



GAVI Alliance

Annual Progress Report 2014

Submitted by:

The Government of
Azerbaijan

Report for: **2014**

Support Application for Year: **2016**

Date of Submission: **June 23, 2015**

Deadline for Submission: May 27, 2015

Please submit the APR 2014 via the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Please send queries to: apr@gavi.org or to representatives of the GAVI Alliance partner. Copies of documents can be sent to GAVI partners, other collaborating organisations and to the general public. APR and its appendices must be submitted in English, French, Spanish or Russian.

Note. We encourage you to use the previous APRs and approved proposals for GAVI support as reference materials. An electronic copy of previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>

The GAVI secretariat shall not return any submitted documents and appendices to countries. Unless specified otherwise, copies of documents may be sent to GAVI partners, other collaborating organisations and to the general public.

GAVI ALLIANCE GRANT TERMS AND CONDITIONS

FUNDING IS TO BE USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funds provided by the GAVI Alliance, in conformity with this proposal, will be used solely for the implementation of the programme(s) contained therein. Any material deviation from the approved programme(s) shall be subject to the mandatory preliminary review and approval by the GAVI Alliance. All decisions on financing this application shall be approved at the discretion of the GAVI Alliance management, following which they pass through an Independent Expert Committee (IEC) and they also depend on the presence of available financing.

AMENDMENTS TO PROPOSAL

If a country is willing to make amendments to the contents of its proposal, it should inform the GAVI Alliance to this end by specifying the respective reason to this end in its annual progress report. The GAVI Alliance documents any amendment it has approved and the relevant amendment is filed in the approved proposal.

REFUNDS

The Country agrees to refund to the GAVI Alliance all moneys which have not been used for the implementation of the programme(s) set out in this proposal. Unless the GAVI Alliance decides otherwise, refund (in US dollars) must be done within sixty (60) days from the date of receipt of the GAVI Alliance refund request by wiring funds to the account or accounts specified by the GAVI alliance.

SUSPENSION/TERMINATION OF FINANCING

The GAVI Alliance is entitled to suspend, partially or in full, funding to the Country where there are grounds to suspect wrongful use of funds earmarked for implementation of the programmes set out in this proposal or in any corrigendum to it, as approved by the GAVI Alliance. In case wrongful use of funds provided to the Country is confirmed, the GAVI Alliance shall reserve the right to discontinue its support for implementation of the programmes set out in this proposal.

ANTI-CORRUPTION MEASURES

The Country confirms that the funds provided by the GAVI Alliance will not be proposed to any third parties and that the Country cannot request, with reference to this proposal, any gifts, payments or benefits, which, directly or indirectly, could be interpreted as corruption.

AUDITS AND DOCUMENTATION

The Country shall hold annual audits and shall submit its results to the GAVI Alliance (upon request). The GAVI Alliance reserves the right to hold, individually or through an agent, audits or any other assessment of financing activity management with a view to secure reporting on the funds provided to the Country.

The Country shall be requested to keep detailed accounting records which document how funds of the GAVI Alliance are used. The Country will keep its own accounting books in accordance with the accounting standards approved by the government for at least three years after the date of the last extension of the GAVI Alliance funding. In case of any claims concerning fraudulent use of funds, the Country will keep such records until the final audit results are obtained. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL FORCE

The Country and persons authorised by the Government to sign this document confirm that this proposal and the APR contain accurate and authentic information, and impose an obligation on the Country which has mandatory legal force, in accordance with the legislation of the Country, implement programmes set out in this proposal and with corrections to the APR (if applicable).

CONFIRMATION OF MEETING THE REQUIREMENTS OF THE GAVI ALLIANCE'S TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it has familiarised with the Transparency and Accountability Policy of the GAVI Alliance, and that it will implement all its requirements.

USE OF COMMERCIAL BANKS ACCOUNTS

The Country is held responsible for the comprehensive review of the activity, financial condition and standing of all commercial banks used to manage GAVI's financial support. The Country confirms that it takes all responsibility for compensating GAVI's financial support which can be hampered as a result of banks' insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance emerging with regard to this proposal or such associated to it and which cannot be resolved within a reasonable deadline, shall be submitted for arbitration at the request of the GAVI Alliance or the relevant country. Arbitration shall be held in accordance with the acting Arbitration Rules of the United Nations Commission on International Trade Law. The parties agree that the arbitration decision is mandatory to them which shall be reviewed as the final resolution of any such dispute. The place of arbitration shall be Geneva, Switzerland. The language of arbitration shall be English or French.

To resolve any dispute whose amount claimed is \$US 100,000 or less, one arbiter will be summoned who will be appointed by the GAVI Alliance. To resolve a dispute whose amount claimed exceeds \$US 100,000, three arbiters will be appointed in the following manner: The GAVI Alliance and the Country will appoint one arbiter each following which these two arbiters will jointly appoint a third arbiter who will also be the chairperson.

The GAVI Alliance will not be held responsible before the Country for any claims or damage related to the programmes described in the application, including but not only any damage incurred to the property, bodily injury or death. The Country shall be solely responsible on all aspects of management and implementation of programmes described in its application.

By completing this APR, the Country informs GAVI about:

The works done in the past year with the use of GAVI funds

Serious problems arising and measures undertaken for their resolution

Meeting the conditions of record-keeping and accountancy with regard to GAVI funds as well as interaction with partners on national development

The request of extra funds whose extension was approved in the previous application for ISS/NVS/HSS but which are yet to be provided

What GAVI could have done to facilitate APR in keeping with the GAVI principles concerning the reliability of accountancy and transparency procedures.

1. Application Specification

Report for: 2014

Support Application for Year: 2016

1.1. NVS and INS

Type of Support	Vaccine Used	Preferable Presentation	Term of Validity
New Vaccine Introduction Support for Scheduled Immunisation	Pneumococcal (PCV10), 2 doses per vial, LIQUID	Pneumococcal (PCV13), single-dose vial, LIQUID	2015
New Vaccine Introduction Support for Scheduled Immunisation	DTP-HepB-Hib, single-dose vial, LIQUID	DTP-HepB-Hib, single-dose vial, LIQUID	2015

DTP-hepatitis B-Haemophilus influenzae type b (pentavalent vaccine): Drawing on countries' existing preferences, the vaccine is available via UNICEF in a completely liquid form in 1- and 10-dose vials and in a liquid/lyophilised form in 2-dose 2 vials which should be applied under a 3-dose schedule. Other forms of delivery have also been selected by WHO and the complete list is available at [the WHO website](#); however, their availability must be double-checked for each specific case.

1.2. Programme Extension

Type of Support	Vaccine	Starting Year	Closing Year
New Vaccine Introduction Support for Scheduled Immunisation	Pneumococcal (PCV13), single-dose vial, LIQUID	2016	2017
New Vaccine Introduction Support for Scheduled Immunisation	DTP-HepB-Hib, single-dose vial, LIQUID	2016	2016

1.3. ISS, HSS, Support for Civil Society Organisations (CSO)

Type of Support	Report on Funds Use in 2014	Request for Approval	Eligible for 2014 ISS Reward
VIG	Yes	N/A	No
HSS	Yes	Next HSS grant no	No

VIG: Vaccine Introduction Grant; OSC: Operational Support for Campaigns

1.4. Previous Report on IEC Monitoring

Annual report IRC for 2013 is available [here](#)

2. Signatures

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

By signing this page, the Government of **Azerbaijan** confirms the authenticity of the information provided in this report and all appendices thereto, including the financial statements and audit reports. In addition, the Government confirms that the vaccines, equipment and financing were used in conformity with the Terms and Conditions of GAVI Support, as set out in this Annual Progress Report (APR).

By the Government of **Azerbaijan**

Please bear in mind that this APR shall not be reviewed or approved by the Evaluation Advisory Committee (EAC) if it does not contain the signatures of the Minister of Health and the Minister of Finances or persons authorised by them.

Minister of Health (or an authorised representative)		Minister of Finance (or an authorised representative)	
FULL NAME	Abbas Velibekov	FULL NAME	Azad Veliyev
Date		Date	
Signature		Signature	

This report was compiled (the GAVI Secretariat may contact these persons if questions arise concerning the contents of this document):

FULL NAME	Position	Phone	Email
Victor Gasymov	Head of Sanitary and Epidemiological Surveillance sector	+994 12 565 12 47	viktor.qasimov@health.gov.az
Oleg Salimov	Advisor of Sanitary and Epidemiological Surveillance sector	+994 12 565 12 73	oleq.salimov@health.gov.az

2.2. ICC Signatures Page

If the country submits a report on immunisation services support (ISS), injection safety support (INS) and/or for new and underused vaccines support (NVS)

In some countries, the Health Sector Coordinating Committee (HSCC) and the ICC are merged into a single committee. 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 Transparency and Accountancy Policy (TAP) is an integral part of the GAVI Alliance's monitoring of the Country's activity. By signing this form, the ICC members confirm that the funds obtained from the GAVI Alliance were used for the purpose designated in the approved country proposal and that management of these funds was transparent, in conformity with the governmental regulations and the requirements for financial management.

2.2.1. Approval of ICC Report

We, the undersigned, members of the Inter-agency Coordinating Committee on Immunisation (ICCI) approve this report. The signing of this document does not create financial (or legal) obligations for the partnering agency or an individual.

Full Name/Position	Institution/Organisation	Signature	Date
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Soltan Mammadov, Deputy Chairman	Country Coordination Commission		
Oleg Salimov - Advisor of Sanitary and Epidemiological Surveillance sector	Ministry of Health		
Afag Aliyeva - Deputy General Director	Republican Center of Hygiene and Epidemiology		
Rashid Abdullayev - Head of Planning Department	Innovation and Supply Center		
Natig Umarov - Health Care Coordinator	UNICEF		
Vusalya Allahverdiyeva - Expert on immunization and vaccine-preventable diseases	WHO		
Aytan Abbaszade - Assistant in Administrative Cases	Secretariat of Country Coordinating Commission		

ICCI can send some unofficial comments to the following address: apr@gavi.org

All comments will be treated as confidential

Partner's Comments

No comments

Regional Working Group's Comments

No comments

2.3. HSCC Signatures page

We, the undersigned, members of the National Co-ordinating Committee of the Healthcare Sector (CCHS) of **Azerbaijan**, hereby approve this report on strengthening the healthcare system. The signing of this document does not create financial (or legal) obligations for the partnering agency or an individual.

The Transparency and Accountancy Policy (TAP) is an integral part of the GAVI Alliance's monitoring of the Country's activity. By signing this form, the members of CCHS hereby confirm that the funds provided by GAVI Alliance were used for the aims specified by the approved proposal of the country and that these funds management was transparent in accordance with the rules of the government and requirements in respect of financial management. Further, the CCHS confirms that the content of this report is based on accurate and verifiable data of financial reports.

Full Name/Position	Institution/Organisation	Signature	Date
Afag Aliyeva - Deputy General Director	Republican Center of Hygiene and Epidemiology		

Djabrail Asadzade - Director	Informatization Center of Health Care		
Lutfi Gafarov - Head of the Department of primary health care organization	Center of Reform and Public Health		
Sabina Babazade - Head of Department of Project Coordination	Center of Reform and Public Health		
Natig Umarov - Health Care Coordinator	UNICEF		
Kamran Garakhanov - Head of Azerbaidjan office	WHO		
Oleg Salimov - Advisor of Sanitary and Epidemiological Surveillance sector	Ministry of Health		

CCHS may wish to direct unofficial comments to: apr@gavi.org

All comments will be treated as confidential

Partner's Comments

No comments

Regional Working Group's Comments

No comments

2.4. Signatures Page for CSO Support (Types A and B)

Azerbaijan will not report on GAVI support of Civil Society Organization (type A and B) for 2015

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4. Baseline and Annual Targets

Countries are encouraged to indicate 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** in the guidelines available. Pay attention to the comparative wastage rate for the available 10-dose pentavalent vaccine.

Please also note that if the Country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations, respectively.

