GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Georgia

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/23/2012**

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2016
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: N/A
HSS	Yes	next tranche of HSS Grant N/A
CSO Type A	Yes	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

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

For the Government of Georgia

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Mikheil Dolidze, Depute Minister	**Name**	Nata Avaliani, Director General NCDC&PH (responsible for financial operations)
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Lia Jabidze	Chiep Specialist, Immunization Department National Center for Disease Control and Public Health	(995 32) 239 59 08 ext. 155	l.jabidze@ncdc.ge

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
MIKHEIL DOLIDZE, ICC Chairman	Deputy Minister, MoLHSA		
IRAKLI GIORGOBIANI, , Depute of ICC Chairman	Deputy Minister, MoLHSA		

RUSUDAN RUKHADZE	Head of Health Department, MoLHSA		
LELA SEREBRYAKOVA	Head of Public Health and programs department, Healthcare Department.		
GIORGI GOMARELI	Head of Economy Department, Administrative Unit ,MoLHSA		
SHALVA BAGASHVILI	Administrative Unit ,MoLHSA		
SHORENA OKROPIRIDZE	Legal Department, MoLHSA		
NATA AVALIANI	General Director, NCDC&PH		
GIORGI KANDELAKI	Deputy Director, NCDC&PH		
MAIA BUTSASHVILI	Deputy Director, NCDC&PH		
PAATA IMNADZE	NCDC&PH		
GIVI AZAURASHVILI	HEAD OF IMMUNIZATION DEPARTMENT, NCDC&PH		
EKA ADAMIA	ICC SECRETARY, MoLHSA		
GIORGI KURTSIKASHVILI	WHO		
TAMAR UGULAVA	UNICEF		

RUSUDAN KLIMIASHVILI	WHO		
LIA JABIDZE	NCDC&PH		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
MIKHEIL DOLIDZE, ICC Chairman	Deputy Minister, MoLHSA		
IRAKLI GIORGOBIANI, , Depute of ICC Chairman	Deputy Minister, MoLHSA		
RUSUDAN RUKHADZE	Head of Health Department, MoLHSA		
LELA SEREBRYAKOVA	Head of Public Health and programs department, Healthcare Department.		
GIORGI GOMARELI	Head of Economy Department, Administrative Unit ,MoLHSA		
SHALVA BAGASHVILI	Administrative Unit ,MoLHSA		

SHORENA OKROPIRIDZE	Legal Department, MoLHSA		
NATA AVALIANI	General Director, NCDC&PH		
GIVI AZAURASHVILI	HEAD OF IMMUNIZATION DEPARTMENT, NCDC&PH		
PAATA IMNADZE	NCDC&PH		
GIORGI KANDELAKI	Deputy Director, NCDC&PH		
MAIA BUTSASHVILI	Deputy Director, NCDC&PH		
EKA ADAMIA	ICC SECRETARY, MoLHSA		
GIORGI KURTSIKASHVILI	WHO		
RUSUDAN KLIMIASHVILI	WHO		
TAMAR UGULAVA	UNICEF		
LIA JABIDZE	NCDC&PH		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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 to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

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

Name/Title	Agency/Organization	Signature	Date

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (or equivallent committees)- , endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organization	Signature	Date

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

3. Table of Contents

This APR reports on Georgia's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

