

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country was **approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

- a. Progress achieved in 2011
- b. HSS implementation during January – April 2012 (interim reporting)
- c. Plans for 2013
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities. **Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

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

7. Please attach all required supporting documents. These include:

- a. Minutes of all the HSCC meetings held in 2011
- b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2011 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

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

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country

for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

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

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in 2011

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **394765** US\$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **No**

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

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (as per the originally approved HSS proposal)			582,000	395,000	205,000				
Revised annual budgets (if revised by previous Annual Progress Reviews)						582,000	395,000	205,000	
Total funds received from GAVI during the calendar year (A)			0	0	0				
Remaining funds (carry over) from previous year (B)			0	0	0				
Total Funds available during the calendar year (C=A+B)			0	0	0				
Total expenditure during the calendar year (D)			0	0	0				
Balance carried forward to next calendar year (E=C-D)			0	0	0				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]							395,000	205,000	

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012	2013	2014	2015
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Original annual budgets (as per the originally approved HSS proposal)			466,473	317,146	163,529				
Revised annual budgets (if revised by previous Annual Progress Reviews)						457,743	310,668	161,233	
Total funds received from GAVI during the calendar year (A)			0	0	0				
Remaining funds (carry over) from previous year (B)			0	0	0				
Total Funds available during the calendar year (C=A+B)			0	0	0				
Total expenditure during the calendar year (D)			0	0	0				
Balance carried forward to next calendar year (E=C-D)			0	0	0				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]							310,668	161,233	

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate EXCHANGE RATE USD/AZN	2007	2008	2009	2010	2011	2012
Opening on 1 January	0.8714	0.8453	0.8015	0.8029	0.7977	0.7865
Closing on 31 December*	0.8453	0.801	0.8031	0.7979	0.7865	---

SOURCE: CENTRAL BANK OF REPUBLIC OF AZERBAIJAN – www.cbar.az

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 9)**

If any expenditures for the January April 2012 period are reported in [Tables 9.1.3a](#) and [9.1.3b](#), a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 22)**

Financial management of HSS funds

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

for programme use.

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

According to the Agreement on financial management between the Government of the Republic of Azerbaijan and the GAVI Alliance (FMA agreement), funds for the first year of the project were transferred to the account specified in the agreement with the International Bank of the Azerbaijan. According to the agreement, the Interagency Coordination Committee that performs the role of the HSCC shall approve budget activities within the framework of the HSS component. Due to the delay in the timing of the project implementation, there was a need for further objectives and activities to be included in the project evaluation. At the present moment we expect the transfer of funds in accordance with the agreement (FMA). The transfer of funds to the sub-national and national levels will be carried out in accordance with current regulations and provisions of the Republic of Azerbaijan.

Has an external audit been conducted? NO

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 26)

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2011	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
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9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Due to the fact that the funds for the first year of the project were only transferred in April 2012, work on the activities planned for 2011 has not yet been carried out.

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
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9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

Due to the fact that the funds for the first year of the project were only transferred in April 2012, work on the activities planned for 2011 has not yet been carried out.

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

Due to the fact that the funds for the first year of the project were only transferred in April 2012, work on the activities planned for 2011 has not yet been carried out.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Due to the fact that the funds for the first year of the project were only transferred in April 2012, work on the activities planned for 2011 has not yet been carried out.

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

In its letter (GAVI/08/357/CB/ba) of December 12, 2008, the GAVI Secretariat approved the HSS Request of the Republic of Azerbaijan. Activities were intended for 3 years, carrying out their function in the period from 2009 to 2011. The total budget of the Request is US \$ 1,182,175, to be distributed over the applicable years: <? Xml: namespace prefix = o ns = "urn: schemas-microsoft-com: office: office" />

2009 - US \$ 581,790, 2010 - US \$ 394,765, 2011 – US \$ 205,620.

Under new GAVI policy of transparency and accountability (2009) concerning the need to start the execution of the project in order to conduct an assessment of financial management in the country, the Ministry of Health and the Ministry of Finance of the Republic of Azerbaijan conducted this assessment in 2009. The GAVI Report on Financial Management evaluation was submitted in December 2009. According to the conclusions and recommendations of the Report, a Draft Agreement (April 2010) between GAVI and the Republic of Azerbaijan was proposed. During 2010-2011, the draft agreement was awaiting approval by the Ministry of Health, the Ministry of Finance and the GAVI Alliance. In March 2012, the Cabinet of Ministers of the Republic of Azerbaijan and the GAVI Alliance approved the Agreement. **In May 2012, a tranche was transferred for the first project year.**

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

Due to the fact that the funds for the first year of the project were only transferred in April 2012, work on the activities planned for 2011 has not been carried out.

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

Due to the fact that the funds for the first year of the project were only transferred in April 2012, work on the activities planned for 2011 has not been carried out.

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

Due to the fact that the funds for the first year of the project were only transferred in April 2012, work

on the activities planned for 2011 has not been carried out.

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

Due to the fact that the funds for the first year of the project were only transferred in April 2012, work on the activities planned for 2011 has not been carried out.

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

Due to the fact that the funds for the first year of the project were only transferred in April 2012, work on the activities planned for 2011 has not been carried out.

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

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

Due to the fact that the funds for the first year of the project were only transferred in April 2012, work on the activities planned for 2011 has not been carried out.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

DUE TO THE DELAY IN ALLOCATION OF FUNDS AND CONSEQUENT DELAY IN STARTING WORK, PLANNED ACTIVITIES HAVE BEEN POSTPONED FROM 2009 TO 2012.

