



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Azerbaijan

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/16/2013 6:05:42 AM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

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

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**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 the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) 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 APR, 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 languages of the arbitration will be English or French.

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.

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country 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. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	No	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant Yes	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

By signing this page, the Government of **Azerbaijan** hereby attests 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 this Annual Progress Report (APR).

For the Government of **Azerbaijan**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Аббас Велибеков	Name	Азад Велиев
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
Виктор Гасымов	Заведующий сектором Санитарно-эпидемиологического надзора	+994 12 565 12 47	viktor.qasimov@health.gov.az
Олег Салимов	Советник сектора Санитарно-эпидемиологического надзора	+994 12 565 12 73	oleq.salimov@health.gov.az

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) 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.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating 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.

Name/Title	Agency/Organization	Signature	Date
Солтан Мамедов-заместитель председателя	Страновая Координационная Комиссия		

Олег Салимов-советник сектора Санитарно-эпидемиологического надзора	Министерство Здравоохранения		
Айтан Аббасзаде- помощник по административным делам	Секретариат Страновой Координационной комиссии		
Афаг Алиева -заместитель Генерального директора	Республиканский Центр Гигиены и Эпидемиологии		
Рашида Абдуллаева-заведующая отделом планирования	Центр Инноваций и Снабжения		
Натиг Умаров-координатор по здравоохранению	ЮНИСЕФ		
Вусалия Аллахвердиева -специалист по иммунизации и управляемым инфекциям	ВОЗ		
Ширин Кязимов-специалист по здравоохранению	USAID		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

В 2012 году (протокол прилагает) функции МКК взяла на себя Страновая Координационная Комиссия по борьбе со СПИД, туберкулёзом и малярией в Азербайджанской Республике. На её базе была создана 4-ая Техническая Рабочая Группа по проектам осуществляемым с помощью ГАВИ. Здесь отражены подписи членов рабочей группы по Иммунизации (внедрение новых вакцин).

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), [Азербайджана](#), 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/Organization	Signature	Date
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Олег Салимов-советник сектора Санитарно-эпидемиологического надзора	Министерство Здравоохранения		
Афаг Алиева -заместитель Генерального директора	Республиканский Центр Гигиены и Эпидемиологии		
Лютфи Гафаров-заведующий отделом организации первичного здравоохранения	Центр Реформ и Общественного Здравоохранения		
Малик Керимбеков-заведующий отделом аналитики и мониторинга	Центр Реформ и Общественного Здравоохранения		
Орхан Джавадов- сотрудник странового офиса	ВОЗ		
Натиг Умаров- координатор по здравоохранению	ЮНИСЕФ		
Джабраил Асадзаде - директор	Центр Информатизации Здравоохранения		

HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

В 2012 году (протокол прилагает) функции МКК взяла на себя Страновая Координационная Комиссия по борьбе со СПИД, туберкулёзом и малярией в Азербайджанской Республике. На её базе была создана 4-ая Техническая Рабочая Группа по проектам осуществляемым с помощью ГАВИ. Здесь отражены подписи членов рабочей группы по Укреплению системы здравоохранения.

Указанная в протоколе член рабочей группы, аналитик Всемирного Банка, Сабина Джафарова сменила место работы.

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

Azerbaijan is not reporting on CSO (Type A & B) fund utilisation in 2013

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This APR reports on *Azerbaijan's* activities between January – December 2012 and specifies the requests for the period of January – December 2014

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4. Baseline & annual targets

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	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	156,758	154,800	158,639	158,639	160,543	160,543	162,469	162,469
Total infants' deaths	1,787	1,884	1,809	1,809	1,831	1,831	1,852	1,852
Total surviving infants	154971	152,916	156,830	156,830	158,712	158,712	160,617	160,617
Total pregnant women	156,758	224,354	158,639	158,639	160,543	160,543	162,469	162,469
Number of infants vaccinated (to be vaccinated) with BCG	155,190	154,800	157,052	157,052	158,937	158,937	160,844	160,844
BCG coverage	99 %	100 %	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	148,772	134,057	152,125	152,125	153,950	153,950	157,404	157,404
OPV3 coverage	96 %	88 %	97 %	97 %	97 %	97 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with DTP1	150,321	132,594	153,693	153,693	155,537	155,537	157,404	157,404
Number of infants vaccinated (to be vaccinated) with DTP3	147,222	129,732	153,693	153,693	155,537	155,537	157,404	157,404
DTP3 coverage	95 %	85 %	98 %	98 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	15	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.18	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	60,920	131,064	153,693	153,693	155,537	155,537	157,404	157,404
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	60,920	126,900	153,693	153,693	155,537	155,537	157,404	157,404
DTP-HepB-Hib coverage	95 %	83 %	98 %	98 %	98 %	98 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	0	3	0	5	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	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)		0	101,132	0	138,079	138,079	147,767	147,767
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)		0	101,132	0	134,905	134,905	144,555	144,555

