



Annual Progress Report 2008

Submitted by

The Government of

Azerbaijan

Reporting on year: 2008

Requesting for support year: 2010/2011

Date of submission: 25.08.2009

Deadline for submission: 15 May 2009

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

and any hard copy could be sent to :

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

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

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

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

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

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

Deputy Minister of Health:

Title: Dr. Abbas Valibayov

Signature: 

Date: 25.08.2009

**Chief of Finance- economic department of the
Ministry of Health:**

Title: Mr. Azad Valiyev

Signature: 

Date: 24.VIII-2009

This report has been compiled by:

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ICC Signatures Page

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

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements- this statement displaced by indicated below

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

Name/Title	Agency/Organisation	Signature	Date
Soltan Aliyev deputy Chairman,	Ministry of Health		09.07.09
Viktor Gasimov Chief of sanitary -epidemiological	Ministry of Health		09.07.09
Samir Abdullayev Chief of international relations	Ministry of Health		09.07.09
Svetlana Zmitrovich Deputy of Director General	Republican Center for Hygiene and Epidemiology		09.07.09
Jeyhoun Mammadov Director	Public Health and Reform Center		09.07.09
Abulfaz Abdulazadeh Director	Center of Analytical Expertise of Pharmaceuticals		09.07.09
Kamran Garakhanov Head of Country Office	World Health Organization		09.07.09
Shafag Rahimova Health Program Officer	UNICEF		09.07.09
Soltan Mammadov Director	Rostropovich-Vishnevskaya Foundation		09.07.09

Comments from partners:

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

As this report been reviewed by the GAVI core RWG:
y/n.....

HSCC Signatures Page








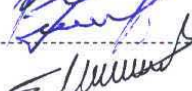

If the country is reporting on HSS, CSO support

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements - this statement displaced by indicated below

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

Name/Title	Agency/Organisation	Signature	Date
Soltan Aliyev deputy Chairman, chief of medical care organization department	Ministry of Health		09.07.09
Viktor Gasimov Chief of sanitary -epidemiological surveillance department	Ministry of Health		09.07.09
Samir Abdullayev Chief of international relations department	Ministry of Health		09.07.09
Svetlana Zmitrovich Deputy of Director General	Republican Center for Hygiene and Epidemiology		09.07.09
Jeyhoun Mammadov Director	Public Health and Reform Center		09.07.09
Abulfaz Abdulazadeh Director	Center of Analytical Expertise of Pharmaceuticals		09.07.09
Kamran Garakhanov Head of Country Office	World Health Organization		09.07.09
Shafag Rahimova Health Program Officer	UNICEF		09.07.09
Soltan Mammadov Director	Rostropovich- Vishnevskaya Foundation		09.07.09

Comments from partners:

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

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

This report on the GAVI Alliance CSO Support has been completed by:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	149000*							
Infants' deaths								
Surviving infants								
Pregnant women								
Target population vaccinated with BCG	145722							
BCG coverage*	97.8%							
Target population vaccinated with OPV3	144530							
OPV3 coverage**	97.0%							
Target population vaccinated with DTP (DTP3)***	141550							
DTP3 coverage**	95.0%							
Target population vaccinated with DTP (DTP1)***	140679							
Wastage ¹ rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of								
..... Coverage**								
Target population vaccinated with 1 st dose of								
Wastage ¹ rate in base-year and planned thereafter								
Target population vaccinated with 1 st dose of Measles	145126							
Target population vaccinated with 2 nd dose of Measles	144530							
Measles coverage**	97.4%							
Pregnant women vaccinated with TT+								
TT+ coverage****								
Vit A supplement	Mothers (<6 weeks from delivery)							
	Infants (>6 months)	143040						
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	2,1							
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

* number of births on 01.01.2008, provided by State Statistic Committee

** Number of infants vaccinated out of surviving infants

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

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

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	134448	152086						
Infants' deaths	2468							
Surviving infants	131980							
Pregnant women								
Target population vaccinated with BCG	132059	149044						
BCG coverage*	98,2%	98,0%						
Target population vaccinated with OPV3	128708	149044						
OPV3 coverage**	97,5%	98,0%						
Target population vaccinated with DTP (DTP3)***	125337	144482						
DTP3 coverage**	95,0%	95,0%						
Target population vaccinated with DTP (DTP1)***	128442	147979						
Wastage ² rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of								
..... Coverage**								
Target population vaccinated with 1 st dose of								
Wastage ¹ rate in base-year and planned thereafter								
Target population vaccinated with 1 st dose of Measles	125584	147523						
Target population vaccinated with 2 nd dose of Measles	108091	108137						
Measles coverage**	97,3%	97,0%						
Pregnant women vaccinated with TT+								
TT+ coverage****								
Vit A supplement	Mothers (<6 weeks from delivery)							
	Infants (>6 months)	93,2%	144482					
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	2,4	2,3						
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