1. Application Specification
    1.1. NVS & INS support
    1.2. Programme extension
    1.3. ISS, HSS, CSO support
    1.4. Previous Monitoring IRC Report
2. Signatures
    2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
    2.2. ICC signatures page
        2.2.1. ICC report endorsement
    2.3. HSCC signatures page
    2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)
        2.4.1. CSO report editors
        2.4.2. CSO report endorsement
3. Table of Contents
4. Baseline & annual targets
5. General Programme Management Component
    5.1. Updated baseline and annual targets
    5.2. Immunisation achievements in 2011
    5.3. Monitoring the Implementation of GAVI Gender Policy
    5.4. Data assessments
    5.5. Overall Expenditures and Financing for Immunisation
    5.6. Financial Management
    5.7. Interagency Coordinating Committee (ICC)
    5.8. Priority actions in 2012 to 2013
    5.9. Progress of transition plan for injection safety
6. Immunisation Services Support (ISS)
    6.1. Report on the use of ISS funds in 2011
    6.2. Detailed expenditure of ISS funds during the 2011 calendar year
    6.3. Request for ISS reward
7. New and Under-used Vaccines Support (NVS)
    7.1. Receipt of new & under-used vaccines for 2011 vaccine programme
    7.2. Introduction of a New Vaccine in 2011
    7.3. New Vaccine Introduction Grant lump sums 2011
        7.3.1. Financial Management Reporting
        7.3.2. Programmatic Reporting
    7.4. Report on country co-financing in 2011
    7.5. Vaccine Management (EVSM/VMA/EVM)
    7.6. Monitoring GAVI Support for Preventive Campaigns in 2011
    7.7. Change of vaccine presentation

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012
7.9. Request for continued support for vaccines for 2013 vaccination programme
7.10. Weighted average prices of supply and related freight cost
7.11. Calculation of requirements
8. Injection Safety Support (INS)
9. Health Systems Strengthening Support (HSS)
9.1. Report on the use of HSS funds in 2011 and request of a new tranche
9.2. Progress on HSS activities in the 2011 fiscal year
9.3. General overview of targets achieved
9.4. Programme implementation in 2011
9.5. Planned HSS activities for 2012
9.6. Planned HSS activities for 2013
9.7. Revised indicators in case of reprogramming
9.8. Other sources of funding for HSS
9.9. Reporting on the HSS grant
10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B
10.1. TYPE A: Support to strengthen coordination and representation of CSOs
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP
11. Comments from ICC/HSCC Chairs
12. Annexes
12.1. Annex 1 – Terms of reference ISS
12.2. Annex 2 – Example income & expenditure ISS
12.3. Annex 3 – Terms of reference HSS
12.4. Annex 4 – Example income & expenditure HSS
12.5. Annex 5 – Terms of reference CSO
12.6. Annex 6 – Example income & expenditure CSO
13. Attachments

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	62,456	57,951	62,612	62,612	62,862	62,862	63,113	63,113	63,365	63,365
Total infants' deaths	741	623	741	741	741	741	741	741	741	741
Total surviving infants	61715	57,328	61,871	61,871	62,121	62,121	62,372	62,372	62,624	62,624
Total pregnant women	80,838	80,838	80,838	80,838	80,838	80,838	80,838	80,838	80,838	80,838
Number of infants vaccinated (to be vaccinated) with BCG	60,582	55,949	60,733	60,733	60,976	60,976	61,220	61,220	62,097	62,097
BCG coverage	97 %	97 %	97 %	97 %	97 %	97 %	97 %	97 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	58,629	50,294	58,777	58,777	59,014	59,014	59,253	59,253	59,492	59,492
OPV3 coverage	95 %	88 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	59,246	52,937	59,396	59,396	59,636	59,636	59,877	59,877	60,120	60,120
Number of infants vaccinated (to be vaccinated) with DTP3	58,629	54,038	58,777	58,777	59,014	59,014	59,253	59,253	59,492	59,492
DTP3 coverage	81 %	94 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	7	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.08	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	53,000	52,937	59,396	59,396	59,636	59,636	59,877	59,877	60,120	60,120
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	50,000	51,166	58,777	58,777	59,014	59,014	59,253	59,253	59,492	59,492
DTP-HepB-Hib coverage	81 %	89 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	10	7	10	10	15	10	15	10	15	10
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.08	1.11	1.11	1.18	1.11	1.18	1.11	1.18	1.11
Maximum wastage rate value for DTP-HepB-Hib, 2 doses/vial, Lyophilised	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)		0	0	0	42,563	42,563	47,826	47,826	57,610	57,610
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)		0		0	38,116	38,116	44,638	44,638	54,409	54,409
Pneumococcal (PCV10) coverage		0 %	0 %	0 %	60 %	61 %	70 %	72 %	85 %	87 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	0	0	0	0	0