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV13) coverage	0 %	0 %	80 %	0 %	85 %	85 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)		1	1.11	1	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	151,871	134,123	152,125	152,125	153,950	153,950	155,798	155,798
Measles coverage	98 %	88 %	97 %	97 %	97 %	97 %	97 %	97 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	131,725	128,596	146,040	146,040	147,792	147,792	149,566	149,566
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	2 %	2 %	0 %	0 %	0 %	0 %	0 %	0 %

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

В связи с введением изменений в форме №5 численность целевой группы новорождённых отражена более достоверно и составила 154 800, однако последующая регистрация выживших детей в медучреждениях всё еще требует более дополнительных мероприятий для улучшения качества данных. В настоящее время продолжают работы по усовершенствованию электронного регистра по иммунизации с модулем по управлению вакцинами.

- Justification for any changes in **surviving infants**

Согласно данным поступившим с медицинских учреждений проводящих вакцинацию, численность выживших детей зарегистрировавшихся в медицинских учреждениях составила 139752. Данные полученные по зарегистрированным в учреждениях выжившим детям и расчеты общей численности выживших детей существенно расходятся, что требует дополнительных мероприятий для улучшения качества данных. В настоящее время продолжают работы по усовершенствованию электронного регистра по иммунизации с модулем по управлению вакцинами.

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

По выжившим детям цели на 2013 и последующие годы превышают выполнение в 2012 году на 12 % и более. Обоснованием для указания намеченных целей превышающих текущий охват среди выживших детей является проводимые в настоящее время работы по улучшению качества данных и усовершенствованию электронного регистра по иммунизации с модулем по управлению вакцинами. Согласно проводимым мероприятиям регистрация выживших детей на местах будет улучшена в течении 2013-2014 годах, что позволит проводить иммунизационные мероприятия в данной целевой группы в полном масштабе. Целевые группы новорожденных и выживших детей, указанные на 2013 и последующие годы также используются для закупки всех остальных вакцин входящих в национальный календарь иммунизации и закупаемых на средства государства.

- Justification for any changes in **wastage by vaccine**

Изменений нет

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

Охват традиционными вакцинами входящими в плановую иммунизацию, согласно данным административной отчетности (исходя из группы выживших детей зарегистрированных в медучреждениях-139752) , остаётся высоким на национальном уровне (>95%), охват DTP-HiB-НерВ по итогам 2012 года составил 90,8%, а DTP-HiB-НерВ3 +АКДС3- составил 92,8%.

В течении года все города и районы республики получили адекватное количество вакцин и расходного материала с учётом практики безопасной инъекции (самоблокирующиеся шприцы, шприцы для разведения, коробки безопасного уничтожения).

Проблемы выявленные на местах связаны с регистрацией выживших детей в медицинских учреждениях. Данная проблема решается путем усовершенствования элетрного регистра иммунизации и разработки модуля по управлению вакцинами. Учитывая успехи программы по улучшению данных по целевой группе новорожденных достигните в 2012 году, планируется что за счет проводимых мероприятий данные по численности группы выживших детей также будут улучшены в 2013-2014 годах.

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

Пожалуйста смотрети выше текст в отношении регистрации целевой группы выживших детей.

5.3. Monitoring the Implementation of GAVI Gender Policy

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? **no, not available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Форма№5 Отчет о профилактических прививках	Годовая	По целевой группе, исключая охват среди девочек	По целевой группе ,включая отдельно охват среди девочек

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

Доступ к вакцинам имеют все дети независимо от пола.Гендерных проблем в республике нет.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Not selected**

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

Комментарий нет

5.4. Data assessments

5.4.1. 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)

В связи с введением изменений в форме №5 численность целевой группы новорождённых отражена более достоверно, однако последующая регистрация выживших детей в медучреждениях всё еще требует более дополнительных мероприятий для улучшения качества данных.