These funds have not been reflected in Government Budget.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Due to absence of separate account in Republican Center of Hygiene and Epidemiology the funds have been transferred to the account of Treasury of The Ministry of Finance. Upon approval received from the Cabinet of Ministries the Ministry of Finance officially allowed to use of funds. Due to time spent on official approval procedures funds was not implemented in 2008 and has been reallocated for 2009.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 360 000 US \$

Remaining funds (carry over) from 2007 _____

Balance to be carried over to 2009 360 000 US \$

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:					
Remaining funds for next year:	360 000 US \$				

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

List challenges in collecting and reporting administrative data:

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

Co- financing on Hep B vaccine
Preparation of Hib application

[List any change in doses per vial and change in presentation in 2008]

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
Hepavax-Gene	10 doz	110000	2002	08.05.2008
Hepavax-Gene	2 doz	53500	2002	08.05.2008

Please report on any problems encountered.

[List problems encountered]

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

[List activities]

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: [dd/mm/yyyy]

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems

--	--	--	--	--	--

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in December 2007.

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

- To revise vaccine distribution system. Consideration should be given to increasing the frequency of distribution, and accurately calculating distributions quantities to meet actual need. This would reduce the exposure of vaccine to poorly controlled storage conditions. For long-term storage (up to six months) it is much safer to keep vaccine at national level where temperatures are more likely to be continuously monitored, equipment properly maintained and the electricity supply (with standby power) reliable.
- To allocate enough funds to bring the cold chain equipment in the national store up to the standards recommended in the EVSM documents.
- To replace the existing vaccine chest freezers which are over 10 years old. The best of the old units can be kept and used for icepack freezing until they finally expire.
- Cold box capacity and cold life needs to be matched to actual journey times and to the method of distribution. The present arrangement for distributing vaccine uses a mixture of cold boxes and recycled insulated shipping containers. A thorough review of cold box needs throughout the cold chain needs to be carried out to establish the national need for this type of equipment, both on a national and on a Rayon by Rayon basis.
- To install standby generator and voltage regulator in New Cold Store at Innovation and Supply Center
- All cold rooms and vaccine freezers should be fitted with continuous temperature monitoring equipment and should be connected to an alarm system fitted with an auto-dialler.
- To replace or supplementing the existing refrigerated vehicle with one which has an independently powered refrigeration unit and continuous temperature monitoring. Existing vehicle should be retro-fitted with an independently powered unit and a continuous temperature recorder.
- Refreshment of wiring/electricity of whole store in line with extra load..
- All procured vaccine should be with VVM according to WHO recommendation on vaccine procurement.
- Developing of SOP for following activities:
 - Vaccine procurement, including point on procurement of WHO prequalified vaccines and vaccines with VVM
 - Procurement of syringes and safety boxes including point on PQS specification and prequalification
 - Vaccine arrival procedures
 - Emergency response plan
 - Vaccine store
 - Temperature monitoring.
 - Stock control, including EEFO method and use of VVM.
 - Vaccine distribution, including registration and temperature monitoring.
 - Maintenance of cold chain equipment including refrigerated vehicle.
- For immunization program to procure only auto-disposable syringes (WHO prequalified and inline with PQS standards).

Was an action plan prepared following the EVSM/VMA? Yes/No

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[List main activities]

When will the next EVSM/VMA* be conducted? [mm/yyyy]

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

Table 1.2

Vaccine 1:	
Anticipated stock on 1 January 2010
Vaccine 2:	
Anticipated stock on 1 January 2010
Vaccine 3:	
Anticipated stock on 1 January 2010

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?.....

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

[List sources of funding for injection safety supplies in 2008]

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

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

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines			
New Vaccines			
Injection supplies			
Cold Chain equipment			
Operational costs			
Other (please specify)			
Total EPI			
Total Government Health			

Exchange rate used	
---------------------------	--

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

Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>1st vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>2nd vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>3rd vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.