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)		1	1	1	1	1	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV10), 2 doses/vial, Liquid	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	41,071	41,071	47,645	47,645	54,220	54,220	57,610	57,610
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		0	37,972	37,972	44,469	44,469	51,015	51,015	54,409	54,409
Rotavirus coverage		0 %	60 %	61 %	70 %	72 %	80 %	82 %	85 %	87 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1.05	1	1	1	1	1	1
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	58,629	52,339	58,777	58,777	59,014	59,014	59,253	59,253	59,492	59,492
Measles coverage	95 %	91 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %	95 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	-2 %	1 %	1 %	1 %	1 %	1 %	1 %	1 %	1 %

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
Total births		63,365
Total infants' deaths		741
Total surviving infants		62,624
Total pregnant women		80,838
Number of infants vaccinated (to be vaccinated) with BCG	64,574	64,574
BCG coverage	99 %	102 %
Number of infants vaccinated (to be vaccinated) with OPV3	61,041	61,041

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
OPV3 coverage	95 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	61,684	61,684
Number of infants vaccinated (to be vaccinated) with DTP3	61,041	61,041
DTP3 coverage	95 %	97 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		
DTP-HepB-Hib coverage		0 %
Wastage[1] rate in base-year and planned thereafter (%)		
Wastage[1] factor in base-year and planned thereafter (%)		1
Maximum wastage rate value for DTP-HepB-Hib, 2 doses/vial, Lyophilised	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)	62,969	62,969
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)	61,041	61,041
Pneumococcal (PCV10) coverage	95 %	97 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0
Wastage[1] factor in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for Pneumococcal (PCV10), 2 doses/vial, Liquid	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	62,969	
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus	61,041	
Rotavirus coverage	95 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	0	
Wastage[1] factor in base-year and planned thereafter (%)	1	1

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	61,041	61,041
Measles coverage	95 %	97 %
Pregnant women vaccinated with TT+	0	0
TT+ coverage	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0
Vit A supplement to infants after 6 months	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	1 %

*

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  According to of Civil Registry (GeoStat), total number of **births** is 57,951 (we have received this data after sending the JRF in WHO) and this data we have used in table "4. Baseline &annual targets". So the number of births is different then in JRF. This is due to the fact that in JRF, we have used data that are received from the health centers and primary health care. This is different from Civil Registry data which is not available by the time of submission of JRF before 15 March, deadline set by the WHO.
  The MoH considers that Civil Registry data are more reliable. Therefore, the Civil Registry data are used in APR. And the **JRF has been revised** accordingly (**attached**).

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

  According to of Civil Registry (GeoStat), total number of **surviving infants** is 57,328 (we have received this data after sending the JRF in WHO) and this data we have used in table "4. Baseline &annual targets". So the number of births is different then in JRF. This is due to the fact that in JRF, we have used data that are received from the health centers and primary health care. This is different from Civil Registry data which is not available by the time of submission of JRF before 15 March, deadline set by the WHO.
  The MoH considers that Civil Registry data are more reliable. Therefore, the Civil Registry data are used in APR. And the **JRF has been revised** accordingly (**attached**).

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

  No changes in target by vaccine

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

  No changes in wastage by vaccine

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

Based on the situation in WHO European Region (Polio Outbreak in 2010) were made the decision to implement following activities in Georgia to avoid the probable risk of wild poliovirus spread:

• The weekly active surveillance for AFP enhanced throughout the country for timely detection and consecutive epidemiological and lab investigations;
• The study of polio vaccination coverage is conducting at the level of populated districts. The Centres of Public Health have responsibility to reveal the districts with <90% immunization coverage;
• Catch-ups by oral polio vaccine (two rounds) were done for non-immunized and under-vaccines children 1-15 years of age in districts with <90% immunization coverage throughout the country. During the I round of this activities, were vaccinated 25 367 children (coverage rate 77%) and during II round number of vaccinated are 29 474 (coverage 87%).

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

MMR and OPV vaccines stock-out on central and district level caused by the delay of procurement related with the review general procurement procedures and health reform at the MoH.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

Both, malesand females have equal access to the immunization services in Georgia.

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **No**

What action have you taken to achieve this goal?