Расхождение данных административной отчетности с оценочными данными ВОЗ/ЮНИСЕФ на 2011 объясняется, тем что данные ВОЗ/ЮНИСЕФ рассчитаны исходя из данных ООН по численности населения и результатов опроса по Демографии и Здоровью, проведенного в 2006 году.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

При технической поддержке ВОЗ, 17 июня- 07 июля 2012 года в Азербайджане, была проведена Оценка качества данных по иммунизации и даны рекомендации по улучшению учета и отчетности системы иммунопрофилактики. Оценка охватывала национальный, суб-национальный и оперативные уровни и проводилась консультантами ВОЗ с участием национальных сотрудников программы иммунизации. На основании рекомендаций оценки был издан приказ Минздрава «О подготовке отчетных и статистических форм» и разработан План мероприятий по улучшению качества данных системы иммунизации, согласно которому был проведен ряд мероприятий в 2012 году. В настоящее время продолжается работа над выполнением плана .

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

- Внедрение электронной системы «карта здоровья» для населения включая детей до 5 лет.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Внедрение электронной системы надзора за заболеваемостью с 1 апреля 2010 года

- Внедрение обновленной формы N 5 по профилактическим прививкам, которая содержит также информацию о не привитых группах, включая отдельно информацию по медицинским отводам.

- Разработка стандартных операционных процедур и форм по учету, отчету и анализу управления вакцинами и инъекционными материалами, включая:

планирование количества вакцин и инъекционных материалов (заявка) и их распределение

хранение и доставка вакцин и инъекционных материалов

управление запасами вакцин и инъекционных материалов, включая анализ розлива

мониторинг температурного режима вакцин

управление отходами

- Разработка стандартных операционных процедур и форм по учету, отчету и анализу целевой группы и невакцинированных, включая:

предварительное планирование целевой группы (оценочные данные) и учет

анализ целевой группы по возрасту, антигену (вакцине) и дозам

учет и отчет невакцинированного контингента

анализ невакцинированного контингента по возрасту, антигену(вакцине), дозам и причинам

сравнение группы невакцинированных и целевой группы

- Разработка стандартных операционных процедур и форм по учету, отчету и анализу вакцинации и охвата иммунизацией, включая:

унифицированный регистр плановой вакцинации

анализ охвата иммунизацией по возрасту и антигену (вакцине)

анализ полноты и своевременности иммунизации по возрастным группам и антигенам (вакцинам)

унифицированный регистр ДМИ (дополнительных мероприятий по иммунизации) и ЕНИ (Европейской Недели Иммунизации)

Анализ охвата иммунизацией во время ДМИ и ЕНИ по возрастным группам и антигенам (вакцинам)

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

- Использование электронной системы "карта здоровья" и электронной системы надзора за заболеваемостью, а также данных административной отчетности для сравнительного анализа охвата иммунизацией.
- Создание реестра беременных женщин для улучшения антенатального и последующего перинатального ухода и регистрации новорожденных

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used 1 US\$ = 0.78 Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	5,241,992	5,241,992	0	0	0	0	0	0
New and underused Vaccines**	355,200	0	355,200	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	0	0	0	0	0	0	0	0
Cold Chain equipment	109,000	109,000	0	0	0	0	0	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	124,000	0	0	0	124,000	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	5,830,192							
Total Government Health		5,350,992	355,200	0	124,000	0	0	0

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Нет комментариев

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented**

If **Yes**, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
Подписание соглашения о руководстве управления финансированием в рамках гранта ГАВИ по УСЗ в 2011 году	Yes

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

Выполнение заявки по УСЗ было начато в в октябре 2012 года в соответствии с договорённость с ГАВИ. В связи с этим запланированные на 2012 год мероприятия по УСЗ были перенесены на 2013 год

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **2**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

Рассмотрение предложения ГАВИ о временной замене 13 валентной Пневмококковой вакцины на 10 валентную.

Утверждение бюджета на использования гранта ГАВИ в 100 000 долларов США

Оценка результатов и рекомендаций относящихся к оценке данных по иммунизации осуществленных в республике в 2012 году при поддержке ВОЗ

укрепление оснащения «холодовой цепи» на национальном и субнациональном уровне –закупа холодильников для субнациональном уровне.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- обеспечение соответствующего уровня мониторинга температурного режима на национальном и субнациональном складах – закупка записывающих устройств для мониторинга температуры Multilog для национального уровня и Fridge Tag для субнациональном уровне .

Are any Civil Society Organisations members of the ICC? **Yes**

If **Yes**, which ones?

List CSO member organisations:

НПО входящие в состав Странового Координационного Комитета
--

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Исполнение комплексного многолетнего плана на 2011-2015 годы и связанного с ним мероприятий, а именно:

Поддержания статуса свободной от полиомиелита территории.

Элиминация кори и краснухи.

Контроль за гепатитом В и дифтерией.

Улучшение качества данных программы иммунизации посредством усовершенствования электронного регистра иммунизации и создания модуля по управлению вакцинами в рамках программы электронной карты здоровья

Поддержание высокого охвата плановой иммунизации.