Are there changes between table A and B? Yes/no

If there are changes, please describe the reasons and justification for those changes below:

<p>Provide justification for any changes in births:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Provide justification for any changes in surviving infants:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Provide justification for any changes in Targets by vaccine:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Provide justification for any changes in Wastage by vaccine:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Vaccine 1:

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;

Table 3.1: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

Vaccine 2:

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

Vaccine 3:

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year.** For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

- Fiscal year runs from January (month) to December (month).
- This HSS report covers the period from January 2009 (month/year) to May 2009 (month year)
- Duration of current National Health Plan is from(month/year) to(month/year).
- Duration of the immunisation cMYP: 2008-2010
- Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

The HSS part of Annual Progress Report has been developed by Public Health and Reform Center and submitted to the Ministry of Health for further approval. Responsible officer is Dr. Jeyhoun Mammadov, – director of Public Health and Reform Center of the Ministry of Health of Azerbaijan.

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

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Jeyhoun Mammadov	Public Health and Reform Center	<ul style="list-style-type: none"> Submission of HSS part of report to the Ministry of Health 	jeyhun.mammadov@isim.az
Viktor Gasimov	Ministry of Health of Azerbaijan Republic	<ul style="list-style-type: none"> Monitoring of HSS support implementation/ execution Submission of the Report to the Minister of Health Coordination with the Cabinet of Ministers 	viktor.qasimov@health.gov.az
Other partners and contacts who took part in putting this report together			
Vusala Allahverdiyeva	WHO	Support to the Ministry of Health in completion of the report Translation of the report into English Review of the report	vua@euro.who.int
Shafag Rahimova	UNICEF	Review of the report	srahimova@unicef.org

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

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

The main sources of information:

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

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

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved			582000	395000	205000				
Date the funds arrived			-						

Amount spent			0						
Balance			-						
Amount requested			582000	395000					

Amount spent in 2008: Working Plan under HSS application covers 2009-2011. There is significant delay from GAVI in transferring of funds designated for 2009. By the moment of submission of the report Azerbaijan has not receive funds designated for 2009 and has not been informed about funds transferring date.

Remaining balance from total: Not applicable

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

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

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress ³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:					0	
Activity 1.1:					0	
Activity 1.2:					0	
Objective 2:					0	
Activity 2.1:					0	
Activity 2.2:					0	
Objective 3:					0	
Activity 3.1:					0	

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed
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Activity 3.2:					0	
Support Functions					0	
Management					0	
M&E					0	
Technical Support					0	

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year’s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009					
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year (2009)	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:	Improve the capacity of eight training institutes, 42 educators and 640 mid-level health workers through a strengthened postgraduate education system	\$227,717		\$227,717	
Activity 1.1:	Identify and select core working group to develop trainers curriculum, supporting materials and tools	\$44,687		\$44,687	
Activity 1.2:	Carry out training program for 42 educators	\$103,030		\$103,030	
Activity 1.4:	Equip seven Nursing Schools with essential requirements for teaching the program, including learning materials, a best practice manual and clinical laboratory for	\$80,000		\$80,000	

	simulated practice.				
Objective 2:	Strengthen the health information system for better monitoring of child and maternal health services	\$277,523		\$277,523	
Activity 2.1:	Develop a mechanism for the provision of immunization passports in 5 pilot districts	\$69,803		\$69,803	
Activity 2.2:	Modernization of registration of pregnant women to ensure continuity of care for mother and child in five pilot districts	\$167,820		\$167,820	
Activity 2.3:	Strengthen decentralized data entry system for the district level, including forms no 103, 106 and 66	\$27,767		\$27,767	
Activity 2.4:	Develop a strategy of integrating separate information sub-systems into a single information system (e-health card, RCHE, health statistics, and SSC)	\$12,133		\$12,133	
Objective 3:	Strengthen capacity and tools to plan costs and budget for immunization programs	\$20,000		\$20,000	
Activity 3.1:	Identify and select core working group to develop SOP and tool on planning, costing and budgeting	\$18,000		\$18,000	
Activity 3.2:	Carry out workshop on planning, costing, and	\$2,000		\$2,000	