Number	Results as per Joint Report Form (JRF)		Target (Preferable Presentation)					
	2014		2015		2016		2017	
	Originally approved target according to the Decision Letter	Reported	Originally approved target according to the Decision Letter	Current Estimate	Previous Estimates in 2014	Current Estimate	Previous Estimates in 2014	Current Estimate
Total Births	160,543	165,181	162,469	166,200		167,200		168,350
Total Infants' Deaths	1,831	1,655	1,852	1,670		1,700		1,710
Total Surviving Infants	158712	163,526	160,617	164,530		165,500		166,640
Total Pregnant Women	160,543	165,181	162,469	166,200		167,200		168,350
Number of Vaccinated (to Be Vaccinated) with BCG	158,937	161,476	160,844	164,560		165,550		166,670
BCG Coverage [1]	99 %	98 %	99 %	99 %	0 %	99 %	0 %	99 %
Number of Vaccinated (to Be Vaccinated) with OPV3	153,950	159,107	157,404	161,250		162,300		163,000
OPV3 Coverage [2]	97 %	97 %	98 %	98 %	0 %	98 %	0 %	98 %
Number of Vaccinated (to Be Vaccinated) with DTP1 [3]	155,537	157,250	157,404	161,250		162,300		163,000
Number of Vaccinated (to Be Vaccinated) with DTP3 [3][4]	155,537	154,374	157,404	161,250		162,300		163,000
DTP3 Coverage [2]	98 %	94 %	98 %	98 %	0 %	98 %	0 %	98 %
Wastage [5] Rate in Starting Year and Planned for Following Period (%) for DTP	10	5	10	5		5		5
Wastage [5] Factor in Starting Year and Planned for Following Period (%) for DTP	1.11	1.05	1.11	1.05	1.00	1.05	1.00	1.05
Infants Vaccinated (to Be Vaccinated) with 1-dose DTP-hepB-Hib	155,537	157,250	157,404	161,250		162,300		
Infants Vaccinated (to Be Vaccinated) with 3-dose DTP-hepB-Hib	155,537	154,374	157,404	161,250		162,300		
DTP-hepB-Hib Coverage [2]	98 %	94 %	98 %	98 %	0 %	98 %	0 %	0 %
Indicator of [5] Losses in Starting Year and Planned for Following Period (%)	5	5	5	5		5		
Wastage Indicator [5] in Starting Year and Relevant Plans (%)	1.05	1.05	1.05	1.05	1	1.05	1	1
Maximum Wastage	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %

Rate for DTP-hepB-Hib, 1-dose vial, LIQUID								
Infants Vaccinated (to Be Vaccinated) with 1-dose Pneumococcal (PCV13)	138,079		157,404					
Infants Vaccinated (to Be Vaccinated) with 3-dose Pneumococcal (PCV13)	138,079		157,404					
Infants Vaccinated (to Be Vaccinated) with 1-dose Pneumococcal (PCV13)		147,654		161,250		162,300		163,000
Infants Vaccinated (to Be Vaccinated) with 3-dose Pneumococcal (PCV13)		103,216		161,250		162,300		163,000
Pneumococcal (PCV13) Coverage[2]	87 %	63 %	98 %	98 %	0 %	98 %	0 %	98 %
Indicator of[5] Losses in Starting Year and Planned for Following Period (%)	10	5	5	5		5		5
Wastage Indicator [5] in Starting Year and Relevant Plans (%)	1.11	1.05	1.05	1.05	1	1.05	1	1.05
Maximum Wastage Rate for Pneumococcal (PCV13), 1-dose vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Infants Vaccinated (to Be Vaccinated) with 1-dose Measles	153,950	152,212	155,798	160,200		161,200		162,000
Measles Coverage[2]	97 %	93 %	97 %	97 %	0 %	97 %	0 %	97 %
Pregnant Women Vaccinated with TT+	0	0	0	0		0		0
TT+ Coverage[7]	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Prescription of Vitamin A to Mothers within 6 Weeks after Delivery	0	0	0	0		0		0
Prescription of Vitamin A to Infants 6 Months after Birth	147,792	99,866	149,566	159,100	N/A	160,200	N/A	161,000
Annual DTP Dropout Rate [(DTP1 – DTP3)/DTP1] x 100	0 %	2 %	0 %	0 %	0 %	0 %	0 %	0 %

[1] Number of infants vaccinated out of total newborns

[2] Number of infants vaccinated out of total surviving infants

[3] Specify the total number of children vaccinated with DTP alone or combined vaccine

[4] Please make sure that fields concerning DTP3 are properly filled out

[5] Formula for vaccine wastage rate calculating (in %): $[(A - B) / A] \times 100$. Where: 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.

[7] Number of pregnant women receiving TT+ out of the total number of pregnant women

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

Note: Fill in the table in Section 4 “Baseline and Annual Targets”, then continue

The figures for 2014 must correspond to the data submitted by the Country in the **Joint Report Form of WHO/UNICEF (JRF) for 2014**. The numbers for 2015 - 2015 in Table 4: Baseline and annual targets should be consistent with those that the Country provided to GAVI in the previous APR or in the new application for GAVI support or in CMYP.

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

- Justification of changes **in the number of newborn infants**

In connection with the changes in Form of No. 5 number of the target group of newborns is more accurately reflected and is equal to 165181, but subsequent registration of surviving children in health facilities still requires additional measures to improve the quality of data. Currently, the work on improving the electronic register of immunization with module of vaccines management is still ongoing.

- Justification of changes **in the number of surviving infants**

According to reports from medical institutions conducting vaccination, the number of surviving children registered at medical institutions totaled 162114 children. The data received on surviving children registered in institutions (162114) and on overall amount of surviving children (163526) diverge, so additional activities to improve data quality are required.

In order to improve data collection on immunization as part of HSS programme based on the "e-health card", electronic register was created. The online register displays vaccination status of a child and parents, and medical staff involved in immunization campaigns can get information on the received and planned immunization of a child. Also, work on improving the electronic register of immunization with module of vaccines management created in accordance with the State Statistical Form No. 5 “Preventive Vaccination” is still ongoing.

- Justification of any amendments in the target groups, by vaccine. **Please note that targets in excess of 10% of previous years' achievements will have to be justified. For IPV, supporting documentation in the form of appendices to the Annual Progress Report must be provided to justify ANY changes to the target population.**

According to the activities held, the registration of survived children at the local level will continue to improve during 2015 – 2016, which allows to conduct immunization activities in this target group in full scale. Target groups of newborn and surviving children specified for 2015 and subsequent years are also used for the procurement of all other vaccines included into the countrywide immunization schedule and purchased at the country's expense .

- Justification of amendments in **the wastage rates by vaccines**

No changes

5.2. Monitoring of GAVI's Gender Policy Implementation

5.2.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative sources of data and/or surveys? **No, not available**

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

Source of data	Reporting Year for Evaluation	Coverage Estimate	
		Boys	Girls
Form No. 5 Vaccinations Report	annual	Target group, excluding girls coverage	Target group, including separate girls coverage

5.2.2. How did you use the data specified above to eliminate the gender-related barriers to access to immunisation?

According to the survey on the demographics and population health held in Azerbaijan in 2011 concerning socio-demographic characteristics, no significant differences by sex were detected when conducting vaccination (coverage, timeliness, completeness).

5.2.3. If there is no data by gender, do you plan to include in reports data about scheduled immunisation by gender in future? **not specified**

5.2.4. How have any gender-related barriers to accessing and delivering immunisation services (e.g., 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/>)

No issues

5.3. Total Costs and Financing for Immunisation

The purpose of **Table 5.3a** is to provide an opportunity for GAVI to understand the wide-reaching trends in the costs of the immunisation software and financial flows. Fill in the table using \$US.

Exchange Rate Used	1 \$US = 0.784	Enter only the exchange rate. Do not specify the local currency.
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Table 5.3a: Overall Expenditures and Financing of Immunisation from All Sources (Government and Donors) in \$US

Expenditures by Category	Expenditures in 2014	Source of Financing						
		Country	GAVI	UNICEF	WHO	No	No	No
Traditional Vaccines*	869,765	869,765	0	0	0	0	0	0
New and Underused Vaccines**	2,840,205	967,884	1,872,321	0	0	0	0	0
Injection Supplies (AD Syringes and Other Syringes)	113,064	101,700	11,364	0	0	0	0	0
Cold Chain Equipment	0	0	0	0	0	0	0	0
Personnel	0	0	0	0	0	0	0	0
Other Recurrent Costs	98,200	0	0	0	98,200	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns Costs	13,780	0	0	0	13,780	0	0	0
No		0	0	0	0	0	0	0
Total Expenditures for Immunisation	3,935,014							
Total Government Health Expenditures		1,939,349	1,883,685	0	111,980	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.

5.4. Inter-agency Coordinating Committee (ICC)

How many meetings did ICC hold in 2014? **5**

Please attach the minutes (**Document No 4**) from the ICC meeting in 2015, when this report was approved.

Enumerate the main problems or recommendations (if any) made by the ICC in sections [5.1 Updated Baseline and Annual Targets](#) to [5.3 Total Expenditures and Financing of Immunisation](#)

Presentation of annual report on immunization prepared as a part of GAVI Alliance Report

Discussion and approval of the GAVI Alliance Report

Introduction of IPV vaccine

Discussion of immunization topics for strengthening postgraduate training of nurses within the HSS application

Discussion of the cooperation agreement between the Ministry of Health and the GAVI Alliance

Are there civil society organisations included as members of the ICC? **Yes**

If yes, what are they?

List the relevant CSO:
NGO "World Service"
NGO "Clean World"
NGO "Legal Development and Association"

5.5. Priority Actions in 2015 and 2016

What are the Country's main objectives and priority actions for its EPI programme for 2015 to 2016

Introduction of the second dose of IPV vaccine

Transition from trivalent OPV to bivalent OPV is planned

Creating a Web site for immunization based on web site of the Ministry of Health

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

Drafting of a comprehensive multi-year plan for 2011-2015 years and related activities, namely:

Maintaining the status of a polio-free area.

Eliminating measles and rubella.

Control over Hep. B and diphtheria.

Improving quality of immunization program data through upgrading of electronic immunization registry and create a module for managing vaccines in the program e-health card.

Maintaining high planned immunization coverage.

Introduction of new vaccines.

5.6. Progress of Transition Plan for Injection Safety

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

Please report what types of syringes are used and the funding sources of safe injection supplies in 2014

Vaccine	Types of Syringe Used in 2014 Routine EPI	Sources of Financing 2014
BCG	Auto-disable	State
Measles	Auto-disable	State
TT	Not applicable	
DTP-containing vaccine	Auto-disable	State

IPV	Not applicable	
DTP-Hib-HepB	Auto-disable	State, GAVI Alliance
DT	Auto-disable	State
HepB	Auto-disable	State
Pk	Auto-disable	State, GAVI Alliance

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)

There were no obstacles in the implementation of security policies injection

Please explain in 2014 how sharp wastes are disposed of, problems encountered, etc.

- With the support of the Ministry of Economic Development, there was created the company, appropriate to the international standards with the necessary facilities for the incineration of Medical wastes in Baku and Absheron Peninsula <? Xml: namespace prefix = o />

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

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

6. Immunization Services Support (ISS)

6.1. Report on Use of Funds for ISS in 2014

Azerbaijan is under no obligation to submit a report on the use of funds for immunization services support (ISS) in 2014

6.2. Detailed Data on Use of ISS Funds in 2014 Calendar Year

Azerbaijan is under no obligation to submit a report on the use of funds for immunization services support (ISS) in 2014

6.3. Request for ISS Reward

Request for the premium for success in using the funds for Immunization Services Support (ISS) in Azerbaijan is not applicable for 2014.

7. New and Underused Vaccines Support (NVS)

7.1. Receipt of New and Underused Vaccines for Immunisation Programs in 2014

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill in the table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Type of Vaccine	Total Doses for 2014 in Decision Letter	Total Doses Received by 31 December 2014	Total Doses Postponed from Previous Years and Received in 2014	Did the Country experience any stockouts at any level in 2014?
Pneumococcal (PCV13)	565 600	565 600	0	No
DTP-hepB-Hib	491,500	423 500	68 000	No

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

- 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 equipment? Doses discarded because VVM changed colour or because of the expiry date? ...)

The vaccine is procured through UNICEF Supply Division, with delivery 1 time per year.

- What measures were undertaken by you to enhance vaccine management (e.g. adjusting the vaccine shipment plan? (in the Country and with the 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.