5.4. Data assessments

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

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

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

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 1.6446	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	RVF	To be filled in by country	To be filled in by country
Traditional Vaccines*	394,230	394,230	0	0	0	0	0	0
New and underused Vaccines**	666,697	214,634	452,063	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	50,004	34,824	15,180	0	0	0	0	0
Cold Chain equipment	37,069	0	0	27,069	10,000	0	0	0
Personnel	216,779	216,779	0	0	0	0	0	0

Other routine recurrent costs	280,117	71,749	15,118	41,540	151,710	0	0	0
Other Capital Costs	217,753	0	0	0	0	217,753	0	0
Campaigns costs	0	0	0	0	0	0	0	0
To be filled in by country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	1,862,649							
Total Government Health		932,216	482,361	68,609	161,710	217,753	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.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

Immunization expenditures for 2011 mainly were in line with budgeted amounts.
Country has developed the new cMYP for the period 2012-2016, ensuring financial sustainability for the immunization programme.
There are no alarming gaps identified at this stage.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

No

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

No

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	138,381	136,781
New and underused Vaccines**	1,823,973	1,904,545
Injection supplies (both AD syringes and syringes other than ADs)	83,392	85,174
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	269,015	274,395
Personnel	1,995,854	2,115,606
Other routine recurrent costs	513,169	524,244
Supplemental Immunisation Activities	0	0
Total Expenditures for Immunisation	4,823,784	5,040,745

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Yes

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

No

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **7**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

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

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

Objectives

(linked to Problems)

Strategies

KEY activities

TIMELINE

(for EACH activity)

1. To reach 95% of coverage by OPV3

1.1. Strengthening and improving the quality of routine immunization services and increasing OPV3 coverage

1.1.1. District health managers conducting routine and supplementary immunization activities will be trained every year In turn, they will conduct training of immunization teams in their districts

2012, 2013

1.1.2. Reproduce updated/upgraded guidelines for planning, implementation, monitoring, evaluation and supervision of immunization activities in first level health institutions.

2012, 2013

1.1.3. Prepare and implement macro and micro plans for routine and supplementary immunization activities at each level

2012

1.1.4. Supervisory visits will be conducted by the central or/and district Epidemiologist to high-risk areas and throughout the routine and supplementary immunization activities.

2012, 2013

1.1.6. Results of routine and supplementary immunization activities will be analyzed to identify high risk and low performing areas at each level (regional and district). Analysis will cover financial components together with resources utilized.

2012, 2013

1.1.7. Feedback to districts and related sectors will be provided by the end of each activity

2012, 2013

1.2. Conducting high quality supplementary immunization activities in the high risk areas for sustaining of polio free status

1.2.1. Conducting high quality supplementary immunization activities in the high risk areas for sustaining of polio free status

2011

1.2.2. Conducting training, printing and distributing training materials and forms prior to the activity

2012, 2013

1.3. Mobilizing community and other sectors for their involvement and contribution to polio eradication program activities

1.3.1.To conduct a large meeting to obtain support of the Ministries of Education and Finance, the Military, universities, private sector, NGOs, UN organizations and other international organizations and to continue strengthening social mobilization through collaboration with them

2012, 2013

1.4.Creating public awareness to increase demand to routine and supplementary immunization activities

1.4.1.Special materials will be developed for parents, teachers and community leaders

2012

1.4.2.To prepare and distribute posters, brochures and TV spots

2012, 2013

1.5. Strengthening AFP disease surveillance (epidemiological and laboratory) to timely detect and investigate wild poliovirus associated cases

1.5.1.High risk areas will be identified according to the risk of wild poliovirus circulation and/or AFP surveillance performance

2012, 2013

1.5.2.Annual refreshment trainings will be conducted by central training team for regional and/or districts AFP surveillance officers

2012, 2013

1.5.3. Criteria for identification of high risk AFP cases (Hot cases) will be highlighted and distributed and AFP cases will be analyzed according to those criteria to take timely action

2012, 201

1.5.4. National Polio Laboratory will be strengthened through training of personnel and procurement of equipment and supply

2012

1.6. Obtaining political support and commitment towards polio eradication goals

1.6.1. Steering committee (ICC) will assess the program outcomes and submit annual progress reports and plans to the Minister to obtain his support and endorsement