	budgeting				
Support costs		\$56,550		\$56,550	
Management costs		\$43,550		\$43,550	
M&E support costs		\$7,000		\$7,000	
Technical support		\$6,000		\$6,000	
TOTAL COSTS		\$581,790		\$581,790	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:	Improve the capacity of eight training institutes, 42 educators and 640 mid-level health workers through a strengthened postgraduate education system	\$204,861		\$204,861	
Activity 1.1:	Develop a mechanism for the provision of immunization passports in 5 pilot districts	\$11,426		\$11,426	
Activity 1.2:	Modernization of registration of pregnant women to ensure continuity of care for mother and child in five pilot districts	\$110,683		\$110,683	
Activity 1.3:	Carry out training program for 640 mid level workers	\$6,752		\$6,752	
Activity 1.4:	Equip seven Nursing Schools with essential requirements for teaching the program, including learning materials, a best practice manual and clinical laboratory for simulated practice.	\$78,000		\$78,000	
Objective 2:	Strengthen the health information system for better monitoring of child and	\$146,341		\$146,341	

	maternal health services				
Activity 2.1:	Develop a mechanism for the provision of immunization passports in 5 pilot districts	\$28,693		\$28,693	
Activity 2.2:	Modernization of registration of pregnant women to ensure continuity of care for mother and child in five pilot districts	\$77,837		\$77,837	
Activity 2.3:	Strengthen decentralized data entry system for the district level, including forms no 103, 106 and 66	\$39,811		\$39,811	
Objective 3:	Strengthen capacity and tools to plan costs and budget for immunization programs	\$7,500		\$7,500	
Activity 3.2:	Carry out workshop on planning, costing, and budgeting	\$7,500		\$7,500	
Support costs		\$36,063		\$36,063	
Management costs		\$26,063		\$26,063	
M&E support costs		\$6,000		\$6,000	
Technical support		\$4,000		\$4,000	
TOTAL COSTS		\$394,765		\$394,765	

4.6 Programme implementation for reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

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

HSS application was approved in December 2008, as it stated in GAVI Secretariat letter GAVI/08/357/CB/ba dated 12 December 2008. According to the HSS application budget the preliminary sum designated to implement activities considered for 2009 is USD 582000 (Ref.code: 0911-AZE-10a-Y; Amount for 2009: US\$ 582,000). As it was indicated in GAVI letter according to new GAVI Transparency and Accountability Policy prior to HSS implementation the Financial Management Assessment (FMA) has to be conducted. At the moment official communication between main stakeholders has been started and discussion on timing and content of FMA is going on. It should be noted that HSS application and execution of related activities have been designated for 3 years and directly linked with educational cycle of retraining of medical workers. Taking into consideration that academic year has concrete timeframe we suppose that due to delay with funding the quality of implementation of related activities will be seriously affected. Beside that in frame of project it has been considered to procure related equipment and office IT. Having unstable prices in market the further delay with funding may impact the implementation of procurement related activities and liked objectives.

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

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section

- a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.

Funds approved by GAVI for HSS has to be transferred to the Ministry of Health account designated for the HSS project. Account # CCS 328492 USD 331801 International Bank of Azerbaijan.

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.
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Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

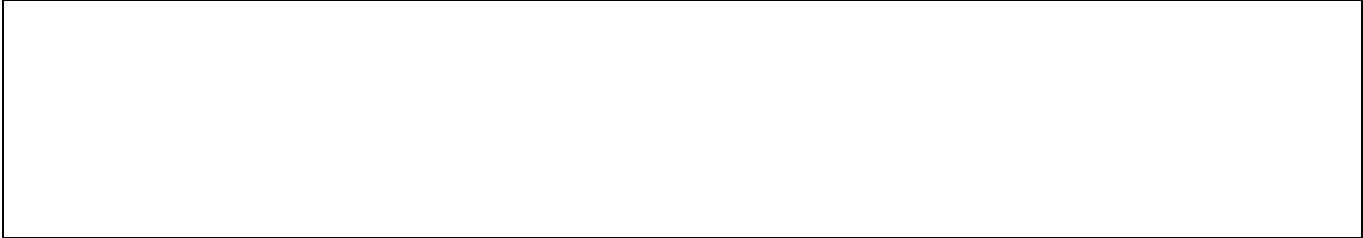
7. Comments

ICC/HSCC comments:

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.

Since ICC/HSCC does not have any authority to conduct audit the ICC/HSCC members can not be responsible for endorsement of GAVI funds audit. Taking into consideration ICC/HSCC role and scope of responsibilities the statement in the page of ICC/HSS signatures (paragraph 3, page 4 and 5) has been changed to

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



~ End ~