



Annual Progress Report 2009

Submitted by

The Government of

AZERBAIJAN

Reporting on year: **2009**

Requesting for support year: **2010-2011**

Date of submission: 14 May 2010

Deadline for submission: 15 May 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

any hard copy could be sent to :

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

By filling this APR the country will inform GAVI about :

- *accomplishments using GAVI resources in the past year*
- *important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

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

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

For the Government of [Name of Country].....

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

Deputy Minister of Health

Title: Dr. Abbas Valibayev

Signature:

Date:

13.05.2010



**Chief of finance-economy department of the
Ministry of Health**

Title: Mr. Azad Valiyev

Signature:

Date:

13.V-2010

This report has been compiled by:

<p>Full name: Dr. Viktor Gasimov</p> <p>Position: Chief of sanitary-epidemiological surveillance sector of the Ministry of Health</p> <p>Telephone: +994 12 498 75 29</p> <p>E-mail: viktor.qasimov@health.gov.az</p>	<p>Full name</p> <p>Position.....</p> <p>Telephone.....</p> <p>E-mail.....</p>
<p>Full name: Dr. Oleg Salimov</p> <p>Position: adviser of sanitary-epidemiological surveillance sector of the Ministry of Health</p> <p>Telephone: +994 12 493 10 33</p> <p>E-mail: oleg.salimov@health.gov.az</p>	<p>Full name</p> <p>Position.....</p> <p>Telephone.....</p> <p>E-mail.....</p>

ICC Signatures Page

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

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

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

Name/Title	Agency/Organisation	Signature	Date
S.Aliyev- chief of medical care organization department	Ministry of Health		07.05.10
V.Gasimov –chief of sanitary-epidemiological surveillance sector	Ministry of Health		07.05.2010
S.Abdullayev- chief of international relations department	Ministry of Health		07.05.2010
E.Aliyeva- deputy of chief of medical care organization department	Ministry of Health		07.05.2010
S.Zmitrovich- deputy director	Republican Center for Hygiene and Epidemiology		07.05.10
S.Mammadov- director	Rostropovich-Vishnevskaya Foundation		07.05.10
E.Anadolu- health coordinator	World Bank		07.05.10
S.Ragimova- health coordinator	UNICEF		12.05.10
K.Garakhanov – head of country office	World Health Organization		12.05.10

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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.....

Comments from the Regional Working Group:

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.....

HSCC Signatures Page

If the country is reporting on HSS

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), [insert name] endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Name/Title	Agency/Organisation	Signature	Date
S.Aliyev- chief of medical care organization department	Ministry of Health		07.05.10
V.Gasimov –chief of sanitary-epidemiological surveillance sector	Ministry of Health		08.05.2010
S.Abdullayev- chief of international relations department	Ministry of Health		07.5.2010
E.Aliyeva- deputy of chief of medical care organization department	Ministry of Health		07.05.2010
S.Zmitrovich- deputy director	Republican Center for Hygiene and Epidemiology		07.05.10
S.Mammadov- director	Rostropovich-Vishnevskaya Foundation		07.05.10
E.Anadolu- health coordinator	World Bank		07.05.10
S.Ragimova- health coordinator	UNICEF		12.05.10
K.Garakhanov – head of country office	World Health Organization		12.05.10

HSCC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

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Comments from the Regional Working Group:

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ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

Since ICC/HSCC does not have any authority to conduct audit the ICC/HSCC members can not be responsible for endorsement of GAVI funds audit. Taking into consideration ICC/HSCC role and scope of responsibilities the statement in the page of ICC/HSS signatures (pages 4 & 5 of this report) has to be considered as indicated below:

The ICC/HSCC members confirms, that Ministry of Health plan on GAVI funds use has been approved and related report accepted according to official requirements prescribed by Government and partners.

Comments from the Regional Working Group:

APR has been reviewed by Regional WG. Major comments included:

- .- Page 11, section 1.4, table 2: Budgeted amounts for 2010 as well as information on funding trends have to be provided.
- Page 20, INS, section 3.2, table 8: Since Azerbaijan did not introduced Hib-DTP-HepB vaccine yet information on Hep B vaccine and its safe injection supplies has to be indicated.

All comments have been incorporated in the APR 2009.