Внедрение новых вакцин.

Усиление надзора за вакциноуправляемыми заболеваниями.

Обеспечение качества и безопасности вакцинации.

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Самоблокирующиеся	Государственный бюджет
Measles	Самоблокирующиеся	Государственный бюджет
TT	Неприемлемо	
DTP-containing vaccine	Самоблокирующиеся	Государственный бюджет
DTP-Hib-НерВ	Самоблокирующиеся	Государственный бюджет, ГАВИ
DT	Самоблокирующиеся	Государственный бюджет
НерВ	Самоблокирующиеся	Государственный бюджет

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

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

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

Препятствий в реализации политики безопасности инъекций не было

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

- При поддержке Министерства Экономического Развития создано предприятие соответствующее международным стандартам с необходимыми мощностями для инсинерации медицинских отходов по г. Баку и Абшеронскому полуострову
- На субнациональном уровне в некоторых районах при поддержке местной администрации проводится централизованная утилизация медицинских отходов
- При поддержке ВОЗ страной разработана политика по утилизации медицинских отходов

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Azerbaijan is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

Azerbaijan is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Request for ISS reward achievement in Azerbaijan is not applicable for 2012

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-НерВ-Hib	191,898	192,000	0	No
Pneumococcal (PCV13)		0	0	Not selected

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

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

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

Изменение цвета ФТИ- после поступления в страну было отмечено что в течении 2-3 месяцев произошло изменение цвета ФТИ (2 фаза) у определенного количества вакцин, в том числе и у вакцин хранящихся в холодном складе национального уровня. Проверка мониторинга температурного режима, включая заполнение температурных листов не выявило нарушений "холодового режима". Ввиду изменения ФТИ (3 фаза) на 18 мая 2012 года подлежало списанию 1000 доз вакцины DTPwHibНерВ Easyfive ТМ производства Panacea Biotec (250 доз в Сабаильском районе г. Баку и 750 доз в Массалиском районе республики).

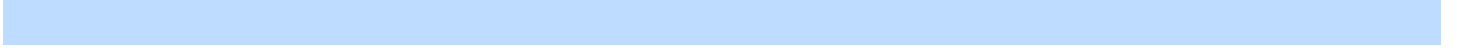
- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

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

Для корректировки планов поставок осуществляемых со стороны ЮНИСЕФ и рационального использования вакцины, Министерством Здравоохранения были собраны точные данные и проведены расчеты о запасах вакцины на национальном и субнациональном уровне ожидаемым на 01 января 2012 года. На основании данных расчетов и численности целевой группы по вакцинации были пересмотрены потребности вакцине DTP-НерВ-Hib и соответствующих материалах безопасной инъекции и представлены официальным письмом Министерством Здравоохранения в Секретариат ГАВИ (письмо № 08-17/11804 от 27.12.2011 года). Согласно расчетам остаток вакцины на 01.01.2012 год составил 409 671 дозу и в соответствии с пересмотренными потребностями, включая и потребность в 1-ом квартале 2013 года, всего подлежит закупке от страны 44 160 доз (23%), а от ГАВИ 147 840 доз (77%) однодозной жидкой вакцины DTP-НерВ-Hib . Данная информация была также представлена в Отдел Поставок ЮНИСЕФ.

С 1 января 2012 года Министерство Здравоохранения Республики Азербайджан была введена новая форма отчета по охвату вакцинацией, разработанная в соответствии с основными рекомендациями ВОЗ и позволяющая выявлять в полном объеме целевую группу с учетом внутренней миграции, отражающая информацию о когорте непривитых детей в том числе по причине медицинских отводов, а также позволяющая дополнительно мониторировать НПИИ.

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 a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	01/07/2011
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<p>Внедрение вакцины было запланировано на январь 2011 года, однако фактическая поставка от Отдела Снабжения UNICEF состоялась в конце марта 2011 года. Подробная информация о внедрении указана в ГОВР за 2011 год.</p>

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	01/09/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Внедрение данной вакцины запланировано на 2013 год.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **September 2014**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

Оценка по результатам внедрения вакцины DTPHibHepB была проведена в период 17-21 сентября 2012 года, с участием ВОЗ, Комитета Контроля за Заболеваемостью США (US CDC) сотрудников Центра Гигиены и Эпидемиологии Азербайджана. Данной оценкой было охвачено 10 административных территорий на суб-национальном уровне, включая территории с высоки охватом, низким охватом, пограничные территории и г. Баку. Основные рекомендации оценки внедрения вакцины были связаны с:

- компонентом коммуникации и информированности медицинских работников и населения, включая коммуникации в ситуации кризиса
- улучшению регистрации и расчетов целевой группы
- улучшение холодной цепи на суб-национальном уровне

Рекомендации данные в результате оценки были рассмотрены Министерством Здравоохранения и учтены при составлении плана внедрения пневмококковой вакцины. По улучшению холодной цепи на субнациональном уровне при технической поддержке ВОЗ составлен список оборудования для закупки на средства гранта ГАВИ на внедрение вакцины DTPHibHepB.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

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

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

Is the country sharing its vaccine safety data with other countries? **No**

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

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 introduction and use? **Yes**

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

<p style="TEXT-ALIGN: justify; TEXT-INDENT: 0cm; MARGIN: 0cm 5.05pt 6pt 0cm; mso-list: none; tab-stops: 35.4pt" class="Quick1">В рамках дозорного надзора за инвазивной бактериальными заболеваниями (менингиты) в 2010-2012 годах было исcледовано 244 случая менингитов среди детей до 5 лет. Из этих 244 случаев 18% - случаи среди младенцев до 6 месяцев, 20%- среди детей от 6 - 11 месяцев, 19%- случаи среди детей 12-23 месяцев и 41%- дети 24-59 месяцев. Все охваченные дозорным надзором случаи были исследованы на гемофильную инфекцию типа б (Hib), пневмококк и менигококк. В результате лабораторного исследования было выявлено 19 случаев вызванных пневмококком, 19 случаев вызванных Hib и 27 случаев вызванных менигококком. В результате надзора в Азербайджане были выделены следующие серотипы пневмококка: 6, 14, 18 и 19А. В отношении менигококка в 14 случаях выделен серотип С, в 8 случаях В, а также выделены А и W135.<!--?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" /--><o:p></o:p></p><p>На основании данных надзора за инвазивными бактериальными заболеваниями и также на основании рекомендаций ВОЗ Межсекторальный Координационный Комитет в 2011 году принял решение о внедрении вакцины против пневмококковой инфекции. В 2012 году принимая во внимание информацию от Секретариата ГАВИ о дефиците производства 13 валентной пневмококковой вакцины (PCV13), рекомендаций ВОЗ а также с учетом данных дозорного надзора за бактериальными менингитами Рабочая Группа по Иммунизации Странового Координационного Механизма приняло решение о замене 13 валентной пневмококковой вакцины на 10 валентную пневмококковую вакцину для обеспечения внедрения в 2013 году. </p><p>В отношении Национальной Технической Группы Экспертов по Иммунизации, данная структура в стране представлена панелью главных специалистов Министерства Здравоохранения, которые представляют Министерству Здравоохранения консультации и экспертное мнение в отношении вопросов иммунизации, включая внедрение новых вакцин. Данные дозорного надзора за инвазивными бактериальными заболеваниями, были использованы главными специалистами Министерства Здравоохранения при консультации в отношении презентации вакцины и календаря вакцинации против пневмококковой инфекции, который был сделан также с учетом рекомендаций ВОЗ. </p><p>В отношении продолжения надзора и перспектив использования данных надзора в будущем, главные специалисты Министерства Здравоохранения подчеркивают важность данных получаемых в системе надзора для последующего мониторинга воздействия вакцины, а также предлагают расширить данный надзор с включением пневмоний.</p>

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	100,000	0
Total funds available in 2012 (C=A+B)	100,000	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	100,000	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

В 2012 в рамках мероприятий по улучшения Управления Вакцинами при технической поддержке ВОЗ был составлен список оборудования для повышения потенциала холодовой цепи на суб-национальном уровне и мониторинга температурного режима на субнациональном и национальном уровнях. На встрече от 14 августа 2012 года Рабочей Группе по Иммунизации Странового Координационного Механизма по Международным Проектам в Области Здравоохранения было принято решение закупить данное оборудование через Отдел Снабжения UNICEF и на средства гранта ГАВИ, выделенные для внедрения вакцины DTPHibHerV (протокол встречи РГ прилагается). В поддержку решения Странового Координационного Механизма, Министерством Здравоохранения 27 декабря 2012 года было издано распоряжение № 268-S Центру Инновации и Снабжения об организации закупки оборудования холодовой цепи и мониторинга температурного режима через Отдел Снабжения UNICEF и на основании данного распоряжения в первом квартале 2013 года средства гранта были переведены на банковский счет Центра Инновации и Снабжения (распоряжение МЗ от 27 декабря 2012 года № 268-S прилагается) . Центр Инновации и Снабжения официальным письмом обратился в Страновой Офис UNICEF для организации закупки оборудования через Отдел Снабжения UNICEF (официальное письмо в Страновой Офис UNICEF прилагается). В настоящее время Центр Инновации и Снабжения ожидает ответ от Странового Офиса UNICEF по организации данной закупки на средства гранта. Дальнейшая информация, включая финансовую документацию будут представлены как только осуществится данная закупка посредством Отдел Снабжения UNICEF в 2013 году. .