With the support of WHO in 2014:

Temperature map of the central warehouse of vaccines based on Innovation and Supply Center (ISC) was created

Continuous temperature monitoring sensors were installed in all cold rooms of ISC

Trainings for ISC employees and Republican Center of Hygiene and Epidemiology how to work with log-tag

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. New Vaccine Introduction in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, single-dose vial, LIQUID		
Implementation at National Level	Yes	July 01, 2011
Phased Introduction	No	
Was the timeframe and scale of introduction as planned in the proposal? If No, why?	No	Vaccine implementation was scheduled for January 2011, but the actual delivery from UNICEF Supply Division was conducted at the end of March 2011.

When is the Post Introduction Evaluation (PIE) planned? **September 2012**

Pneumococcal (PCV10), 2 doses per vial, LIQUID		
Implementation at National Level	Yes	December 01, 2013
Phased Introduction	No	
Was the timeframe and scale of introduction as planned in the proposal? If No, why?	No	According to the replacement of 13-valent pneumococcal vaccine with 10-valent vaccine and procedures associated with the 10-valent vaccine implementation, preparation for the implementation was completed by the end of the third quarter in 2013. That's why the actual implementation of pneumococcal vaccine started from December 01, 2013 according to the order of Ministry of Health.

When is the Post Introduction Evaluation (PIE) planned? **March, 2015**

7.2.2. 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 No. 9))

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

- communication component and health workers and the public awareness, including communications in crisis condition
- improving the registration and estimation of target group
- improving the cold chain at the sub-national level
- updating of surveillance system and standards of adverse events after immunization
- addressing contraindications and ICD-10 compliance when making diagnoses

Recommendations data concluded from the assessment results were considered by the Ministry of Health and taken into account in the pneumococcal vaccine implementation plan. To improve the cold chain at the subnational level, a list of equipment for procurement at the GAVI grant for DTPHibHepB vaccine implementation has been made with WHO technical support.

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

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 the following diseases?

a) rotavirus diarrhea? **Yes**

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

Does your country conduct special studies for:

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:

In 2010-2014 under the sentinel surveillance of invasive bacterial diseases (meningitis) 369 cases of the spino-cerebellar liquid among children under 5 years with suspected meningitis were investigated. Of these 369 cases, 19.2% - cases among infants up to 6 months, 20.1% - among children 6 - 11 months; 17.6% - among children 12 - 23 months, 43.1% - among children 24 - 59 months/ All the cases covered by sentinel surveillance were investigated for Haemophilus influenzae type b (Hib), pneumococcus and meningococcus. A laboratory study revealed 30 cases caused by pneumococcus, 39 cases caused by meningococcus, 27 cases caused by Hib. As a result of surveillance, the following pneumococcus serotypes were separated in Azerbaijan: 6A/B/C, 14, 18A/B/C, 19A, 19F, 1, 23F, 23A, Sp.NT and Sp.pneumoniae. With respect to meningococcus, a serotype C was separated in 14 cases, a serotype B was separated in 13 cases and also the serotype A - in 4 cases, X - 1 case and W135 - 5 cases, N.T - in 2 cases were separated. On the basis of the surveillance data of invasive bacterial diseases and also the WHO recommendations; Intersectoral Coordination Committee in 2011 decided to implement a vaccine against pneumococcal infection. In 2012, taking into account the information from the GAVI Secretariat about the production deficit of the 13-valent pneumococcal vaccine (PCV13), WHO recommendations, as well as the sentinel surveillance data of bacterial meningitis, the Working Group on Immunisation of the Country Coordination Mechanism decided to replace the 13-valent pneumococcal vaccine with the 10-valent pneumococcal vaccine for implementation in 2013. With regard to the National Technical Group of Experts on Immunization, this structure in the country is represented by the panel of main experts of the Ministry of Health, which provide consultation and expert commentaries on issues of immunization for the Ministry of Health, including the implementation of new vaccines. Sentinel surveillance data of invasive bacterial diseases has been used by leading specialists of the Ministry of Health in consultation with regard to the presentation of the vaccine and calendar of pneumococcal vaccination. The calendar also has been made according to WHO recommendations. The chief experts of the Ministry of Health underline the importance of the data obtained in the surveillance system to subsequent monitoring of vaccine impact in respect of continuing the surveillance and perspective to use the surveillance data in the future, and they also offer to extend this surveillance so the pneumonia study will be included.

7.3. One-off Grant Payments for Introduction of New and Underused Vaccines in 2014

7.3.1. Financial Management Reporting

	Amount in \$US	Amount in Local Currency
Funds Received during 2014 (A)	127 000	133 350
Remaining Funds (carring over) from 2013 (B)	7 784	9 928
Total Funds Available in 2014 (C=A+B)	134 784	143 278
Total Expenditures in 2014 (D)	0	0
Balance Carried over to 2015 (E=C-D)	134 784	143 278

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No 10,11). Terms of reference for this financial statement are available in **Appendix 1**. Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2. Programme Accountancy

Please report on the major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Funds allocated by the GAVI Alliance to introduce pneumococcal vaccine in the amount of \$US 127,000 were not used in the year 2014.

Describe any problems occurred during the execution of planned activities, as well as measures aimed at their addressing.

Creating a Web site on immunization planned for 2014 was postponed to 2015-2016.

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

Developing a Web site on immunization (according to the application to the GAVI Alliance) is planned for summer 2015, the rest of funds will be spent on maintaining the "cold chain".

7.4. Country Co-financing Report for 2014

Table 7.4 : Five questions on country co-financing

Co-Financing Payments	Q.1: What were the actual co-financed amounts and doses in 2014?	
	Total in \$US	Total Doses
Awarded Vaccine #1: DTP-HepB-Hib, single-dose vial, LIQUID	669 284	217 300
Awarded Vaccine #2: Pneumococcal (PCV10), 2 doses per vial, LIQUID	398 772	97 200
	Q.2: What were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
The Government of	1,069,584	
Donor	1,883,685	
Other	0	

	Q.3: Did you procure related injections supplies for the co-financed vaccines? Specify amounts in \$US and supplies.	
Co-Financing Payments	Total in \$US	Total Doses
Awarded Vaccine #1: DTP-HepB-Hib, single-dose vial, LIQUID		
Awarded Vaccine #2: Pneumococcal (PCV10), 2 doses per vial, LIQUID		
	Q.4: When do you intend to transfer funds for co-financing in 2016	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of Financing
Awarded Vaccine #1: DTP-HepB-Hib, single-dose vial, LIQUID	June	State Funding
Awarded Vaccine #2: Pneumococcal (PCV10), 2 doses per vial, LIQUID	June	GAVI Alliance and State Funding
	Q.5: Please state any Technical Assistance needed for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	The country wants to replace the 10-valent with 13-valent pneumococcal vaccine, with financial support from the GAVI Alliance starting from 2016.	

*Note: co-financing is not mandatory for IPV

Is GAVI support reflected in the form of new and underused vaccines and injection materials in the governmental budget outlays for the healthcare sector? **Yes**

7.5. Vaccine Management (VSME/VMA/EVM)

We hereby remind that the instruments of the Vaccine Storage Management Evaluation (VSME) and Vaccine Management Assessments (VMA) were replaced by a single tool for Efficient Vaccine Management (EVM). Information about it is available in English at:

http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.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? **March, 2015**

Please attach the following documents:

- EVM assessment results (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- 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 remedial actions plan of activities? What reasons? **Yes**

If yes, provide details

Some dates of remedial actions plan of activities are adapted to the actual dates of their implementation (a map is attached).

When is the next Effective Vaccine Management (EVM) assessment planned? **March, 2017**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Azerbaijan is not submitting a report on NVS (for preventive campaigns).

7.7. Change in Vaccine Presentation

Due to the high demand during initial years of introduction and in order to safe introduction of this vaccine, demands of the countries for the change of PCV presentation (PCV10 or PCV13) will not be considered till 2015.

The countries willing to apply for the change of PCV presentation can do this in APR for 2014 in order to consider this by Independent Review Committee (IRC).

For vaccines (except pneumococcal), in case you prefer to get the vaccine in 2014 in a presentation different from that in which it is delivered to you at the moment (eg, the number of doses per vial, or the substitution of one form with another (liquid/lyophilized) ...), specify the characteristics of the vaccine and refer to minutes of the meeting of the ICC, which approved the recommendation to change the form of release. You should specify the reason for the desired change in the presentation form (administrative costs, epidemiological data, the number of children to be vaccinated during the same campaign). Applications to amend the presentation form will be recorded and reviewed based on the availability of vaccine for delivery and the general task of GAVI in terms of the formation of the vaccine markets and existing contractual obligations. The country will be informed on the decision. If supply are carried out through UNICEF, planning of change the presentation form should be initiated after receipt of approval letter (AL) for the next year on the possibility to satisfy the corresponding requirement, including, if possible, the desired delivery time. The countries should provide information on the time required to perform the necessary activities related to the change in the presentation form of the vaccine.

You requested the change of presentation; see new presentations below:

* **Pneumococcal (PCV13), single-dose vial, LIQUID**

Attach the minutes of meeting of ICC and NITAG (if any) (Document No. **27**) approving the requested change.

7.8. Renewal of Multi-Year Vaccine Support for Countries with Current Support Ending in 2015

If **2015** is the last year of the approved multi-year support for vaccine introduction and the Country wants to continue getting GAVI support, the Country should request extension of the GAVI vaccine co-financing contract, starting from **2016** and for the period of the new comprehensive multi-year plan (CMYP).

The country hereby requests an extension of GAVI support for the years **2015** to **2016** for the following vaccines:

* **DTP-HepB-Hib, single-dose vial, LIQUID**

* **Pneumococcal (PCV13), single-dose vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

* **DTP-HepB-Hib, single-dose vial, LIQUID**

* **Pneumococcal (PCV13), single-dose vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2015 to 2016, which is attached to this APR (Document No.**16**). The new costing tool is also attached (Document No.**17**) for the following vaccines:

* **DTP-HepB-Hib, single-dose vial, LIQUID**

* **Pneumococcal (PCV13), single-dose vial, LIQUID**

The country's ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No.**18**)

* **DTP-HepB-Hib, single-dose vial, LIQUID**

* **Pneumococcal (PCV13), single-dose vial, LIQUID**

7.9. Request for Continuation of Vaccine Delivery for Immunisation Programs in 2016

To submit a request for NVS for 2016 vaccine, do the following

Below it should be confirmed that your request concerning 2016 vaccine support corresponds to section [7.11 Calculation of requirements](#) **Yes**

If you don't confirm, please explain

Application for support in the introduction of a new vaccine in 2016 in terms of the PCV13 vaccine co-financing should be calculated based on the updated data on the target group of children - 166,200 people, according to the fourth part of the APR - Baseline and Annual Targets. <?xml:namespace prefix = "o" />

The country supports the co-financing under the minimum level for a group of leaving countries.

7.10. Weighted Average Costs of Delivery and Related Freight Costs

Table 7.10.1: Product Price

Cost estimates of deliveries shall not be disclosed

Table 7.10.2: Freight Costs

Vaccination Antigen	Type of Vaccine	2012	2013	2014	2015	2016	2017
DTP-HepB-Hib, single-dose vial, LIQUID	DTP-HepB-Hib, single-dose vial, LIQUID			2.60 %	2.70 %	2.80 %	3.30 %
Pneumococcal (PCV10), 2 doses per vial, LIQUID	Pneumococcal (PCV10), 2 doses per vial, LIQUID			2.90 %	3.00 %	3.00 %	3.00 %
Pneumococcal (PCV13), single-dose vial, LIQUID	Pneumococcal (PCV13), single-dose vial, LIQUID			5.90 %	6.00 %	5.90 %	6.00 %

7.11. Requirements Estimate

Table 7.11.1: Specification for DTP-HepB-Hib, single-dose vial, LIQUID

Identification	Source		2014	2015	2016	TOTAL
Surviving Infants	Parameter	#	158,712	160,617	165,500	484 829
Children to Be Vaccinated with the First Dose	Parameter	#	155,537	157,404	162,300	475 241
Children to Be Vaccinated with the Third Dose	Parameter	#	155,537	157,404	162,300	475 241
Coverage with the Third Dose	Parameter	%	98.00 %	98.00 %	98.07 %	
Number of Doses per Child	Parameter	#	3	3	3	
Estimated Vaccine Wastage factor	Parameter	#	1.05	1.05	1.05	
Stock at Central Store Dec 31, 2014		#	276,810			
Stock across Second Level Dec 31, 2014 (if available)*		#	133 811			
Stock across Third Level Dec 31, 2014 (if available)*	Parameter	#				
Number of Doses per Vial	Parameter	#		1	1	
Number of AD Syringes Required	Parameter	#		Yes	Yes	
Number of Reconstitution Syringes Required	Parameter	#		No	No	
Number of Safety Boxes Required	Parameter	#		Yes	Yes	
cc Country Co-Financing per Dose	Parameter	\$		1.99	2.48	
ca AD Syringe Price per Unit	Parameter	\$		0.0448	0.0448	

cr	Reconstitution Syringe Price per Unit	Parameter	\$		0	0
cs	Safety Box Price per Unit	Parameter	\$		0.0054	0.0054
fv	Freight Cost as % of Vaccine Cost	Parameter	%		2.70 %	2.80 %

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

133,811 doses of vaccines stored at the sub-national level by December 31, 2014 were procured to be used in the first quarter of 2015

With regard to pentavalent vaccines, GAVI applies a comparative assessment of the buffer in 4.5 months + operating stock. Countries are requested to provide their buffer requirements + operating stock if there is a difference compared to the comparative assessment of not more than 6 months. To obtain support on the methods of calculation of the buffer levels and operating stocks, turn to WHO or UNICEF. By default, buffer + operating stock for 4.5 months was pre-selected.