Annual Progress Report 2009: Table of Contents

This APR reports on activities between January - December 2009 and specifies requests for the period January - December 2011

1. General Programme Management Component

- 1.1 Updated baseline and annual targets. Table 1 in Annex 1
- 1.2 Immunisation achievements in 2009
- 1.3 Data assessments
- 1.4 Overall Expenditure and Financing for Immunisation
- 1.5 Interagency Coordinating Committee (ICC)
- 1.6 Priority actions in 2010-11

2. Immunisation Services Support (ISS)

- 2.1 Report on 2009 ISS funds (received reward)
- 2.2 Management of ISS funds
- 2.3 Detailed expenditure of ISS funds during 2009 calendar year
- 2.4 Request for ISS reward

3. New and Under-used Vaccines Support (NVS)

- 3.1 Receipt of new & under-used vaccines for 2009 vaccination programme
- 3.2 Introduction of a New Vaccine in 2009
- 3.3 Report on country co-financing in 2009
- 3.4 Effective Vaccine Store Management/Vaccine Management Assessment
- 3.5 Change of vaccine presentation
- 3.6 Renewal of multi-year vaccines support
- 3.7 Request for continued support for vaccines for 2011 vaccination programme

4. Injection Safety Support (INS)

- 4.1 Receipt of injection safety support (for relevant countries)
- 4.2 Progress of transition plan for safe injections and management of sharps waste
- 4.3 Statement on use of GAVI Alliance injection safety support received in cash

5. Health System Strengthening Support (HSS)

- 5.1 Information relating to this report
- 5.2 Receipt and expenditure of HSS funds in the 2009 calendar year
- 5.3 Report on HSS activities in 2009 reporting year
- 5.4 Support functions
- 5.5 Programme implementation for 2009 reporting year
- 5.6 Management of HSS funds
- 5.7 Detailed expenditure of HSS funds during the 2009 calendar year
- 5.8 General overview of targets achieved
- 5.9 Other sources of funding in pooled mechanism

6. Civil Society Organisation Support (CSO)

- 6.1 TYPE A: Support to strengthen coordination and representation of CSOs
- 6.2 TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

7. Checklist

8. Comments

List of Tables in 2009 APR

APR Section	Table N°	Where-about	Title
1.1	Table 1	Annex 1	Updated Baseline and Annual Targets
1.4	Table 2	APR form	Overall Expenditure and Financing for Immunisation in US\$.
2.5	Table 3	Annex 1	Calculation of ISS reward
3.1	Table 4	APR form	Vaccines received for 2009 vaccinations
3.3	Table 5	APR form	Three questions on country co-financing in 2009
3.7	Table 6	Annex 1	Request for vaccines for 2011
4.1	Table 7	APR form	Received Injection Safety supply in 2009
4.2	Table 8	APR form	Funding sources of Injection Safety supply in 2009
4.3	Table 9	APR form	Expenditure for 2009 activities (for INS in cash)
4.3	Table 10	APR form	Planned activities and budget for 2010
5.2	Table 11	APR form	Receipt and expenditure of HSS funds
5.3	Table 12	APR form	HSS Activities in 2009 reporting year
5.4.3	Table 13	APR form	Planned HSS activities for 2010
5.4.3	Table 14	APR form	Planned HSS Activities for next year (ie. 2011 FY)
5.8	Table 15	APR form	Indicators listed in original application approved
5.8	Table 16	APR form	Trend of values achieved
5.9	Table 17	APR form	Sources of HSS funds in a pooled mechanism
6.2.1	Table 18	APR form	Outcomes of CSOs activities
6.2.1	Table 19	APR form	Planned activities and expected outcomes for 2010/2011
6.2.5	Table 20	APR form	Progress of project implementation
7.	Table 21	APR form	Checklist of a completed APR form

List of supporting documents attached to this APR

1. Expand the list as appropriate;
2. List the documents in sequential number;
3. Copy the document number in the relevant section of the APR

Document N°	Title	APR Section
5	Calculation of [Country's] ISS-NVS support for 2011 (<i>Annex 1</i>)	1.1; 2.4; 3.7
4	Minutes of all the ICC meetings held in 2009	1.5
1	Financial statement for the use of ISS funds in the 2009 calendar year	2.3
	External audit report of ISS funds during the most recent fiscal year (if available)	2.3
	Financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year	3.2.3
2	Report of the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA)	3.4
	Minutes of the ICC meeting endorsing the change of vaccine presentation (if not included among the above listed minutes)	3.5
3	New cMYP for the years 2011-2015	3.6
	Minutes of the ICC meeting endorsing the country request for extension of new vaccine support for the years..... (if not included among the above listed minutes)	3.6
4	Minutes of the HSCC meetings held in 2009 including those on discussion/endorsement of this report	5.1.8
	Latest Health Sector Review Report	5.1.5
	Financial statement for the use of HSS funds in the 2009 calendar year	5.8
	External audit report for HSS funds during the most recent fiscal year (if available)	5.8
	CSO mapping report	6.1.1
	Financial statement for the use of CSO 'Type B' funds in the 2009 calendar year	6.2.4
	External audit report for CSO 'Type B' funds during the most recent fiscal year (if available)	6.2.4