Please describe any problem encountered and solutions in the implementation of the planned activities

Мероприятия финансируемые за счет гранта ГАВИ по внедрению новой вакцины перепланированы и осуществляются в 2013 году как указано выше.

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

В соответствии с результатами Оценки Эффективного Управления Вакцинами, проведенной при поддержке ЮНИСЕФ и ВОЗ а также инвентаризации оборудования холодовой цепи проведенной в 2011 году при поддержке ВОЗ грант ГАВИ было занонировано в 2012-2013 годах для последующих целей:

-укрепление оснащения «холодовой цепи» на национальном и субнациональном уровне –закупа холодильников для субнационального уровня.

- обеспечение соответствующего уровня мониторинга температурного режима на национальном и субнациональном складах – закупка записывающих устройств для мониторинга температуры Multlog для национального уровня и Fridge Tag для субнационального уровня .

- закупка видеокамер для мониторов ЦГиЭ суб-национальных уровней для последующей организации видеоконференций и тренингов в режиме реального времени

Данный план мероприятий был утвержден на Межсекторальном Координационном Комитете (СММ)

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-НepB-Hib, 1 dose(s) per vial, LIQUID		44,160
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	Да, все 44 160 доз закуплены на средства государственного бюджета	
Donor		
Other		
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-НepB-Hib, 1 dose(s) per vial, LIQUID		44,160
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-НepB-Hib, 1 dose(s) per vial, LIQUID	March	Государственное
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	October	Фонд Ростроповича Вишнеvской
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		

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/about/governance/programme-policies/co-financing/>

Все обязательства выполнены

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **May 2011**

Please attach:

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

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

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **November 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Azerbaijan does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Azerbaijan does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Azerbaijan is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

Заявка на поддержку внедрения новой вакцины на 2014 год в части со-финансирования соответствует для вакцины DTPHibHepB уровню со-финансирования указанному в ГОBP 2011 и для вакцины PCV10 уровню софинансирования указанному в заявке на пневмококковую вакцину одобренную Правлением ГАВИ в 2011 году.. По каждой вакцине страна поддерживает со-финансирование согласно минимальному уровню для группы выбывающих стран.

Часть вакцины DTPHibHepB финансируемая за счёт государственных средств будет закупаться в соответствии с уровнем со-финансирования обозначенного в ГОBP 2011

Часть пневмококковой вакцины финансируемая за счёт средств ФВР (от имени государства) будет закупаться на средства выделенные в рамках со-финансирования обозначенного в заявке на внедрение пневмококковой вакцины, одоренной в 2011 году.

7.11. Calculation of requirements

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	152,916	156,830	158,712	160,617	629,075
	Number of children to be vaccinated with the first dose	Table 4	#	131,064	153,693	155,537	157,404	597,698
	Number of children to be vaccinated with the third dose	Table 4	#	126,900	153,693	155,537	157,404	593,534
	Immunisation coverage with the third dose	Table 4	%	82.99 %	98.00 %	98.00 %	98.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.03	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	67,304				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.59	2.59	2.59	
cc	Country co-financing per dose	Co-financing table	\$		1.16	1.63	2.11	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	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 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

<p>Не различается</p>

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Graduating	2012	2013	2014	2015
Minimum co-financing		0.61	1.16	1.63	2.11
Recommended co-financing as per APR 2011				1.71	2.25
Your co-financing		0.61	1.16	1.63	2.11

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2013	2014	2015
Number of vaccine doses	#	296,200	206,200	123,600
Number of AD syringes	#	313,800	218,000	130,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	3,500	2,425	1,450
Total value to be co-financed by GAVI	\$	832,000	579,000	347,000

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2013	2014	2015
Number of vaccine doses	#	207,800	285,400	373,800
Number of AD syringes	#	220,100	301,700	395,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	2,450	3,350	4,400
Total value to be co-financed by the Country ^[1]	\$	583,500	801,500	1,049,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	41.23 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	131,064	153,693	63,365	90,328
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	393,192	461,079	190,093	270,986
E Estimated vaccine wastage factor	Table 4	1.03	1.05		
F Number of doses needed including wastage	$D \times E$	404,988	484,133	199,598	284,535
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		19,787	8,158	11,629
H Stock on 1 January 2013	Table 7.11.1	67,304			
I Total vaccine doses needed	$F + G - H$		503,970	207,776	296,194
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		533,762	220,059	313,703
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		5,925	2,443	3,482
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,303,267	537,309	765,958
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		24,820	10,233	14,587
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		3,437	1,417	2,020
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		83,410	34,389	49,021
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T Total fund needed	$(N+O+P+Q+R+S)$		1,414,934	583,346	831,588
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		583,346		
V Country co-financing % of GAVI supported proportion	U / T		41.23 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 2)