Not specified

Tables for Co-Financing of DTP-HepB-Hib, single-dose vial, LIQUID

Co-Financing Group	Graduating
--------------------	------------

	2014	2015	2016
Minimum Co-Financing	1.58	2.00	2.48
Recommended Co-Financing under APR 2013			2.48
Your Co-Financing	1.58	1.99	2.48

Table 7.11.2: Estimated GAVI support and co-financing by the relevant country (support from GAVI)

		2014	2015	2016
Number of Vaccine Doses	#	206 200	97 900	0
Number of AD Syringes	#	216 100	101,400	0
Number of Reconstitution Syringes	#	0	0	0
Number of Safety Boxes	#	2,425	1,125	0
Total Amount to Be Co-Financed	\$	561 500	257 500	0

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

		2014	2015	2016
Number of Vaccine Doses	#	285 300	305 600	535 200
Number of AD Syringes	#	298 900	316 400	561 900
Number of Reconstitution Syringes	#	0	0	0
Number of Safety Boxes	#	3 325	3 500	5 900
Total Financing for the Country [1]	\$	776 500	803 000	1 325 500

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country Co-Financing	V			
B	Children to Be Vaccinated with the First Dose	Table 4	155,537	157,404	
B1	Children to Be Vaccinated with the Third Dose	Table 4	155,537	157,404	
C	Number of Doses per Child	Vaccine parameter (schedule)	3	3	
D	Number of Doses Required	$B + B1 + \text{Target for 2nd dose } ((B - 0.41 \times (B - B1)))$	466,611	472,212	
E	Estimated Vaccine Wastage factor	Table 4	1.05	1.05	
F	Number of Doses Required (including wastage)	$D \times E$		495,823	
G	Vaccines Buffer Stock	<p>Buffer on doses required + buffer on doses wasted Buffer on doses required = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if (wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 			
H	Deducted Buffer Stock	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Estimated Starting Stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Expected Stock by 1 Jan	Table 7.11.1	67 304	276,810	
H3	Supply Plan	Approved volume		403 500	
I	Number of Vaccines Required	Rounded value $((F + G - H) / \text{size of vaccine packs}) \times \text{size of vaccine pack}$		403 500	
J	Number of Doses per Vial	Vaccine parameter			
K	Number of AD Syringes (+ 10% wastage) Required	$(D + G - H) \times 1.10$			
L	Number of Reconstitution Syringes (+ 10% wastage) Required	$(I / J) \times 1.10$			
M	Number of Safety Boxes (+ 10% of extra requirement) Required	$(I / 100) \times 1.10$			
N	Cost of Vaccines Required	$I \times \text{price of single vaccine dose (g)}$			
O	Cost of AD Syringes Required	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of Reconstitution Syringes Required	$L \times \text{reconstitution syringe price per unit (cr)}$			
Q	Cost of Safety Boxes Required	$M \times \text{safety box price per unit (cs)}$			
R	Freight Cost for Vaccines Required	$N \times \text{freight cost as of \% of vaccines cost (fv)}$			
S	Freight Cost of Injecting Equipment	$(O+P+Q) \times \text{freight cost as \% of injecting equipment cost (fd)}$			
T	Financing Required	$(N+O+P+Q+R+S)$			
U	Amount of Country Co-Financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	U / T			

Since the delivery schedule for 2014 is yet to be prepared, the total approved financing for 2014 is used as our best warrant for deliveries in 2014. Information may be updated when the delivery plan is made available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, single-dose vial, LIQUID (Part 2)

		Formula	2014		
			Total	Government	GAVI
A	Country Co-Financing	V			
B	Children to Be Vaccinated with the First Dose	Table 4	162,300	162,300	0
B1	Children to Be Vaccinated with the Third Dose	Table 4	162,300	162,300	0
C	Number of Doses per Child	Vaccine parameter (schedule)	3		
D	Number of Doses Required	$B + B1 + \text{Target for 2nd dose } ((B - 0.41 \times (B - B1)))$	486 900	486 900	0
E	Estimated Vaccine Wastage factor	Table 4	1.05		
F	Number of Doses Required (including wastage)	$D \times E$	511 245	511 245	0
G	Vaccines Buffer Stock	<p>Buffer on doses required + buffer on doses wasted Buffer on doses required = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if (wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 	5 784	5 784	0
H	Deducted Buffer Stock	$H1 - (F (2015) \text{ current estimation} \times 0.375)$	- 18 103	- 18 103	0
H1	Estimated Starting Stock	$H2 (2015) + H3 (2015) - F (2015)$	172 373	172 373	0
H2	Expected Stock by 1 Jan	Table 7.11.1			
H3	Supply Plan	Approved volume			
I	Number of Vaccines Required	$\text{Rounded value } ((F + G - H) / \text{size of vaccine packs}) \times \text{size of vaccine pack}$	535 150	535 150	0
J	Number of Doses per Vial	Vaccine parameter	1		
K	Number of AD Syringes (+ 10% wastage) Required	$(D + G - H) \times 1.10$	561 866	561 866	0
L	Number of Reconstitution Syringes (+ 10% wastage) Required	$(I / J) \times 1.10$	0	0	0
M	Number of Safety Boxes (+ 10% of extra requirement) Required	$(I / 100) \times 1.10$	5 887	5 887	0
N	Cost of Vaccines Required	$I \times \text{price of single vaccine dose (g)}$	1 264 560	1 264 560	0
O	Cost of AD Syringes Required	$K \times \text{AD syringe price per unit (ca)}$	25 172	25 172	0
P	Cost of Reconstitution Syringes Required	$L \times \text{reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of Safety Boxes Required	$M \times \text{safety box price per unit (cs)}$	33	33	0
R	Freight Cost for Vaccines Required	$N \times \text{freight cost as of \% of vaccines cost (fv)}$	35 408	35 408	0
S	Freight Cost of Injecting Equipment	$(O+P+Q) \times \text{freight cost as \% of injecting equipment cost (fd)}$	0	0	0
T	Financing Required	$(N+O+P+Q+R+S)$	1 325 173	1 325 173	0
U	Amount of Country Co-Financing	$I \times \text{country co-financing per dose (cc)}$	1 327 172		
V	Country co-financing % of GAVI supported proportion	U / T	100.00 %		

Since the delivery schedule for 2014 is yet to be prepared, the total approved financing for 2014 is used as our best warrant for deliveries in 2014. Information may be updated when the delivery plan is made available.

Table 7.11.1: Specification for Pneumococcal (PCV13), single-dose vial, LIQUID

Identification	Source		2014	2015	2016	2017	TOTAL
Surviving Infants	Parameter	#	158,712	160,617	165,500	166,640	651 469
Children to Be Vaccinated with the First Dose	Parameter	#	138,079	157,404	162,300	163,000	620 783
Children to Be Vaccinated with the Third Dose	Parameter	#	138,079	157,404	162,300	163,000	620 783
Coverage with the Third Dose	Parameter	%	87.00 %	98.00 %	98.07 %	97.82 %	
Number of Doses per Child	Parameter	#	3	3	3	3	
Estimated Vaccine Wastage factor	Parameter	#	1.11	1.05	1.05	1.05	
Stock at Central Store Dec 31, 2014		#	81,706				
Stock across Second Level Dec 31, 2014 (if available)*		#	118 216				
Stock across Third Level Dec 31, 2014 (if available)*	Parameter	#					
Number of Doses per Vial	Parameter	#		1	1	1	
Number of AD Syringes Required	Parameter	#		Yes	Yes	Yes	
Number of Reconstitution Syringes Required	Parameter	#		No	No	No	
Number of Safety Boxes Required	Parameter	#		Yes	Yes	Yes	
cc Country Co-Financing per Dose	Parameter	\$		1.29	2.10	2.69	
ca AD Syringe Price per Unit	Parameter	\$		0.0448	0.0448	0.0448	
cr Reconstitution Syringe Price per Unit	Parameter	\$		0	0	0	
cs Safety Box Price per Unit	Parameter	\$		0.0054	0.0054	0.0054	
fv Freight Cost as % of Vaccine Cost	Parameter	%		6.00 %	5.90 %	6.00 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Table of Co-Financing for Pneumococcal (PCV13), single-dose vial, LIQUID

Co-Financing Group	Graduating
--------------------	------------

	2014	2015	2016	2017
Minimum Co-Financing	0.61	1.52	2.10	2.69
Recommended Co-Financing under APR 2013			2.10	2.69
Your Co-Financing	0.61	1.29	2.10	2.69

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), single-dose vial, LIQUID (Part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country Co-Financing	V			
B	Children to Be Vaccinated with the First Dose	Table 4	138,079	157,404	
C	Number of Doses per Child	Vaccine parameter (schedule)	3	3	
D	Number of Doses Required	$B \times C$	414,237	472,212	
E	Estimated Vaccine Wastage factor	Table 4	1.11	1.05	
F	Number of Doses Required (including wastage)	$D \times E$		495,823	
G	Vaccines Buffer Stock	Buffer on doses required + buffer on doses wasted Buffer on doses needed = (D - D of previous year original approved) x Buffer on doses wasted = (F - D) x [XXX] - ((F - D) of previous year current estimate) x			
H	Deducted Buffer Stock	H2 of previous year - x F of previous year			
H2	Expected Stock by 1 Jan	Table 7.11.1	0	81,706	
I	Number of Vaccines Required	Rounded value ((F + G - H) / size of vaccine packs) x size of vaccine pack		412 800	
J	Number of Doses per Vial	Vaccine parameter			
K	Number of AD Syringes (+ 10% wastage) Required	$(D + G - H) \times 1.10$			
L	Number of Reconstitution Syringes (+ 10% wastage) Required	$(I / J) \times 1.10$			
M	Number of Safety Boxes (+ 10% of extra requirement) Required	$(I / 100) \times 1.10$			
N	Cost of Vaccines Required	$I \times \text{price of single vaccine dose (g)}$			
O	Cost of AD Syringes Required	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of Reconstitution Syringes Required	$L \times \text{reconstitution syringe price per unit (cr)}$			
Q	Cost of Safety Boxes Required	$M \times \text{safety box price per unit (cs)}$			
R	Freight Cost for Vaccines Required	$N \times \text{freight cost as of \% of vaccines cost (fv)}$			
S	Freight Cost of Injecting Equipment	$(O+P+Q) \times \text{freight cost as \% of injecting equipment cost (fd)}$			
T	Financing Required	$(N+O+P+Q+R+S)$			
U	Amount of Country Co-Financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	U / T			

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), single-dose vial, LIQUID (Part 2)