1. General Programme Management Component

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

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

Provide justification for any changes in births:

There is no discrepancy in 2009 births cohorts and target groups indicated in the table 1 and JRF. All data for 2009 in the table 1 of the Annex and JRF have been indicated based on reports provided by the statistic department of the Ministry of Health. However it's important to note that there is a discrepancy between data provided by statistic department of the Ministry of Health and State Statistic Committee. According to State Statistic Committee data for 2009 the birth cohort is 151 247, surviving infants cohort is 149 523. Taking into account this discrepancy the projections for 2011 have been made based on State Statistic Committee data.

Provide justification for any changes in surviving infants:

Please see above mentioned

Provide justification for any changes in Targets by vaccine:

Please see above mentioned

Provide justification for any changes in Wastage by vaccine:

1.2 Immunisation achievements in 2009

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

All cities and districts have been supplied by adequate number of vaccines, AD syringes, mining syringes and safety boxes procured by Government budget according to national immunization schedule. According to administrative report data, based on denominator of statistic department of the Ministry of Health, the vaccination coverage on target diseases at national level meets WHO recommended rates. Vaccination coverage re calculated based on denominator of State Statistic Committee remains at 90% and higher for main antigens.

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

In few districts reported vaccine coverage rate for some antigens is under 90% or/and 80% (based on statistic of the Ministry of Health). The main reasons for that are: migration, contraindications (including false contraindications) and rejections from parents.

1.3 Data assessments

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

There is no coverage survey conducted by international agencies during 2008-2009

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? NO

If YES:

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

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

Introduction of e-health card for children under age of 6 with component on vaccination;

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

- Introduction of e-health card for children above age of 6 and adults.
- Functioning of EIDSS (integrated diseases surveillance system) with some component on vaccination status starting 1 April, 2010.
- Use of integrated analyses for vaccine coverage monitoring based on administrative reports data, e- health card data and EIDSS vaccination data

1.4 Overall Expenditures and Financing for Immunisation

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

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government

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

and donors) in US\$.

<i>Expenditures by Category</i>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines ²	3 841 823		
Underused Vaccines (Hep B)	822 764		
New Vaccines			
Injection supplies with AD syringes, mixing syringes, Safety Boxes	723 113		
Cold Chain equipment (including refrigerator trucks)	172 500		
Operational costs			
Other (please specify)			
Total EPI (without salary of personnel)	6 431 621	1 200 000 (secured financing)	
Total Government Health	727 625 000	604 281 250	

Exchange rate used	1USD=0,8 AZN
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Budget for EPI in 2010 has been indicated based on direct funding available from National Program on Immunoprophylaxis of infectious diseases covered 2006-2010. Besides this direct secured budget EPI program is receiving additional funding from the Ministry of Finance to cover remaining budget gap for essential activities (vaccine & injection supply procurement, cold chain etc)

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

Azerbaijan successfully moves towards self-sufficiency by allocating gradually increasing funds for NIP. In 2006 Cabinet of Ministers approved National Program on Immunoprophylaxis of infectious diseases, covered 2006-2010 with separate budget directed on vaccine & injection supply procurement, cold chain etc. The budget allocated has been increased from 530 000 AZN in 2006 to 1 200 000 AZN in 2010. In addition to the direct secured budget line the immunization program has received sufficient funding from the Ministry of Finance to cover unfunded part.

1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? There is no ICC meeting conducted in 2009. Last meeting of ICC was conducted on 7 May 2010.

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

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

² Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Are any Civil Society Organisations members of the ICC ?: **No** If yes, which ones?

<i>List CSO member organisations:</i>

1.6 Priority actions in 2010-2011

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

Introduction of Hib-DPT-Hep B vaccine and related changes in the national immunization schedule

2. Immunisation Services Support (ISS)

1.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$.0
Remaining funds (carry over) from 2008: US\$ 360 000
Balance carried over to 2010: US\$ 0

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

- Construction of additional cold room with useful capacity 14 m3 at the Republican Center for Hygiene and Epidemiology
- Rehabilitation (capital work) of bacteriology and virology laboratory of the Republican Center for hygiene and Epidemiology in order to strengthen laboratory surveillance for target diseases, as one of major components of immunization program

1.2 Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **YES** :
please complete **Part A** below.