2012

1.6.2. Coordination meeting for the regional and district directors (governors and mayors) will be conducted for routine and supplementary immunization activities

2012, 2013

2. Maintenance of polio free status (To improve AFP surveillance and AFP rate)

2.1. Arising awareness of health Personnel and clinicians

2.1.1. See key activites # 1.5.4

2.1.2. Clinicians' knowledge will be updated on the improvements of the program through newsletters to be issued twice a year

2011, 2013

2.2.3. Posters and stickers for identification of AFP/polio cases will be developed, printed and distributed in all hospitals and policlinics

2012, 2013

2.2.Arising awareness related NGO’s, medical associations

2.2.1. Meetings will be held to inform clinicians (pediatricians, neurologists, infectious disease specialists and epidemiologists) and representatives from hospitals, NGO's and Medical associations on AFP surveillance in each region or districts

2012

2.3. Strengthening AFP disease surveillance (epidemiological and laboratory) to timely detect and investigate wild poliovirus associated cases

2.3.1. See key activites # 1.5.1.

2.3.2. See key activites # 1.5.3.

2.3.3. See key activities # 1.5.4.

2.4. Improving Active Surveillance

2.4.1. Supervising surveillance activities on district level by central level

2012, 2013

3. Decrease morbidity and prevent measles-related deaths

3.1. Achieve and sustain very high coverage with two doses MMR vaccine through high quality routine immunization services

3.1.1. Macro and micro plans for routine immunization activities at each level will be prepared and implemented

2012

3.1.2. Measles and Rubella Elimination and Congenital Rubella Infection Prevention Field Guide will be prepared, printed and distributed to all health care providers.

2012

3.1.3.. To conduct periodic suplementary immunization in the identified high risk and low performing areas among children born after the catch-up campaign

In need (2012, 2013)

3.2. Increase laboratory confirmation ratio of measles and rubella

3.2.1.Expansion of Laboratory system

2012-2013

3.3. Improving the availability of high-quality, valued information for health professionals and the public on the benefits and risks associated with immunization against measles and rubella

3.3.1. Produce quality and timely information on the benefits immunization and associated risks, and develop key messages to promote immunization according to national needs and priorities

3.3.2. Develop new ways of using media, including the internet, to build public awareness of the benefits of immunization

2012-2013

3.3.3. To prepare and publicize commercial programs to advocate for MMR vaccination

2012

3.4. Obtaining public support to the measles-rubella elimination plan

3.4.1. To prepare educational material for teachers and parents

2012, 2013

3.5. Strengthening surveillance systems by vigorous case investigation and laboratory confirmation

3.5.1. To provide training to health care personnel to improve quantity and quality of measles-rubella surveillance data gathered from hospitals

2012, 2013

3.5.2. To gather information on a regular basis at the central level

2012, 2013

3.5.3. To monitor active surveillance performance

2012, 2013

3.6. Detecting measles and rubella outbreaks early, to investigate and confirm outbreaks, and use data to control and prevent outbreaks

3.6.1. To investigate outbreaks and use data to control and prevent outbreaks

In need (2012, 2013)

3.7. Monitoring vaccination coverage rates and accumulation of susceptible individuals closely, and if needed, conducting periodic supplemental vaccination among children born after the catch-up vaccination (follow-up campaign)

3.7.1.To continue evaluating routine vaccination coverage rates.

2012, 2013

3.8. Complying with adequate cold-chain and injection safety procedures

3.8.1. To assess problems in vaccine logistics and injection safety

2012, 2013

3.9. Reducing missed opportunities and inappropriate contraindication

3.9.1. Training material for health care staff will be produced

2012, 2013

3.9.2. Reduce the drop-outs rate through improved management, and social mobilization and communication during immunization contacts, and avoid missed opportunities to vaccinate

2012, 2013

4. Increase DTP3 coverage:

5. Increase HepB3 coverage:

6. Increase DT coverage

7. Increase Td coverage:

8. Decrease BCG-DPT3 drop-out rates: 5% BCG-DPT3 drop-out rate by 2015 at national level

8.1. Increasing public awareness and demand for immunization services

8.1.1. Mass media will be involved to educate the population

2012, 2013

8.1.2. Material development and production for social mobilization: Videotapes 3 spots (3-5 minutes); Posters 5000; Brochures 50000; will be produced, printed and distributed for the public

2012, 2013

8.2.Providing continuous in-service training for health personnel on immunization services

8.2.1. Training of health personnel from each primary health care unit (approximately 1 day training) by training teams (based on WHO guidelines “Immunization in practice”).