	Formula	2016			
		Total	Government	GAVI	
A	Country Co-Financing	V	57.94 %		
B	Children to Be Vaccinated with the First Dose	Table 4	162,300	94 044	68 256
C	Number of Doses per Child	Vaccine parameter (schedule)	3		
D	Number of Doses Required	$B \times C$	486 900	282 132	204 768
E	Estimated Vaccine Wastage factor	Table 4	1.05		
F	Number of Doses Required (including wastage)	$D \times E$	511 245	296 238	215 007
G	Vaccines Buffer Stock	Buffer on doses required + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$	3 712	2 151	1 561
H	Deducted Buffer Stock	$H2 \text{ of previous year} - x F \text{ of previous year}$	0	0	0
H2	Expected Stock by 1 Jan	Table 7.11.1			
I	Number of Vaccines Required	Rounded value $((F + G - H) / \text{size of vaccine packs}) \times$ $\text{size of vaccine pack}$	516 600	299 341	217 259
J	Number of Doses per Vial	Vaccine parameter	1		
K	Number of AD Syringes (+ 10% wastage) Required	$(D + G - H) \times 1.10$	539 674	312 711	226 963
L	Number of Reconstitution Syringes (+ 10% wastage) Required	$(I / J) \times 1.10$	0	0	0
M	Number of Safety Boxes (+ 10% of extra requirement) Required	$(I / 100) \times 1.10$	5 683	3 293	2 390
N	Cost of Vaccines Required	$I \times \text{price of single vaccine dose (g)}$	1 745 075	1 011 173	733 902
O	Cost of AD Syringes Required	$K \times \text{AD syringe price per unit (ca)}$	24 178	14 010	10 168
P	Cost of Reconstitution Syringes Required	$L \times \text{reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of Safety Boxes Required	$M \times \text{safety box price per unit (cs)}$	31	18	13
R	Freight Cost for Vaccines Required	$N \times \text{freight cost as of \% of vaccines cost (fv)}$	102 960	59 660	43,300
S	Freight Cost of Injecting Equipment	$(O+P+Q) \times \text{freight cost as \% of injecting equipment cost (fd)}$	0	0	0
T	Financing Required	$(N+O+P+Q+R+S)$	1 872 244	1 084 860	787 384
U	Amount of Country Co-Financing	$I \times \text{country co-financing per dose (cc)}$	1 084 860		
V	Country co-financing % of GAVI supported proportion	U / T	57.94 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), single-dose vial, LIQUID (Part 3)

	Formula	2017			
		Total	Government	GAVI	
A	Country Co-Financing	V	75.33 %		
B	Children to Be Vaccinated with the First Dose	Table 4	163,000	122 794	40 206
C	Number of Doses per Child	Vaccine parameter (schedule)	3		
D	Number of Doses Required	$B \times C$	489 000	368 382	120 618
E	Estimated Vaccine Wastage factor	Table 4	1.05		
F	Number of Doses Required (including wastage)	$D \times E$	513 450	386 801	126 649
G	Vaccines Buffer Stock	Buffer on doses required + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$	122 277	92 116	30 161
H	Deducted Buffer Stock	$H2 \text{ of previous year} - x F \text{ of previous year}$			
H2	Expected Stock by 1 Jan	Table 7.11.1			
I	Number of Vaccines Required	Rounded value $((F + G - H) / \text{size of vaccine packs}) \times$ $\text{size of vaccine pack}$	637 200	480 027	157 173
J	Number of Doses per Vial	Vaccine parameter	1		
K	Number of AD Syringes (+ 10% wastage) Required	$(D + G - H) \times 1.10$	672 405	506 548	165 857
L	Number of Reconstitution Syringes (+ 10% wastage) Required	$(I / J) \times 1.10$	0	0	0
M	Number of Safety Boxes (+ 10% of extra requirement) Required	$(I / 100) \times 1.10$	7 010	5 281	1 729
N	Cost of Vaccines Required	$I \times \text{price of single vaccine dose (g)}$	2 118 053	1 595 608	522 445
O	Cost of AD Syringes Required	$K \times \text{AD syringe price per unit (ca)}$	30 124	22 694	7 430
P	Cost of Reconstitution Syringes Required	$L \times \text{reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of Safety Boxes Required	$M \times \text{safety box price per unit (cs)}$	39	30	9
R	Freight Cost for Vaccines Required	$N \times \text{freight cost as of \% of vaccines cost (fv)}$	127 084	95 738	31 346
S	Freight Cost of Injecting Equipment	$(O+P+Q) \times \text{freight cost as \% of injecting equipment cost (fd)}$	0	0	0
T	Financing Required	$(N+O+P+Q+R+S)$	2 275 300	1 714 068	561 232
U	Amount of Country Co-Financing	$I \times \text{country co-financing per dose (cc)}$	1 714 068		
V	Country co-financing % of GAVI supported proportion	U / T	75.33 %		

8. Health System Strengthening Support (HSS)

Instructions for Preparing Report on Use of HSS Funds

1. Fill only this section if your country **had been confirmed and had received means for HSS before or within the period of January-December 2014**. All countries are required to submit reports:

- a. Results received in 2014
- b. Progress of the work of HSS during January - April 2015 (interim report)
- c. Plans for 2016
- d. The proposed changes to the approved activities and budget (see No. 4 below)

For countries that received support for HSS within last three months of 2014 or upon other delays that restrict the execution of works in 2014, this section can be used as an initial report for commenting of activities in the initial period of support.

2. To fully integrate reporting of support for HSS with the processes used in the country, for countries where 2014 fiscal year begins in January 2014 and ends in December 2014, progress reports of SHS must be received by the GAVI Alliance until **May 15 2015**. For other countries, reports on HSS shall be received by the GAVI Alliance in about 6 months after the end of the fiscal year, for example, if the country's fiscal year ends in March 2015, the HSS report shall be received by the GAVI Alliance in September 2015.

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

4. If you are proposing changes to the approved objectives, activities and budget (program changing), please submit a request for guidance on program changing by contacting the responsible regional representative of GAVI or by sending an e-mail message to gavihss@gavi.org.

5. If you request a new tranche of funding, please see [<a {0}>Section 8.1.2](#).

6. Make sure **to provide a report to GAVI Alliance Secretariat approved by the relevant country-level coordination mechanisms** (HSCC or equivalent body) [<a {0}>in accordance with Signature page](#), taking into account the accuracy and authenticity of facts, figures and sources used.

7. Please attach all necessary [<a >supporting documents](#). They include:

- a. Minutes of all meetings of HSCC conducted in 2014
- b. The minute of meeting of HSCC in 2015 at which this report was approved
- c. Report on the latest assessment of the state of the health sector
- d. Financial report on the use of funds for HSS in 2014 calendar year
- e. The external audit report as for the use of funds for HSS, held in the near financial year (if applicable)

8. The Independent Review Committee (IRC) of GAVI Alliance examines all annual progress reports. Besides the below listed data, the Independent Review Committee (IRC) requires to include the following information in order to approve appropriation of the following tranches for financing HSS works:

- a. Reports on the agreed indicators, as specified in the approved framework of monitoring and assessment, in proposal and approval-letter;
- b. Demonstration (with convincing data) of close links between ongoing activities, results, consequences and indicators of the ultimate effectiveness;
- c. Briefly describe the technical output that may be required to facilitate the execution of works and monitoring of absorption the funds provided by GAVI for HSS in the following year

8. Inaccurate, incomplete or unfounded statements can lead to the IRC returning the APR to the country for further clarification (which may cause a delay in the allocation of funds for future HSS), or be advised to discontinue the

subsequent allocation of funds, or approve allocation only of the part of next tranche for HSS.

8.1. Report on Use of HSS Funds in 2014 and Request for New Tranche

Specify sources of all data used in this report.

8.1.1. Report on use of HSS funds in 2014

Fill the [Tables 8.1.3.a](#) and [8.1.3.b](#) (APR) for every year of the approved long-term program of HSS of the country (in USD and local currency)

Please consider the following: If you apply for a new tranche of financing, you must fill the last row of [Tables 8.1.3.a](#) and [8.1.3.b](#).

8.1.2. Specify whether you apply for allocation of a new tranche of financing **Yes**

If yes, specify the volume of the financing requested: **205,000** \$US

This funding should be sufficient to implement the grant for HSS in December 2016.

Table 8.1.3a \$(US)

	2009	2010	2011	2012	2013	2014
Initial annual budgets (according to originally confirmed offer on support for HSS)	582,000	395,000	205,000			
Reviewed annual budgets (if reviewed after consideration of last annual estimations of works progression)				582,000	395,000	205,000
Total funds received from GAVI during calendar year (A)	0	0	0	582,000	0	0
Remainder from previous year (B)				0	579,521	463,625
Total funds available during calendar year (C=A+B)				582,000	579,521	463,625
Total costs during calendar year (D)				2,478	115,896	273618
Carry-over to next calendar year (E=C-D)				579,521	463,625	190007
Funding Requested for Next Calendar Year (s) [if you requested the allocation of a new tranche, you must fill this row completely]	0	0	0	0	0	0

	2015	2016	2017	2018
Initial annual budgets (according to originally confirmed offer on support for HSS)				
Reviewed annual budgets (if reviewed after consideration of last annual estimations of works progression)				

Total funds received from GAVI during calendar year (A)	0			
Remainder from previous year (B)	190007			
Total funds available during calendar year (C=A+B)	190007			
Total costs during calendar year (D)	585007			
Carry-over to next calendar year (E=C-D)	-395000			
Funding Requested for Next Calendar Year (s) [if you requested the allocation of a new tranche, you must fill this row completely]	395,000	205,000	0	0

Table 8.1.3b (local currency)

	2009	2010	2011	2012	2013	2014
Initial annual budgets (according to originally confirmed offer on support for HSS)	466,473	317,146	163,529			
Reviewed annual budgets (if reviewed after consideration of last annual estimations of works progression)				454,542	414750	215250
Total funds received from GAVI during calendar year (A)				454,542	0	0
Remainder from previous year (B)				0	452,606	362,091
Total funds available during calendar year (C=A+B)				454,542	452,606	362,091
Total costs during calendar year (D)				1,936	90,514	213695
Carry-over to next calendar year (E=C-D)				452,606	362,091	148395
Funding Requested for Next Calendar Year (s) [if you requested the allocation of a new tranche, you must fill this row completely]	0	0	0	0	0	0

	2015	2016	2017	2018
Initial annual budgets (according to originally confirmed offer on support for HSS)				
Reviewed annual budgets (if reviewed after consideration of last annual estimations of works progression)				
Total funds received from GAVI during calendar year (A)	0			
Remainder from previous year (B)	148395			
Total funds available during calendar year (C=A+B)	148395			
Total costs during calendar year (D)	563145			
Carry-over to next calendar year (E=C-D)	-414750			
Funding Requested for Next Calendar Year (s) [if you requested the allocation of a new tranche, you must fill this row completely]	414750	215250	0	0

Report on Exchange Rate Dynamics

Specify the exchange rate in [Table 11.3.c](#) below used in every calendar year at opening and closing.

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening as of January 1	0.8015	0.8029	0.7977	0.781	0.781	0.781
Closing as of December 31	0.8031	0.7979	0.7865	0.781	0.781	

Detailed data on the use of funds for HSS in 2014 calendar year

Attach detailed financial report on the use of funds for HSS in 2014 calendar year. (*The requirements for drafting this report are available in the online annexes to APR*). Financial statements should be signed by the chief accountant or permanent Deputy Minister of Health Care. **(Document No.: 19)**

If in Table 14 any expenses for January-April 2015 are shown, it is also necessary to attach a separate detailed financial account on use of these funds for HSS **(Document No.: 20)**

No

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

8.2. Progress of activities for HSS in 2014 financial year

Describe in table 8.2. the key activities carried out in order to improve immunization using the funds for HSS. It is significant to specify the exact volume of works performed and the use of monitoring and assessment systems in your region in your official proposal and approval letter.