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

GAVI FMA was completed in the end of 2009. Azerbaijan received Aide Memorie in April 2010 and for present time it is under consideration of the Ministry of Health and Ministry of Finance. In relation with previous GAVI requirements the ISS funds distribution was considered and approved by ICC/HSCC in 2008 (HSCC meeting minutes #3 from 2008)

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

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

1.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document N°1**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

1.4 Request for ISS reward

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

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

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.³

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

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

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

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4. **Country application on Hib-DTP-Hep B vaccine has been approved by IRC only and still pending for approval by GAVI Board.**

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

	[A]		[B]	
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *	Total doses of postponed deliveries in 2010

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

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

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

2.2 Introduction of a New Vaccine in 2009

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

Vaccine introduced:
Phased introduction [YES / NO]	Date of introduction
Nationwide introduction [YES / NO]	Date of introduction
The time and scale of introduction was as planned in the proposal? If not, why? •	

2.2.2 Use of new vaccines introduction grant (or lumpsum)

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

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

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Is there a balance of the introduction grant that will be carried forward? [YES] [NO]
 If YES, how much? US\$.....

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

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

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

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

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

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1 st Awarded Vaccine (specify)			
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses	
1 st Awarded Vaccine (specify)			
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 3: Sources of funding for co-financing?			
1. Government			
2. Donor (specify)			
3. Other (specify)			
Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?			
1.			
2.			
3.			
4.			

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

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2.4 Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (**EVSM**)/Vaccine Management Assessment (VMA) conducted? **08/2009**

If conducted in 2008/2009, please attach the report. (**Document N°2**)

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

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

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

Key recommendations:

- Lot release certificates issued by the National regulatory agency should be requested from the supplier in advance for each batch of each vaccine.
- Store staff should receive a training on EVSM initiative and effective cold store management
- Electronic temperature recorders, with an alarm and auto-dialer system, should be installed in the cold room and freezers. Models of automatic temperature recorders can be found in WHO website under http://www.who.int/immunization_standards/vaccine_quality/pis/en/index.html. The temperature record of all cold rooms and freezers should be filed and kept for at least 3 years by the central store.
- A written contingency plan for cold chain breakdowns which is being prepared should be rehearsed once a year to check its effectiveness.
- A packing area should be ensured in the building with the cold rooms. The building should be air-conditioned.
- A plan for preventive maintenance should be prepared and a specific budget for the plan should be allocated .
- The stock management system should record diluents separately from lyophilized vaccines. Same as for the vaccines, amounts of diluents should be recorded by presentation and batch number.
- VVMs are requested in the vaccine technical specifications, but they are not delivered. The contracts for vaccine procurement should specify instruments for ensuring the contract is fulfilled (e.g. penalties if VVMs are not attached or the vaccine does not arrive in time and with all the requested documentation).
- Electronic freeze indicators should be purchased and used during storage and transportation of all freeze sensitive vaccines.
- A vaccine temperature monitoring study should be done to identify vaccine freezing risks.

Progress in implementation:

- During EVSM mission the key staff of national cold store received short-term training on EVSM and cold store management.
 - Starting September 2009 lot release certificates issued by Center of Analytical Expertise for Medicines is requested from each supplier and collected by Innovation and Supply Center of the Ministry of Health for each vaccine procured.
 - Starting September 2009 the temperature record of all cold rooms and freezers at national level has been filed and kept at the Innovation and Supply Center of the Ministry of Health .
- Implementation of the rest part of recommendations planned for period 2010-2012 and

related activities included in cMYP for 2011-2015.

When is the next EVSM/VMA* planned? *2011-2012*

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

2.5 Change of vaccine presentation

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

--

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

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

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

The country hereby request for an extension of GAVI support for **Hib-DTP-Hep B** vaccine for the years 2011-2015. At the same time it commits itself to co-finance the procurement of **Hib-DTP-Hep B** vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of **Hib-DTP-Hep B** vaccine support is in line with the new **cMYP for the years 2011-2015** which is attached to this APR (**Document N°3**).