Major Activities (insert as many rows as necessary)	Planned Activity for 2012 DUE TO THE DELAY IN ALLOCATION OF FUNDS AND CONSEQUENT DELAY IN STARTING WORK, PLANNED ACTIVITIES HAVE BEEN POSTPONED FROM 2009 TO 2012.	Original budget for 2012 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2012 actual expenditure (as at April 2012)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2012 (if relevant)
Objective 1	Capacity-building of 8 educational institutions. 42	227,717	0 (Funds for the first year of the			

	trainers and 640 middle-level health workers by strengthening the system of postgraduate education		profit exercise only in April 2012)			
Activity 1.1	Determine and select main working group for preparation of trainers for programme of teaching support materials and tools	44,687	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 1.2	Conduct training programme for 42 trainers	103,030	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 1.3	Conduct training for 640 mid-level specialists	0	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 1.4	Equip 7 medical colleges for training	80,000	0 (Funds for the first year of the profit exercise only in April 2012)			
Objective 2	Strengthen the health information system to improve maternal and child health monitoring services	277,523	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 2.1	Develop mechanism to validate the passports for immunization in 5 pilot regions	69,803	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 2.2	Modernize registration of pregnant women in order to ensure	167,820	0 (Funds for the first year of the profit exercise			

	continuous maternal and child care in 5 pilot regions		only in April 2012)			
Activity 2.3	Strengthen decentralization of data entry at the district level including forms No. 103, 106 and 66	22,767	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 2.4	Develop strategy for integration of separate information subsystems into united information system	12,133	0 (Funds for the first year of the profit exercise only in April 2012)			
Objective 3	Capacity-building and tools for planning and budget costs for immunization programs over the next three years	20,000	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 3.1	Determine and select main working group for developing training package for holding meetings on scheduling costs and preparing the budget	18,000	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 3.1.2	Schedule of planning tools of cost statement and preparing the budget used in the healthcare system at the present time	2,000	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 3.1.3	Review the awareness of availability among the agencies involved in the immunization programme execution	0	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 3.2	Hold a workshop on planning.	0	0 (Funds for the			

	budgeting and cost estimation		first year of the profit exercise only in April 2012)			
Support costs			0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 1.	Management	43,550	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 2.	Monitoring and evaluation	7,000	0 (Funds for the first year of the profit exercise only in April 2012)			
Activity 3.	Technical support	6,000	0 (Funds for the first year of the profit exercise only in April 2012)			
TOTAL		581,790	0 (Funds for the first year of the profit exercise only in April 2012)			

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2013

DUE TO THE DELAY IN ALLOCATION OF FUNDS AND CONSEQUENT DELAY IN STARTING WORK, PLANNED ACTIVITIES HAVE BEEN POSTPONED FROM 2009 TO 2012.

Major Activities (insert as many rows as necessary)	Planned Activity for 2013 DUE TO THE DELAY IN ALLOCATION OF FUNDS AND CONSEQUENT DELAY IN STARTING WORK, PLANNED ACTIVITIES HAVE BEEN POSTPONED FROM 2009 TO 2012.	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
Objective 1	Capacity-building of 8 educational institutions, 42 trainers and 640 middle-level health workers by strengthening the system of postgraduate education	204,861	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 1.1	Determine and select main working group for preparation of trainers for programme of teaching support materials and tools	11,426	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 1.2	Conduct training programme for 42 trainers	110,683	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 1.3	Conduct training for 640 mid-level specialists	6,752	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 1.4	Equip 7 medical colleges for training	78,000	0 (Funds for the first year of the profit exercise only in April 2012)		
Objective 2	Strengthen the health information system to improve maternal and child health monitoring services	146,341	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 2.1	Develop mechanism to validate the passports	28,693	0		

	for immunization in 5 pilot regions		(Funds for the first year of the profit exercise only in April 2012)		
Activity 2.2	Modernize registration of pregnant women in order to ensure continuous maternal and child care in 5 pilot regions	77,837	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 2.3	Strengthen decentralization of data entry at the district level including the form No 103, 106 and 66	39,811	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 2.4	Develop strategy for integration of separate information subsystems into united information system	0	0 (Funds for the first year of the profit exercise only in April 2012)		
Objective 3	Capacity-building and tools for planning and budget costs for immunization programs over the next three years	7,500	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 3.1	Determine and select principal working group for developing training package for holding meetings on scheduling costs and preparing the budget	0	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 3.1.2	Schedule of planning tools of cost statement and preparing the budget used in the healthcare system at the present time	0	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 3.1.3	Review the awareness of availability among the agencies involved in the immunization programme execution	0	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 3.2	Hold a workshop on planning, budgeting and	7,500	0		

	the cost estimation		(Funds for the first year of the profit exercise only in April 2012)		
Support costs			0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 1.	Management	26,063	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 2.	Monitoring and evaluation	6,000	0 (Funds for the first year of the profit exercise only in April 2012)		
Activity 3.	Technical support	4,000	0 (Funds for the first year of the profit exercise only in April 2012)		
TOTAL		394,765	0 (Funds for the first year of the profit exercise only in April 2012)		

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **NO**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
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9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in **Table 9.7** will allow you to achieve your targets

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
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9.8.1. Is GAVI's HSS support reported on the national health sector budget? **NO**

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

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

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report
2. The latest Health Sector Review report