Present the following information with respect to each scheduled activity:

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

Table 8.2: Activities for HSS in 2014 Reporting Year

Key Activities (if necessary insert additional rows)	Scheduled Activities for 2014	Percent of Completed Activities (annual) (if applicable)	Source of information/data (if essential)
Objective 1	Strengthening the capacity of 7 educational institutions, 42 teachers and 640 health workers by means of strengthening the system of postgraduate education	100	
Activity 1.2	Conducting the training program for 42 teachers	100	Source of information: Calendar plan of Baku Base College No. 2 See appendix: «Календарный план_БМК.pdf» Source of information: List of participants of TOT See appendix: «TOT_list of participants.pdf» Source of information: Registration sheet of interactive training See appendix: «TOT_list of participants_1.pdf» Source of information: «Evaluation of developed of curriculum for trainers and trainees supporting materials and tools in accordance with the current needs_mission report» See appendix: «Evaluation of developed of curriculum for trainers_mission report.pdf» Source of information: CCM minutes from June 12, 2014 See appendix: «CCM_Minutes 12.06.14.pdf»
Activity 1.3	Training of 640 mid-level workers	100	Source of Information: Teaching evaluation tool. See appendix: «Evaluation tool_NS.pdf»
Activity 1.4	Purchase of training equipment for seven medical colleges	100	Source of information: Financial report for the year 2014 See appendix: «26a.HSS_BANK_STATEMENT_2014.pdf»
Objective 2	Strengthening of the information healthcare system for more effective monitoring of services for maternal and child's health protection	90	
Activity 2.1	Development of a mechanism to ensure immunization passports	100	
Activity 2.2	Modernization of registration of pregnant women in order to ensure continuous maternal and child care in five pilot areas	80	Source of information: List of Facilities as per Pregnancy Register See appendix: «List of facilities for pregnancy register.pdf» Source of information: CCM Minutes from May 8, 2014 See appendix: «CCM_Minutes 08.05.14.pdf».
Activity 2.3		80	
Activity 2.4	Developing the strategy for the integration of separate information subsystems into a single information system	100	Source of information: Report on the study of the integration processes in health information systems of Azerbaijan See appendix: Отчет о исследовании

			integracionnix processov_az_final.pdf Source of information: Mission report on the development of e-health strategy in Azerbaijan, best practices in e-health and modern technologies See appendix: ION_STANCIU_Report on mission.pdf
Objective 3	Strengthening potentials and tools for planning expenditures and budgets for immunization programs during the next three years	0	Source of information: Table 5.2 in updated HSS Application See appendix: UPDATED_HSS_APPLICATION.doc
Activity 3.1	Identification and selection of the main working group for developing training course for meetings on cost planning and budgeting		
Activity 3.2	Workshop on planning, budgeting and estimating costs		

8.2.1 For each objective and activity (for example, Objective 1, activity 1.1, activity 1.2 and etc.) explain the obtained results and problems faced with (for example, assessment, HSCC meetings).

Key Activities (if necessary insert additional rows)	Explain obtained results and barriers encountered/b>
Activity 1.2	<p>Subactivity 1.2.1-1.2.4</p> <ul style="list-style-type: none"> - The number of teaching hours of immunization module for basic course improvement increased from 12 to 20 hours - Annual plan of Basic Medical College includes 4 thematic courses (40 hours) of immunization module (approved by the Division of science and personnel of Ministry of Health of Azerbaijan Republic) - Trainings on immunization for 43 teachers based on the developed educational program, auxiliary materials and tools were held - Trainings on the use of modern interactive teaching methods were held <p>Subactivity 1.2.5-1.2.6</p> <ul style="list-style-type: none"> - Materials on immunization and teaching methods were assessed (international expert). See appendix: "Evaluation of developed of curriculum for trainers and trainees supporting materials and tools in accordance with the current_mission report.pdf") - Developed a plan to improve the educational program, teaching and monitoring and evaluation of results of expert review. <p>** Working Group of Baku Basic Medical College suggested the possibility of developing additional topics on the subject of Pediatrics, aimed at child morbidity and mortality reducing. The proposal was submitted for consideration of CCM and after detailed discussion, the proposal was approved. (See CCM minutes from June 12, 2014 "CCM_Minutes 12.06.14")</p> <p>Also, the possibility of new topics developing was recommended by international expert (see: «Evaluation of developed of curriculum for trainers and trainees supporting materials and tools in accordance with the current_mission report»)</p>
Activity 1.3	<p>Subactivity 1.3.1-1.3.3</p> <p>Starting in September 2014, immunization module of basic course on improvements are carried out based on a new program in all medical colleges. (more than 1000 cadets). Also, 2 thematic courses were conducted (35 participants)</p> <ul style="list-style-type: none"> - Program quality monitoring
Activity 1.4	<p>Subactivity 1.4.1</p> <ul style="list-style-type: none"> - Lists of equipment required to create immunization offices for practical training of cadets were settled and harmonized (Ministry of health, Republican Center for Hygiene and Epidemiology, WHO). - Necessary equipment to create immunization offices for practical training of cadets was purchased. - Equipment in immunization offices for practical training of cadets was installed

	<p>Subactivity 1.4.3</p> <ul style="list-style-type: none"> - List of equipment required for classes on immunization was settled - Equipment required for classes on immunization was procured - Equipment required for classes on immunization was installed in 7 medical colleges
<p>Activity 2.1</p>	<p>Subactivity 2.1.3</p> <ul style="list-style-type: none"> - Immunization passport software was developed <p>Subactivity 2.1.4</p> <ul style="list-style-type: none"> - Training sessions with the representatives of the PHC organizations, statistical services and Health Inspection Services how to work with new system were held <p>Subactivity 2.1.5</p> <ul style="list-style-type: none"> - Cover of immunization records were printed (at the expenses of national budget) <p>Subactivity 2.1.6</p> <ul style="list-style-type: none"> - Testing and improving the system of issuing "Immunization records" (subactivity of 2nd year of project is currently in progress) - Providing records for all newborns (subactivity of 2nd year of project is currently in progress)
<p>Activity 2.2</p>	<p>Subactivity 2.2.3</p> <ul style="list-style-type: none"> - Software for pregnant women registration was developed <p>Subactivity 2.2.4</p> <ul style="list-style-type: none"> - Posters and flyers to educate women about goals and objectives of the register and the importance of early registration of pregnancy were designed. - Posters and flyers to educate women about the importance of early registration of pregnancy were printed. List for posting posters was defined. Design and movie script to educate women about goals and objectives of the register and the importance of early registration of pregnancy were designed. - Video was released. (Communications Division of MoH provided the video clip to all national television channels for broadcasting) <p>Subactivity 2.2.5</p> <ul style="list-style-type: none"> - 76 sets of computer equipment were purchased. *** In order to facilitate all medical institutions, where pregnant women are registered, 106 computers are required (list of medical institutions is provided by MoH. See appendix: List of facilities for pregnancy register.pdf). So, working group brought up for discussion at a CCM meeting the possibility to procure missing computer equipment using unused funds of subactivity 2.1.5. This proposal was discussed and approved at a meeting of the CCM. (See CCM minutes from May 8, 2014 «CCM_Minutes 08.05.14.pdf».). *** Question of the procurement of 76 computers required for the register of pregnant women was discussed and endorsed by the expert group during the visit of GAVI in April 2014. This purchase led to exceeding the budget allocated for the execution of the subactivity (9.9% - within the permitted limit). <p>Subactivity 2.2.8</p> <p>Implementation and testing of information system.</p> <p>Subactivity 2.2.9</p> <ul style="list-style-type: none"> - The national-level training on the use of the register for monitoring, evaluation and executive decision-making (currently involvement of an international expert is under discussion) ***The concept of Pregnant Women Register, technical specification, as well as of Pregnant Women Register software has been the subject of repeated discussions among the stakeholders, which was one of the reasons of late performance of subactivities, including creating the requested software. Considering that the execution of subactivity 2.2.9 "The national-level training on the use of the register for monitoring, evaluation and executive decision-making" was possible only after the creation of the software product, the delay with the software led to the need to postpone the training to a later date.
<p>Activity 2.3</p>	<p>Subactivity 2.3.4</p> <ul style="list-style-type: none"> - Installation of software systems and data input and data transfer. *** Start of performance of subactivity 2.3.5 "Conducting training with managers of suppliers on use of health information for executive decision-making" and 2.3.7 "The national-level training"

	on the use of information in order to monitor and evaluate the effectiveness of health systems” is possible only after the process of software testing.
Activity 2.4	<p>Subactivity 2.4.1 - Study and description of technology process of information systems E-card, GEM, Office of Statistics and the Agency for Statistics of the birth registration and demographic statistics were conducted.</p> <p>Subactivity 2.4.2 - Integration strategy of information systems and coordination of the strategy with stakeholders (with international expert) was developed.</p> <p>Subactivity 2.4.3 - A seminar with national-level representatives on the contemporary approaches in the design and operation of Common health information systems (international expert) was held See appendix: ION_STANCIU_Report on mission.pdf</p>
Activity 3.1-3.2	<p>Considering the priority of Objective 1 and Objective 2 at the moment, at the meeting of HSCC it was decided to postpone the commencement of the subactivities of Objective 3 to a later date (see Minutes of the Meeting of HSCC from September 7, 2013 and Table 5.2 in updated HSS Application).</p> <p>The start of the implementation of Objective 3 sub-activities is scheduled for June 2015.</p>

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

Considering the priority of Objective 1 and Objective 2 at the moment, at the meeting of HSCC it was decided to postpone the commencement of the subactivities of Objective 3 to a later date (see Minutes of the Meeting of HSCC from September 7, 2013 and Table 5.2 in updated HSS Application).
The start of the implementation of Objective 3 sub-activities is scheduled for June 2015.

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

Not used

8.3. General Overview of Goals Achieved

Fill **Table 8.3** for each indicator and the tasks described in the initial offer and the Decision letter. Use initial amounts and goals for 2013 from your initial offer on HSS.

Table 8.3: Progress in Achieving Goals

Name of Task and Indicator (if necessary include additional lines)	Initial Level		Approved Goal until End of Support in Initial HSS Proposal	2014 Goal	2010	2011	2012	2013	2014	Source of data	If some goals were not achieved, please explain
	Initial Amount	Initial Source/Date									
1. DTP3 national-level coverage (%)	95	State Committee of Statistics of the Republic of Azerbaijan	95	2014 is not a target year. The target indicator for 2015 is "95"							
2. Number/% of districts with DTP3 coverage ≥ 80%	63	State Committee of Statistics of the Republic of Azerbaijan	64	2014 is not a target year. The target indicator for 2015 is "64"							
3. Infant mortality at the age up to 5 years (per 1000LB)	13.5	3. Infant mortality at the age up to 5 years (per 1000LB) 13.5 State Committee of Statistics of the Republic of Azerbaijan	12	2014 is not a target year. The target indicator for 2015 is "12"							

4. % of normal delivery of the total number of births	84%	Demographic health survey, MoH	90%	2014 is not a target year. The target indicator for 2015 is "90%"							
5. Maternal mortality rate (per 100000 live births)	15.3	State Committee of Statistics of the Republic of Azerbaijan	13	2014 is not a target year. The target indicator for 2015 is "13"							

8.4. Program execution in 2014

8.4.1. Please provide a description of major achievements in 2014, especially those that influenced the health care program, as well as report on how the HSS funds were usefully implemented within the immunization programme.

The following activities were carried out in 2014:

Objective 1.

Activity 1.1

Development of training program and auxiliary materials and tools on Immunization module

Development of tool for course evaluations

Activity 1.2

The approval of the Ministry of Health to increase the number of hours of basic course for nurses' professional qualifications improvements from 12 to 20 hours

Including into Annual plan of Basic Medical College 4 thematic courses (40 hours) of immunization module for vaccination personnel.

Trainings on immunization for teachers based on the developed educational program, auxiliary materials and tools

Activity 1.3

Trainings on use of modern interactive teaching methods

Training programs for nurses.

Quality program monitoring using quality assessment tools.

Evaluation of materials of immunization module and teaching by an international expert.

Activity 1.4

Defining the list of equipment required to create immunization offices for practical training (approved by Ministry of Health, Republican Center of hygiene and epidemiology, WHO).

Procurement of the necessary equipment to create immunization offices for practical training

Installation of equipment to immunization offices for practical training

Defining the list of the equipment required for classes on the Immunization module

Procurement of the equipment required for classes on the Immunization module.

Installing of equipment required for classes on the Immunization module at 7 medical colleges.

Objective 2

Activity 2.1

- **Developing immunization passport software**
- **Training sessions with the representatives of the PHC organizations, statistical services and Health Inspection Services how to work with new system**
- **Print of immunization records covers (national budget)**
- **Launch, testing and improving the system of issuing "Immunization records".**

Activity 2.2

Developing software for pregnant women registration

Posters and flyers to educate women about goals and objectives of the register and the importance of early registration of pregnancy were designed.

Printing of posters and flyers to educate women about the importance of early registration of pregnancy

Defining places for posting posters.