The country ICC has endorsed this request for extended support of **Hib-DTP-Hep B** vaccine at the ICC meeting whose minutes are attached to this APR. (**Document N° 4**)

2.7 Request for continued support for vaccines for 2011 vaccination programme

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

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)

4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

YES, I confirm

If you don't confirm, please explain:

3. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

3.1 Receipt of injection safety support in 2009 (for relevant countries)

Are you receiving Injection Safety support in cash [YES/NO] or supplies [YES/NO] ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

3.2 Progress of transition plan for safe injections and management of sharps waste.

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD (auto disposable) syringes	Government budget
Hep B	AD syringes	Government budget
Measles containing vaccine (MMR)	AD syringes	Government budget
DTP-containing vaccine	AD syringes	Government budget
DT vaccine	AD syringes	Government budget
TT	NA	

Please report how sharps waste is being disposed of:

Burning and burial in the designated places

Does the country have an injection safety policy/plan? **YES**

If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)

IF NO: Are there plans to have one? (Please report in box below)

Main challenges faced are related with waste utilization component – absence/insufficient number of high capacity incinerators for cities and big districts. This issue has been addressed in the national Health Care Waste Management Policy and Action Plan for 2010-2015.

3.3 Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Fund from GAVI received in 2009 (US\$):

Amount spent in 2009 (US\$):.....

Balance carried over to 2010 (US\$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
Total	

4. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study⁴ that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further tranches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

4.1 Information relating to this report – current report covered January- December 2009

4.1.1 Government fiscal year (cycle) runs from January to December

4.1.2 Duration of current National Health Plan is from(month/year) to(month/year).

4.1.3 Duration of the current immunisation cMYP is from January 2006 to December 2010

⁴ All available at <http://www.gavialliance.org/performance/evaluation/index.php>

4.1.4 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

Dr. Jeyhun Mammadov, director of the Public Health and Reform Center of the Ministry of Health of Azerbaijan

[It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*]

Name	Organisation	Role played in report submission	Contact email and telephone number
<i>Government focal point to contact for any programmatic clarifications:</i>			
Dr. Viktor Gasimov, chief of sanitary-epidemiological surveillance sector of the Ministry of Health	Ministry of Health of Republic Azerbaijan	<ul style="list-style-type: none"> • Monitoring of HSS support implementation/ execution • Submission of the Report to the Minister of Health • Coordination with the Cabinet of Ministers 	+99 412 498 75 29 viktor.qasimov@health.gov.az
<i>Focal point for any accounting of financial management clarifications:</i>			
<i>Other partners and contacts who took part in putting this report together:</i>			
Vusala Allahverdiyeva	WHO	Support to the Ministry of Health in the preparation of the report Translation of the report into English Review of the report	+ 99450 323 1414 vua@euro.who.int

4.1.5 Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information (especially financial information and indicators values) and, if so, how were these dealt with or resolved?

[This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and*

these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.]

The main sources of information:

1. HSS application approved by GAVI
2. Letter of GAVI Secretariat on approval of HSS application and confirmation of funding (letter GAVI/08/357/CB/ba dated 12 December 2008)

4.1.6 In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

4.1.7 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009?

Please attach the minutes (**Document N°4**) from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report

Latest Health Sector Review report is also attached (**Document N°**).

4.2 Receipt and expenditure of HSS funds in the 2009 calendar year

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)			582 000	395 000	205 000				
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year			0	0					
Total expenditure during the calendar year			-						
Balance carried forward to next calendar year			582 000	395 000	205 000				
Amount of funding requested for future calendar year(s)				582 000	395 000	205 000			

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement):*

Working Plan under HSS application covers 2009-2011. There is significant delay from GAVI in transferring of funds designated for 2009 due to pending of FMA. Final report on FMA and Aide Memories received in the April 2010. By the moment of submission of the report Azerbaijan has not received funds designated for 2009 and 2010 and information about funds transferring date.