2012, 2013

8.3. Strengthening vaccine preventable disease surveillance and developing disease control programs, with special focus on polio eradication, measles-rubella elimination, diphtheria control and hepatitis B control

8.3.1Monitor the quality and performance of coverage and surveillance systems through surveys, monitoring of performance indicators, data quality assessments, and supportive supervision

2012, 2013

8.3.2.Routine feedback mechanism will be improved: A newsletter/epidemiological bulletin will be published by the MOH/NCDC and sent to the district level every three months, including latest data and technical information on EPI disease and vaccine

2012, 2013

8.3.3.Collaborate with civil authorities in advocating for increased registration of births and deaths

2012, 2013

8.4. Improving vaccine, immunization and injection safety

8.4.1.see objective # 10

8.5.Ensuring an effective cold chain and logistic system

8.5.1. see objective # 10

8.6.Obtaining political support and commitment for sustainability of the national immunization program towards timely and fully implementation of the "National Comprehensive Multi-Year Plan"

8.6.1.Steering committee (ICC) will assess the program outcomes and submit annual progress reports and plans to the President and Prime Minister to obtain their support and endorsement

.

2012

8.6.3.A workshop will be held to introduce the cMYP to all level health managers and EPI managers. In turn, they are expected to prepare their level plans of actions

2012

8.6.4.Workshop with regional governors will be held every year: There will be one day workshop with governors to

improve the political support and intersectoral coordination at the regional level on EPI

2012, 2013

8.7. Strengthening interpersonal skills of trainers and supervisors in order to improve their training and supportive supervision skills at all levels

8.7.1.A training team will be established in each district and central level. Each training team will be composed of approximately 2 persons (to be defined according to the number of health personnel in the districts).

2012

8.7.2. Training team will be responsible for the development of yearly plans, implementation, monitoring, evaluation and supervision of EPI activities including public relations, training, intersectoral coordination etc.

2012, 2013

8.7.8. A manual and checklist will be developed for training teams for supervision and standardization of training

8.7.9.Strengthen the managerial skills of national and district immunization providers and managers and develop and update supervisory mechanisms and tools.

8.8.Strengthening the management, analysis, interpretation, use and exchange of data at all levels

8.8.1.Improve coverage monitoring of vaccines and other linked health interventions and the use of information at district and local levels through strengthening human resource capacity, monitoring the quality of data, improved tools for data compilation, feedback and supervision.

2012, 2013

8.8.2.Regularly review indicators of performance in district level, including risk status for vaccine-preventable diseases and use surveillance and monitoring data to advocate for improved access to, and quality of immunization.

2012, 2013

8.8.3.Training for to encourage the analysis and use of data collected by health workers at delivery level

2012, 2013

8.9.Strengthening intra-and inter- sectoral coordination for health promotion

8.9.1.Steering committee (ICC) will meet quarterly every year and meetings will be held every six months for the rest of the planned period

2012, 2013

8.9.2.The program review will include participation of MoH, WHO, UNICEF and will address all aspects of EPI, including service delivery, surveillance, cold chain and logistics, AEFI system and injection safety

8.10.Strengthening immunization programs within the context of health systems development

8.10.1.Duties, powers and responsibilities at each level EPI team will be redefined in accordance with Health Sector Reforms

8.10.2.Participate actively in collective efforts to shape sector wide policies and programs, while preserving the central role of immunization in the context of sector wide policies and programs

8.10.3.Through regular analysis of district-wide data, document key factors for the success and failure of immunization activities and share these findings with others involved in health systems development

2012, 2013

8.11.Ensuring adequate and sustainable financing of national immunization system

8.11.1.Provide timely funding, logistic support and supplies for program implementation in every district

2012, 2013

8.12.Reducing missed opportunities and false contraindications and drop-out rates

8.12.1Reduce the number of immunization drop-outs (incomplete vaccination) through improved management, defaulter

tracing, and social mobilization and communication during immunization contacts, and avoid missed opportunities to vaccinate.