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	58.06 %			75.16 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	155,537	90,304	65,233	157,404	118,300	39,104
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	466,611	270,912	195,699	472,212	354,899	117,313
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	489,942	284,457	205,485	495,823	372,644	123,179
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	1,453	844	609	1,471	1,106	365
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	491,445	285,330	206,115	497,344	373,787	123,557
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	519,552	301,649	217,903	525,789	395,165	130,624
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	5,768	3,349	2,419	5,837	4,387	1,450
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,270,877	737,863	533,014	1,286,132	966,612	319,520
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	1,270,877	14,028	10,132	1,286,132	18,376	6,074
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	3,346	1,943	1,403	3,386	2,545	841
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	81,337	47,224	34,113	82,313	61,864	20,449
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	1,379,720	801,056	578,664	1,396,281	1,049,396	346,885
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	801,056			1,049,396		
V	Country co-financing % of GAVI supported proportion	U / T	58.06 %			75.16 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	152,916	156,830	158,712	160,617	629,075
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	138,079	147,767	285,846
	Number of children to be vaccinated with the third dose	Table 4	#	0	0	134,905	144,555	279,460
	Immunisation coverage with the third dose	Table 4	%	0.00 %	0.00 %	85.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.00	1.00	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.70	1.40	2.10	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	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 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

<p>Не различается</p>

Co-financing tables for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

Co-financing group	Graduating	2012	2013	2014	2015
Minimum co-financing			0.70	1.40	2.10
Recommended co-financing as per APR 2011				1.40	2.10
Your co-financing			0.70	1.40	2.10

Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2013	2014	2015
Number of vaccine doses	#	1,500	326,600	200,300
Number of AD syringes	#	0	361,300	221,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	4,025	2,475
Total value to be co-financed by GAVI	\$	5,500	1,231,000	755,000

Table 7.11.3: Estimated GAVI support and country co-financing (**Country support**)

		2013	2014	2015
Number of vaccine doses	#	400	193,100	252,100
Number of AD syringes	#	0	213,600	278,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	2,375	3,100
Total value to be co-financed by the Country ^[1]	\$	1,500	727,500	950,000

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 1)

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	18.87 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	0	0	0	0
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	B X C	0	0	0	0
E Estimated vaccine wastage factor	Table 4	1.00	1.00		
F Number of doses needed including wastage	D X E	0	0	0	0
G Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0
H Stock on 1 January 2013	Table 7.11.1	0			
I Total vaccine doses needed	F + G – H		1,800	340	1,460
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		0	0	0
L Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		0	0	0
N Cost of vaccines needed	I x vaccine price per dose (g)		6,300	1,189	5,111
O Cost of AD syringes needed	K x AD syringe price per unit (ca)		0	0	0
P Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q Cost of safety boxes needed	M x safety box price per unit (cs)		0	0	0
R Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		378	72	306
S Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T Total fund needed	(N+O+P+Q+R+S)		6,678	1,260	5,418
U Total country co-financing	I x country co-financing per dose (cc)		1,260		
V Country co-financing % of GAVI supported proportion	U / T		18.87 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	37.15 %			55.72 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	138,079	51,296	86,783	147,767	82,343	65,424
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	414,237	153,887	260,350	443,301	247,028	196,273
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.00			1.00		
F	Number of doses needed including wastage	$D \times E$	414,237	153,887	260,350	443,301	247,028	196,273
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	103,560	38,472	65,088	7,266	4,049	3,217
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	519,597	193,028	326,569	452,367	252,080	200,287
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	574,755	213,519	361,236	500,130	278,696	221,434
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	6,380	2,371	4,009	5,552	3,094	2,458
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,818,590	675,597	1,142,993	1,583,285	882,280	701,005
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	1,818,590	9,929	16,798	1,583,285	12,960	10,297
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	3,701	1,375	2,326	3,221	1,795	1,426
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	109,116	40,536	68,580	94,998	52,938	42,060
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	1,958,134	727,436	1,230,698	1,704,761	949,971	754,790
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	727,436			949,971		
V	Country co-financing % of GAVI supported proportion	U / T	37.15 %			55.72 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to 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.