4.3 Report on HSS activities in 2009 reporting year

Note on Table 12 below: This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:		
Activity 1.1:		
Activity 1.2:		
Objective 2:		
Activity 2.1:		
Activity 2.2:		
Objective 3:		
Activity 3.1:		
Activity 3.2:		

4.4 Support functions

*This section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?*

4.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

4.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

4.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010- re scheduled from 2009

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:	<i>Objective 1. Improve the capacity of eight training institutes, 42 educators and 640 mid-level health workers through a strengthened postgraduate education system</i>	\$227,717	\$227,717	No funds received	
Activity 1.1:	Identify and select core working group to develop trainers curriculum, supporting materials and tools	\$44,687	\$44,687	No funds received	
Activity 1.2:	Carry out training program for 42 educators	\$103,030	\$103,030	No funds received	
Objective 2:	Equip seven Nursing Schools with essential requirements for teaching the program, including learning materials, a best practice manual and clinical	\$80,000	\$80,000	No funds received	

	laboratory for simulated practice.				
Activity 2.1:	<i>Objective 2. Strengthen the health information system for better monitoring of child and maternal health services</i>	\$277,523	\$277,523	No funds received	
Activity 2.2:	Develop a mechanism for the provision of immunization passports in 5 pilot districts	\$69,803	\$69,803	No funds received	
Objective 3:	Modernization of registration of pregnant women to ensure continuity of care for mother and child in five pilot districts	\$167,820	\$167,820	No funds received	
Activity 3.1:	Strengthen decentralized data entry system for the district level, including forms no 103, 106 and 66	\$27,767	\$27,767	No funds received	
Activity 3.2:	Develop a strategy of integrating separate information sub-systems into a single information system (e-health card, RCHE, health statistics, and SSC)	\$12,133	\$12,133	No funds received	
Administrative, monitoring etc.		\$56, 550	\$56, 550	No funds received	
TOTAL COSTS		\$581,790	\$581,790	No funds received	

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:				
Activity 1.1:				
Activity 1.2:				
Objective 2:				
Activity 2.1:				
Activity 2.2:				
Objective 3:				
Activity 3.1:				
Activity 3.2:				
TOTAL COSTS				

4.5 Programme implementation for 2009 reporting year

- 4.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.*

HSS application was approved in December 2008, as it stated in GAVI Secretariat letter GAVI/08/357/CB/ba dated 12 December 2008. According to the HSS application budget the preliminary sum designated to implement activities considered for 2009 is USD 582000 (Ref.code: 0911-AZE-10a-Y; Amount for 2009: US\$ 582,000). As it was indicated in GAVI letter according to new GAVI Transparency and Accountability Policy prior to HSS implementation the Financial Management Assessment (FMA) has to be conducted. FMA was completed in December 2009. Azerbaijan received Aide Memories in April 2010. At the present time Aide Memories is under consideration by Ministry of Health and Ministry of Finance. It should be noted that HSS application and execution of related activities have been designated for 3 years and directly linked with educational cycle of retraining of medical workers. Taking into consideration that academic year has concrete timeframe we suppose that due to delay with funding the quality of implementation of related activities will be seriously affected. Beside that in frame of project it has been considered to procure related equipment and office IT. Having unstable prices in market the further delay with funding may impact the implementation of procurement related activities and liked objectives. Taking into consideration all above mentioned, specially fail with HSS funding in 2009 it is important to extended official implementation period till 2012, so actual implementation period for HSS will cover 2010-2012.

- 4.5.2 Are any Civil Society Organisations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

4.6 Management of HSS funds

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

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

Process is not completed yet. FMA was completed in December 2009. Azerbaijan received

Aide Memories in April 2010. At the present time Aide Memories is under consideration by Ministry of Health and Ministry of Finance.

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

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

4.7 Detailed expenditure of HSS funds during the 2009 calendar year

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

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached (**Document N°.....**).

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

4.8 General overview of targets achieved

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target
Objective 1:						
1.1						
1.2						
Objective 2:						
2.1						
2.2						

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators**:

Provide justification for any changes in **the denominator**:

Provide justification for any changes in **data source**:

Table 16: Trend of values achieved

Name of Indicator <i>(insert indicators as listed in above table, with one row dedicated to each indicator)</i>	2007	2008	2009	Explanation of any reasons for non achievement of targets
1.1				
1.2				
2.1				
2.2				

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

--

4.9 Other sources of funding in pooled mechanism for HSS

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US\$	Duration of support	Contributing to which objective of GAVI HSS proposal

5. Checklist

Table 21: Checklist of a completed APR form

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

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

7. Comments

Comments from ICC/HSCC members:

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

Since ICC/HSCC does not have any authority to conduct audit the ICC/HSCC members can not be responsible for endorsement of GAVI funds audit. Taking into consideration ICC/HSCC role and scope of responsibilities the statement in the page of ICC/HSS signatures (pages 4 & 5 of this report) has to be considered as indicated below:

The ICC/HSCC members confirms, that Ministry of Health plan on GAVI funds usage has been approved and related report accepted according to official requirements prescribed by Government and partners.