introduction Grant (Fiscal year 2013) if total expenditures in 2013 is greater than US \$250,000                    | 7.3.1 | ✓ | <a href="#">GAVI Grant - 127 000 U.S. dollars.docx</a><br><b>File desc:</b><br><b>Date/Time:</b> May 12, 2014 03:04:35<br><b>Size:</b> 13 KB                         |
| 12 | EVSM/VMA/EVM Report   | 7.5   | ✓ | <a href="#">AZE EVM Assessment Report_Eng_2011_fin</a><br><b>File desc:</b><br><b>Date/Time:</b> May 13, 2014 01:26:25<br><b>Size:</b> 1 MB                          |
| 13 | Latest EVSM/VMA/EVM Improvement Plan  | 7.5   | ✓ | <a href="#">Action Plan_EVM 2011_final.doc</a><br><b>File desc:</b><br><b>Date/Time:</b> May 13, 2014 01:29:22<br><b>Size:</b> 188 KB                                |
| 14 | EVSM/VMA/EVM Improvement Plan Implementation Status   | 7.5   | ✓ | <a href="#">Action Plan_EVM 2011_final_update 2013</a><br><b>File desc:</b><br><b>Date/Time:</b> May 13, 2014 01:23:36<br><b>Size:</b> 168 KB                        |
| 16 | Valid cMYP, if requesting extension of support  | 7.8   | ✗ | File not uploaded  |
| 17 | Valid cMYP Costing Tool, if requesting extension of support   | 7.8   | ✗ | File not uploaded  |
| 18 | Minutes of ICC Meeting Endorsing Extension of Vaccine Support, if applicable  | 7.8   | ✗ | File not uploaded  |
| 19 | Financial Statement for HSS Grant (Fiscal year 2013) Signed by the Chief Accountant or Permanent Secretary at the Ministry of Health              | 9.1.3 | ✓ | <a href="#">19.HSS FINANCIAL REPORT 2013.pdf</a><br><b>File desc:</b> Financial statements for 2013<br><b>Date/Time:</b> May 7, 2014 03:11:04<br><b>Size:</b> 196 KB |

|    |  |        |   |   |
|----|--|--------|---|---|
| 20 | Financial Statement for HSS Grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary at the Ministry of Health   | 9.1.3  | ✓ | <a href="#">20HSS FINANCIAL REPORT JAN APR 2014</a><br><b>File desc:</b> Financial statements for Jan_Apr 2014<br><b>Date/Time:</b> May 7, 2014 03:11:23<br><b>Size:</b> 192 KB   |
| 21 | External Audit Report for HSS Grant (Fiscal Year 2013)   | 9.1.3  | ✓ | <a href="#">20HSS FINANCIAL REPORT JAN APR 2013</a><br><b>File desc:</b><br><b>Date/Time:</b> May 7, 2014 03:11:42<br><b>Size:</b> 192 KB   |
| 22 | HSS Health Sector Review Report  | 9.9.3  | ✓ | <a href="#">HSPA2011_Update 2011_FINAL.doc</a><br><b>File desc:</b><br><b>Date/Time:</b> May 14, 2014 05:38:01<br><b>Size:</b> 1 MB   |
| 23 | Report for Mapping Exercise CSO Type A   | 10.1.1 | ✗ | File not uploaded   |
| 24 | Financial Statement for CSO Type B Grant (Fiscal year 2013)  | 10.2.4 | ✗ | File not uploaded   |
| 25 | External audit report for CSO Type B (Fiscal Year 2013)  | 10.2.4 | ✗ | File not uploaded   |
| 26 | Bank statements for each cash programme or consolidated bank statements for all existing cash programmes, if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013 | 0      | ✓ | <a href="#">26ab.HSS BANK STATEMENTS for 2013</a><br><b>File desc:</b> a. Bank statement for 2013<br>b. Bank statement for Jan_Apr 2014<br><b>Date/Time:</b> May 7, 2014 03:12:02<br><b>Size:</b> 5 MB                      |
| 27 | Protocol_of_meeting_of_Interagency_Coordination_Committee_on_amendment_of_vaccine_presentation   | 7.7    | ✗ | File not uploaded   |
|    | Other relevant documents   |        | ✗ | <a href="#">Meetings Minutes HSS Implementation Team May 2013_May 2014</a><br><b>File desc:</b> Meetings Minutes HSS Implementation Team_May_2013_May_2014<br><b>Date/Time:</b> May 7, 2014 04:10:03<br><b>Size:</b> 696 KB |

[UPDATED\\_HSS\\_APPLICATION.doc](#)

**File desc:** Updated HSS application

**Date/Time:** May 7, 2014 04:12:15

**Size:** 1 MB