5. If you are requesting a new tranche of funding, please make this 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 required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in 2012

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: US\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)						
Remaining funds (carry over) from previous year (B)						
Total Funds available during the calendar year (C=A+B)						
Total expenditure during the calendar year (D)						
Balance carried forward to next calendar year (E=C-D)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)						
Remaining funds (carry over) from previous year (B)						
Total Funds available during the calendar year (C=A+B)						
Total expenditure during the calendar year (D)						
Balance carried forward to next calendar year (E=C-D)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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 HSCC in this process.

Has an external audit been conducted? **Not selected**

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
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9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
---	--

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

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

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
		0	0			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. 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 for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
		0			

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

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

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Azerbaijan **has NOT received GAVI TYPE A CSO support**

Azerbaijan is not reporting on GAVI TYPE A CSO support for 2012

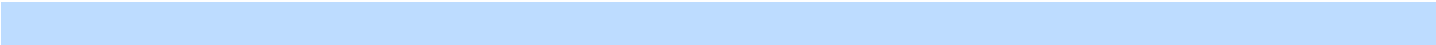
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Azerbaijan **has NOT received GAVI TYPE B CSO support**

Azerbaijan is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

- I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.


Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature CCM.pdf File desc: Date/time: 5/15/2013 2:38:12 PM Size: 1796506
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	AZ Signature MoH.pdf File desc: Date/time: 5/21/2013 6:11:56 AM Size: 987760
3	Signatures of members of ICC	2.2	✓	Signature MKK.pdf File desc: ICC signatures Date/time: 5/7/2013 7:41:59 AM Size: 1796506
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	minutes 06.05.13_final_ENG.doc File desc: Date/time: 5/24/2013 3:53:01 AM Size: 59392
5	Signatures of members of HSCC	2.3	✗	Signature KKC.pdf File desc: Date/time: 5/8/2013 8:26:24 AM Size: 1981465
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	CCM_Minutes_list_of_participants_2012-13.pdf File desc: CCM minutes and list of participants 2012-2013 Date/time: 5/13/2013 2:31:48 AM Size: 6146323
9	Post Introduction Evaluation Report	7.2.2	✓	Azerbaijan Hib PIE Report 2012.pdf File desc: Report on DTPHibHepB vaccine postintroduction evaluation Date/time: 5/15/2013 2:06:05 PM Size: 2681643
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Hib grant documents.pdf File desc: -Innovation & Supply Center letter to UNICEF CO - Ministry of Health order on use of GAVI grant for DTPHibHepB vaccine - CCM decision approval by Minister - CCM WG on immunization meeting minutes on implementation of GAVI grant on DTPHibHepB vaccine Date/time: 5/15/2013 2:01:01 PM Size: 2188416
				NOT APPLICABLE.doc

11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1	✓	File desc: Date/time: 5/15/2013 2:31:07 PM Size: 10752
12	Latest EVSM/VMA/EVM report	7.5	✓	AZE EVM Assessment Report_Eng_2011_final Vus.docx File desc: EVM Assessment Report Date/time: 5/15/2013 2:08:37 PM Size: 1488003
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Action Plan _EVM 2011_final.doc File desc: Action Plan based on recommendation from EVM 2011 Date/time: 5/15/2013 2:13:50 PM Size: 188416
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Action Plan _EVM 2011_final _update 2012_Vus.doc File desc: Date/time: 5/15/2013 2:26:03 PM Size: 203264
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	NOT APPLICABLE.doc File desc: Date/time: 5/15/2013 2:30:39 PM Size: 10752
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	19.HSS_FINANCIAL_REPORT_2012.pdf File desc: Financial statements for Jan Apr 2012 Date/time: 5/8/2013 8:32:46 AM Size: 1404594
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	20.HSS_FINANCIAL_REPORT_JAN_APR_2013.pdf File desc: Financial statements for Jan Apr 2013 Date/time: 5/8/2013 8:32:46 AM Size: 1471263
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	20.HSS_FINANCIAL_REPORT_JAN_APR_2013.pdf File desc: Date/time: 5/15/2013 2:28:24 PM Size: 1471263
22	HSS Health Sector review report	9.9.3	✗	20.HSS_FINANCIAL_REPORT_JAN_APR_2013.pdf File desc: Date/time: 5/15/2013 2:29:09 PM

				Size: 1471263
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 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0		<p>26ab.HSS_BANK_STATEMENTS_for_2012_and_JAN_APR_2013.pdf</p> <p>File desc: a. Bank statement for 2012 b. Bank statement for Jan_Apr 2013</p> <p>Date/time: 5/8/2013 8:36:12 AM</p> <p>Size: 2272618</p>