Design and movie script to educate women about goals and objectives of the register and the importance of early registration of pregnancy.

Video was released. (Communications Division of MoH provided video clip to all national television channels for demonstrating)

Sets of computer equipment procurement

Implementation and testing of the Register (currently in progress).

Activity 2.3

Refinement of the software to strengthen the decentralization of data entry system at the district level, including Forms No. 103 and 106

Installation of software systems and data input and data transfer.

Activity 2.4

Study and description of technology process of information systems E-card, GEM, Office of Statistics and the Agency for Statistics of the birth registration and demographic statistics.

Development of the integration strategy of information systems and coordination of the strategy with the stakeholders.

A seminar with national level representatives on the contemporary approaches in the design and operation of Common Health Sector Information Systems (international expert)

Due to the incompleteness of certain activities, it is too early to identify the results that would lead to effects of HSS funds spent on the immunization program.

8.4.2. Describe the problems encountered and the decision found or offered, aimed for improvement of HSS funds use in future.

Financial assets for the first project year were transferred to the specified account of the

Public Health and Reforms Center in October 2012. Thus, the activities planned for the first project year began in the 4th quarter of 2012.<?xml:namespace prefix = o />

Objective 1:

Working Group of Baku Basic Medical College suggested the possibility of developing additional topics on the subject of Pediatrics aimed at reducing child morbidity and mortality. The proposal was submitted for consideration of CCM and after detailed discussion, the proposal was approved. (See CCM minutes from June 12, 2014 «*CCM 12.06.2014 WGprotocol.docx*») Also, the possibility of new topics developing was recommended by the international expert (see appendix: «*Evaluation of developed of curriculum for trainers and trainees supporting materials and tools in accordance with the current mission report.pdf*»)

The execution of the proposal does not require a transfer of funds from any activities/subactivities. For execution of that subactivity should be used means provided under Application to develop training materials on Activity 1.1.

Objective 2:

For the complete execution of subactivity 2.2.5 of Objective 2 (facilitating of all medical institutions, providing registration of pregnant women) it was suggested to use funds of subactivity 2.1.5 of Objective 2 < Print of immunization records covers >. These funds remain unused because immunization passport covers, as scheduled, were printed at the expenses of national budget, and blank of passports will be printed directly on sites, where immunization will be held, so there is no need to purchase them.

At the meeting, the proposal was discussed in detail by the CCM and a positive decision was made on the possibility of purchasing the computer equipment required. (see *CCM minutes from May 8, 2014* "CCM_Minutes 08.05.14.pdf). Tender procedures are currently underway.

8.4.3. Describe specific measures on different levels for monitoring and effectiveness assessment of activities within GAVI HSS.

Under Agreement on the Assessment of Financial Management signed by GAVI and the Government of Azerbaijan, the candidacy of Programme Monitoring Agency represented by public association «Assistance to Healthcare Development» was endorsed. The Agency is responsible for the assessment of the effectiveness of the implemented activities and monitoring of the procurement process of goods and services from the Organization implementing the project (Center of social reform and health).<?xml:namespace prefix = o />

Reporting to GAVI by Agency is carried out on the basis of the assessment tool, provided to GAVI earlier. Monitoring reports are submitted to GAVI quarterly. *Agency reports on monitoring of GAVI HSS project «Assistance to Healthcare Development» for 2014 see in Appendix: «Monitoring agency_(AHD)_Quarterly Report_2014.pdf»*

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

Use of GAVI funds for HSS (including the procurement of goods and services) is carried out according to the local regulations (in particular Azerbaijan legislation on public procurement and decrees of the Cabinet of Ministers) and the conditions prescribed in the agreement between GAVI and the Government of Azerbaijan.<?xml:namespace prefix = o />

The Agency for Monitoring the «Healthcare Strengthening Support» in its activity is guided by the legislation of the country, as well as the conditions prescribed in the agreement between GAVI and the Government of Azerbaijan.

8.4.5. Accurately indicate the participation of key stakeholders in the implementation of the HSS proposals (including EPI and civil society organizations). You must specify the type of organization, name and designation of the implementation.

Public Health and Reforms Center (PHRC)

Government Organization

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

Ministry of Health (MOH)

Government Organization

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

WHO Azerbaijan Country Office

International Organization

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

“Assistance to Healthcare Development” Public Union

NGO

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

Vishnevskaya-Rastropovich Foundation, NGO

NGO

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

Baku Medical School #2

Government Organization

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

State Statistical Committee

Government Organization

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

Scientific-Research Institute of Obstetrics and Gynecology

Government Organization

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

Republican Centre for Hygiene and Epidemiology (RCHE)

Government Organization

- o Technical support and consultations

UNICEF Azerbaijan Country Office

International Organization

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

WB

International Organization

- o Rationalization of HSRP/WB plans with GAVI HSS projects

- o Technical support and consultations

Ganja Medical School

Government Organization

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

Sheki Medical School

Government Organization

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

Lenkaran Medical School

Government Organization

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

Sumgait Medical School

Government Organization

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

Nakhchivan Medical School

Government Organization

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

Mingechaur Medical School

Government Organization

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

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

the expense of funds for HSS.

The process of project implementation requires active participation of civil society organizations. At this stage, the Public Union “Assistance to Healthcare Development” (Public Union “Assistance to Healthcare Development”) is engaged for monitoring and evaluating the implementation of the HSS Proposal.

The amount of funding allocated to the Public Union “Assistance to Healthcare Development” in the first project year is USD 6500.

The HSCC includes representatives of 3 civil society organizations:

NGO “Health Service”

NGO "Clean World"

NGO "Legal Development and Democracy"

Thus, all the issues discussed at the meetings of HSCC Working Group on GAVI funds management are considered by HSCC with the participation of civil society organizations.

8.4.7. Describe the mechanism of HSS funds management, notifying the following:

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

8.5. Activities planned for HSS in 2015

Enter the information about the progress of events in 2015 into **Table 8.4**. If you suggest making changes in the activities and budget in 2015, explain the changes in the table below, and explain the reasons.

Table 8.4: Planned activities for 2015

Key Activities (if necessary insert additional rows)	Scheduled activities for 2015	Initial Budget for 2015 (confirmed in the offer for HSS or corrected during estimation of course of accomplishment of works in a year)	2015 Actual Expenses (by April 2015)	Revised Activity (if essential)	Explanation of Suggested Changes in Activities or Budget (if essential)	Revised Budget for 2015 (if essential)
Activity 1.1	Identification and selection of the main working group for curriculum trainers training, support materials and tools preparation	11424	0			
Activity 1.2	Conducting the training program for 42 teachers	110683	0			
Activity 1.3	Training of 640 mid-level workers	6752	0			
Activity 1.4	Equipping 7 medical colleges for training	78000	4514			
Activity 2.1	Developing a mechanism to facilitate immunization	28693	0	Subactivity 2.1.5 Print of immunization records covers	Immunization passport covers, as scheduled, were printed at the expense	

	passports in 5 pilot areas			and blanks	of the national budget, and blank passports will be printed directly on sites, where immunization will be held, so no need to purchase them.	
Activity 2.2	Modernization of registration of pregnant women in order to ensure continuous maternal and child care in five pilot areas	77837		Subactivity 2.2.5 Sets of computer equipment procurement	For execution of subactivity 2.2.5 of Objective 2 "Purchase of computer equipment for the electronic register of pregnant women" purchase of 76 sets of computer equipment was planned. But, in order to facilitate all medical institutions, where pregnant women are registered, 106 computers are required (list of medical institutions is provided by the Ministry of Health See "List of facilities for pregnancy register_MoH.pdf"). That is why a positive decision was made on the possibility of purchasing the required computer equipment from the funds allocated for subactivity 2.1.5 of Object 2. (See CMM minutes from May 8, 2014 "CCM_Minutes 08.05.14.pdf").	
Activity 2.3	Strengthening the decentralization of data entry at the district level including Forms No. 103 and 106	39811				
Activity 2.4	Developing the strategy for the integration of separate information subsystems into a single information system	0	6293			
Activity 3.1	Identification and selection of the main working group for developing training course for meetings on cost planning and budgeting	7500				
Auxiliary Costs	Management	26063				
Auxiliary Costs	Monitoring and Assessment	6,000				
Auxiliary Costs	Technical input	4,000				
					** In the initial budget for 2015 field (approved in the offer for HSS or adjusted during the assessment of work progress for the year) resources approved for	

					the HSS for the 2-nd year of project are shown. Funds for the 2-year project implementation have not been received.	
		396763	10807			0

8.6. Activities planned for HSS in 2016

Use **Table 8.6** to describe Planned Activities for 2016. If you are proposing changes to your activities and events, please explain these changes in the table below and give an explanation for each change to allow Independent Review Committee to recommend a revised budget and activities for approval.

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

Table 8.6: Activities planned for HSS in 2016

Key Activities (if necessary insert additional rows)	Planned Activities for 2016	Initial budget for 2016 (confirmed in the offer for HSS or corrected during estimation of course of accomplishment of works in a year)	Revised Activity (if essential)	Explanation of Suggested Changes in Activities or Budget (if essential)	Revised Budget on 2016 (if essential)
Activity 1.1	Identification and selection of the main working group for curriculum trainers training, support materials and tools preparation	10,307			
Activity 1.2	Conducting the training program for 42 teachers	18,965			
Activity 1.3	Training of 640 mid-level workers	8,078			
Activity 1.4	Equipping 7 medical colleges for training	4,000			
Activity 2.1	Developing a mechanism to facilitate immunization passports in 5 pilot areas	28,999			
Activity 2.2	Modernization of registration of pregnant women in order to ensure continuous maternal and child care in five pilot areas	15,743			
Activity 2.3	Strengthening the decentralization of data entry at the district level including Forms No. 103 and 106	72,930			
Activity 2.4	Developing the strategy for the integration of	0			

	separate information subsystems into a single information system				
Activity 3.1	Identification and selection of the main working group for developing training course for meetings on cost planning and budgeting	7500			
Auxiliary Costs	Management	26,098			
Auxiliary Costs	Monitoring and Assessment	7,000			
Auxiliary Costs	Technical input	6,000			
				** In the initial budget for 2016 field (approved in the offer for HSS or adjusted during the assessment of work progress for the year) resources approved for the HSS for the 3rd year of project are shown.	
		205,620			

8.7. Revised Indicators in Case of Reprogramming

Countries planning to apply for modification of the programme, can do that at any time of the year. Please submit a request for guidance on program changing by contacting the responsible regional representative of GAVI or by sending an e-mail message to gavihss@gavi.org.

8.8. Other Sources for HSS Funding

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

Table 8.8: Fund Sources for HSS in Your Country

Donor	Amount in \$US	Support Duration	Type of Funded Activities

8.8.1. Is support from GAVI for HSS included in the national budget of a health care sector? **No**

8.9. Report on the use of HSS grant

8.9.1. List the **basic** sources of the information used in this report on HSS, specifying the following:

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

Table 8.9.1: Source of data

Sources of data used in this report	How the information was verified	Problems encountered, if any

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

8.9.3. How many times did the Coordinating committee of the health care sector (HSCC) hold meetings in 2014? 5

Please attach:

1. Minutes of HSCC meetings in 2015 with the report approval (**Document No: 6**)
2. Report on the latest assessment of the health sector state

9. Support for Strengthening Involvement of Civil Society Organisations (CSO) in Immunisation: Type A and Type B

9.1. TYPE A: support for strengthening coordination and extension of representation of CSO

Azerbaijan **GAVI support for CSO (TYPE A) was NOT received**

Azerbaijan does not submit a report on the use of support for CSO Type A in 2014

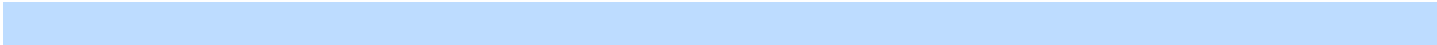
9.2. Support of CSO of TYPE B: must facilitate the implementation of the GAVI proposal for HSS or CMYP

Azerbaijan **GAVI support for CSO (TYPE A) was NOT received**

Azerbaijan does not submit a report on the use of support for CSO Type B in 2014

10. Comments of ICC/HSCC Chairmen

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



11. Appendices

11.1. Appendix 1 – Terms of Reference for ISS

INITIAL REQUIREMENTS:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, , 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; therefore, GAVI will not provide a single template to countries with pre-determined cost categories.

III. **As a minimum**, GAVI requires a simple income statement for activity during the 2014 calendar year, to be comprised of points (a) through (e), below. A sample basic income statement is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as at 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, commissions, etc.)

d. Total expenditures for calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures for 2014 **based on an economic classification system approved by your government**. This analysis should summarise the total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages and 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 2014 (referred to as "variance").

IV. Financial statements should be compiled in the 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 or otherwise 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 2014 financial year. Audits for HSS are due to the GAVI Secretariat not later than 6 months following the close of each country's financial year.

11.2. Appendix 2 – Income Statement Sample (ISS)

THE MINIMAL REQUIREMENTS TO THE FINANCIAL REPORTING ON ISS AND USE OF THE GRANT FOR VACCINE INTRODUCTION 1

Sample report on income and expenditure

Summary of Income and Expenditures – GAVI ISS		
	Local Currency (CFA Francs)	Value in USD*
Balance Carried over from 2013 (balance as of 31 December 2013)	25,392,830	53,000
Summary of Income Received during 2014		
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 Expenditures in 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward for 2015)	60,139,325	125,523

* Indicate the exchange rate at opening (01.01.2014), the exchange rate at closing (31.12.2014), and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed Analysis of Expenditure as per Economic Classification ** – GAVI ISS						
	Budget in franc CFA	Budget in USD	Actual in CFA	Actual in USD	Difference in CFA	Difference in USD
Salary Expenditures						
Salary	2,000,000	4,174	0	0	2,000,000	4,174
Per diem	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-Salary Expenditures						
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 and 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
TOTAL FOR 2014	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.

11.3. Appendix 3 – Terms of Reference - HSS

INITIAL REQUIREMENTS:

FINANCIAL STATEMENTS ON **HEALTH SYSTEM STRENGTHENING (HSS)**

I. I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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; therefore, GAVI will not provide a single template to countries with pre-determined cost categories.

III. As a minimum, GAVI requires a simple income statement for activity during the 2014 calendar year, to be comprised of points (a) through (e), below. A sample basic income statement is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as at 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, commissions, etc.)

d. Total expenditures for calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures for 2014 based on an economic classification system approved by your government. This analysis should summarise the 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 2014 (referred to as "variance").

IV. Financial statements should be compiled in the 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 or otherwise 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 2014 financial year. Audits for HSS are due to the GAVI Secretariat not later than 6 months following the close of each country's financial year.

11.4. Appendix 4 – Income Statement Sample, HSS

MINIMUM REQUIREMENTS FOR FINANCIAL ACCOUNTANCY FOR HSS:

Sample report on income and expenditure

Summary of Income and Expenditures – HSS		
	Local Currency (CFA Francs)	Amount in USD*
Balance Carried over from 2013 (balance as of 31 December 2013)	25,392,830	53,000
Summary of Income Received during 2014		
Funds 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 Expenditures in 2014	30,592,132	63,852
Balance as of 31 December 2014 . (balance carried forward for 2015)	60,139,325	125,523

* Indicate the exchange rate at opening (01.01.2014), the exchange rate at closing (31.12.2014), and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed Analysis of Expenditure as per Economic Classification ** – GAVI HSS						
	Budget in franc CFA	Budget in USD	Actual in CFA	Actual in USD	Difference in CFA Francs	Difference in USD
Salary Expenditures						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payment	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-Salary Expenditures						
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 and 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
TOTAL FOR 2014	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.

11.5. Appendix 5 – Terms of Reference - CSO

INITIAL REQUIREMENTS:

FINANCIAL STATEMENT ON SUPPORT OF **CIVIL SOCIETY ORGANISATIONS (CSO)** TYPE B

- I. All countries that have received CSO Type B Support grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO Type B grants in 2014, 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; therefore, GAVI will not provide a single template to countries with pre-determined cost categories.
- III. As a minimum, GAVI requires a simple income statement for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic income statement is provided on the page 3 of this appendix.
 - a. Funds carried forward from the 2013 calendar year (opening balance as at 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received in 2014 (interest, commissions, etc.)
 - d. Total expenditures for calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures for 2014 based on an economic classification system approved by your government. This analysis should summarise the 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 2014 (referred to as "variance").
- IV. Financial statements should be compiled in the 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 or otherwise 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 2014 financial year. Audits for CSO Type B are due to the GAVI Secretariat not later than 6 months following the close of each country's financial year.

11.6. Appendix 6 – Sample Income Statement (CSO)

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

Sample report on income and expenditure










Summary of Income and Expenditures – CSO Support		
	Local Currency (CFA Francs)	Value in USD*
Balance Carried over from 2013 (balance as of 31 December 2013)	25,392,830	53,000
Total Income Received during 2014		
Funds 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 Expenditures in 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward for 2015)	60,139,325	125,523

* Indicate the exchange rate at opening (01.01.2014), the exchange rate at closing (31.12.2014), and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed Analysis of Expenditure as per Economic Classification ** – GAVI CSO						
	Budget in franc CFA	Budget in USD	Actual in CFA	Actual in USD	Difference in CFA Francs	Difference in USD
Salary Expenditures						
Salaries and wages	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payment	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-Salary Expenditures						
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 and 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
TOTAL FOR 2014	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. Attachments

Document No	Document	Section	Mandatory	File
1	Signature of Minister of Health (or an authorised representative)	2.1		Signatures_M3.pdf File desc: Deputy Minister signature Date/Time: 13.05.2015 11:50:50 Size: 587 KB
2	Signature of Minister of Finance (or an authorised representative)	2.1		Signatures_M3.pdf File desc: The signature of the head of the Department of the MOH Date/Time: 13.05.2015 11:51:01 Size: 587 KB
3	Signatures of ICC members	2.2		Signatures_ICC.pdf File desc: Signatures of ICC members Date/Time: 13.05.2015 11:50:35 Size: 688 KB
4	Minutes of ICC session in 2015 at which the APR was approved for 2014	5.4		Minutes_CCM_eng.pdf File desc: CCM Minutes from May 2015 Date/Time: 14.05.2015 06:34:27 Size: 1 MB
5	Signatures of HSCC members	2.3		Signatures_HSCC.pdf File desc: Date/Time: 13.05.2015 01:35:19 Size: 716 KB
6	Minutes of HSCC session in 2015 at which the APR was approved for 2014	8.9.3		Minutes_CCM_eng.pdf File desc: Date/Time: 14.05.2015 06:34:40 Size: 1 MB
7	Financial statement for the Immunisation services support (ISS) (2014 financial year), signed by the chief accountant or the permanent secretary at the Ministry of Health	6.2.1		The file is not loaded
8	External audit report for the immunisation services support (ISS) (2014 financial year)	6.2.3		The file is not loaded
9	Post-vaccine introduction evaluation report (PVIE)	7.2.1		The file is not loaded

10	Financial statement for the NVS introduction grant (2014 financial year), signed by the chief accountant or the permanent secretary at the Ministry of Health	7.3.1	✓	Financial report NVS-2014.pdf File desc: Date/Time: 06.05.2015 05:45:04 Size: 532 KB
11	External audit report for NVS introduction grant (2014 financial year) if total expenditures in 2014 are greater than \$US 250,000 USD	7.3.1	✓	External audit.docx File desc: Date/Time: 06.05.2015 03:33:29 Size: 13 KB
12	EVSM/VMA/EVM report	7.5	✓	EVM improvement plan_AZE_FIN File desc: Date/Time: 06.05.2015 03:28:41 Size: 209 KB
13	New plan for improving efficient vaccine storage management (EVSM), vaccine management assessment (VMA) and efficient vaccine management (EVM)	7.5	✓	EVM improvement plan_AZE_FIN File desc: Date/Time: 06.05.2015 05:30:28 Size: 134 KB
14	Status of implementation of the EVSM/VMA/EVM improvement plan	7.5	✓	Status of implementation of the EVM File desc: Date/Time: 07.05.2015 03:21:28 Size: 28 KB
16	Current CMYP in case of an incoming request for programme extension support	7.8	✓	cMYP2011-2015 rev_Eng.doc File desc: Date/Time: 06.05.2015 03:40:19 Size: 1 MB
17	Instrument for expenditures' evaluation under the current CMYP in case of an incoming request for programme extension support	7.8	✓	cMYP_Scenario_B.xls File desc: Date/Time: 07.05.2015 01:17:14 Size: 3 MB
18	Minutes from the ICC meeting approving the extension of the vaccine introduction support programme, if applicable.	7.8	✓	minutes 10.09.14.docx File desc: Date/Time: 06.05.2015 05:45:59 Size: 15 KB
19	Financial statement for the health system strengthening (HSS, 2014 fiscal year) grant, signed by the chief accountant or the permanent secretary at the Ministry of Health	8.1.3	✓	19.HSS FINANCIAL REPORT 20 File desc: HSS Financial statement Date/Time: 13.05.2015 02:15:11 Size: 1 MB

20	Financial statement for the health system strengthening (HSS) grant for January-April 2015, signed by the chief accountant or the permanent secretary at the Ministry of Health	8.1.3	✓	20.HSS FINANCIAL REPORT JAN File desc: HSS financial report yan. Date/Time: 12.05.2015 02:58:24 Size: 405 KB
21	External audit report for health system strengthening (HSS) (2014 financial year)	8.1.3	✓	About external audit activities in HS File desc: About external audit activi Date/Time: 14.05.2015 01:23:08 Size: 10 KB
22	Expert report on the health sector in the HSS area	8.9.3	✓	HSPA2011_Update 2011_FINAL.po File desc: Report on the assessme Date/Time: 13.05.2015 03:23:15 Size: 810 KB
23	Mapping Type A report for Civil Society Organisations	9.1.1	✗	The file is not loaded
24	Financial report for the grant "Civil Society Organisations" (CSO), type B (2014 financial year)	9.2.4	✗	The file is not loaded
25	External audit report for the grant for Civil Society Organizations (CSO), type B (2014 financial year)	9.2.4	✗	The file is not loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are coming to the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	26ab.HSS BANK STATEMENTS f File desc: a. HSS Bank statement f b. HSS Bank statement for Jan_Apr Date/Time: 12.05.2015 08:38:47 Size: 5 MB
27	minutes_meeting_icc_on_changing_vaccine_presentation	7.7	✗	Minutes_CCM_eng.pdf File desc: Date/Time: 14.05.2015 06:35:06 Size: 1 MB
28	Justification for changes in target population	5.1	✗	The file is not loaded
	Another document		✗	Evaluation of developed of curriculu supporting materials and tools in ac report.ndf

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Size: 734 KB

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Size: 196 KB

[CCM_Minutes_2014.pdf](#)
File desc: CCM_Minutes_2014_all
Date/Time: 13.05.2015 07:24:37
Size: 15 MB

[Meetings_Minutes_HSS_Implementa](#)
File desc: Meetings minutes HSS
Date/Time: 12.05.2015 08:33:59
Size: 678 KB

[Ion Stachu_Report on mission.pdf](#)
File desc: Mission report on the development of Azerbaijan, best practices in e-health
Date/Time: 12.05.2015 06:17:16
Size: 1 MB

[UPDATED_HSS_APPLICATION_1](#)
File desc: Updated HSS application Table 5.2:
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Size: 1 MB

[Evaluation tool_NS.pdf](#)
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Date/Time: 12.05.2015 06:02:55
Size: 433 KB

[Calendar plan of Baku Base College](#)
File desc: Calendar plan of Baku Base College
Date/Time: 12.05.2015 05:52:59
Size: 710 KB

[Otchet o issledovanii integracionnix](#)
File desc: Report on the study of the information systems of Azerbaijan
Date/Time: 12.05.2015 07:18:28
Size: 1 MB

[Monitoring agency \(AHD\) Quarterly](#)

File desc: Monitoring agency report

«Assistance to Healthcare Develop

Date/Time: 12.05.2015 07:46:53

Size: 159 KB

[CCM_Minutes_12.06.14.pdf](#)

File desc: CCM minutes from June

Date/Time: 13.05.2015 07:12:16

Size: 578 KB

[CCM_Minutes_08.05.14.pdf](#)

File desc: CCM Minutes from May

Date/Time: 12.05.2015 06:17:02

Size: 132 KB

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