2012, 2013

8.12.2.Existing guidelines for micro planning, reaching the unreached and reducing drop-outs (improving utilization) at health facility and district level will be revised by central team

2012

8.12.3.Relevant training materials for clinicians and health staff will be developed to reducing risks of non-vaccination due to false contraindications and missed opportunities

2012

9. To strengthen an action oriented surveillance system for EPI diseases and achieve disease reduction targets for Vaccine Preventable Diseases and the strengthening of disease response strategies at every level by 2015

9.1.Evaluate the impact of immunizations on the diseases they are meant to prevent

9.1.Disease trends in certain areas, and groups will be analyzed every month by each level that are at high risk of illness or death

2012, 2013

9.2.Demonstrate the impact of immunization services on the clinic, district, regional and national level

9.2. Monitor and investigate adverse events

9.2.1.AEFI surveillance and management mechanisms will be strengthened, including training workshops and the development of training materials supported for all areas of immunization safety

2012, 2013

9.3.Achieving Political commitment for secure procedures to vaccines procurement

9.3.1.To hold working meeting with the policy makers and technical decision makers

2012, 2013

9.3.2.Amount of vaccine, injectables, safety boxes and equipment required will be calculated annually and all expendables will be procured and distributed based on plan developed

2012, 2013

10. Immunization program will ensure the safety of vaccination through the setting up of quality control systems at each step from procurement to the point of use

10.1.Uninterrupted provision of vaccines which meet international standards for efficacy and safety according to WHO

10.1.1.Procure vaccines from WHO pre-qualified manufacturers

2012, 2013

10.1.2.Follow policy developed by WHO to ensure quality of vaccines procured - Procedures for assessing the acceptability, in principle, of vaccines for purchase by United Nations agencies

10.2.Regular supply of vaccines, cold chain equipment

10.2.1.Ensure that vaccine forecasting system accounts for usual inventory, usage patterns, and anticipated needs at central, district and health center levels

10.2.2.Provide training on vaccine forecasting, storage, and handling at district and health center levels

2012, 2013

10.2.3.Provide training on reducing vaccine wastage at health center level consistent with WHO open vial policy

2012, 2013

10.2.4. Conduct post training evaluation of level of understanding of open vial policy and wastage reduction practices

2012, 2013

10.2.5.Provide additional training as needed and at least annually

2012, 2013

10.3.Ensure properly functioning cold chain

10.3.2.Obtain donor support to purchase equipment and supplies to maintain cold chain for republic, central, districts, and health centers

2012-2013

10.3.3.Conduct training at district and clinic level on appropriate procedures for storing vaccines and monitoring cold chain

2012, 2013

10.3.4.Conduct post-training evaluation of level of understanding of vaccine storage and cold chain policies

10.4.Establishing and maintaining an effective cold chain and good vaccine handling procedures

10.4.1.Supervision by cold chain managers at each level periodically

2012, 2013,

10.4.2.Sub-national level cold stores will be monitored and required equipment will be provided to regions lacking identified standards

2012-2013

10.4.3.Replacement of old and broken cold chain equipment at regional and health center level will take place in stages during a period of four years.

2012-2013

10.4.4.Refreshment training for cold chain managers will be conducted once a year

2012, 2013

10.4.5.Cold chain stickers, booklets, posters for administration of vaccine and cold chain and a poster showing various stages of VVMs will be developed, printed and distributed to each health center

2012

10.5.Ensuring safety of injections

10.5.1.To conduct a survey to assess of the quality of injection for evidence of risks to patient, provider & community

10.5.2.Advocacy and communication activities for the sustained use of Disposable and AD syringes and safety boxes

2012, 2013

10.5.3.Develop training materials/guidelines and train health personnel for increased awareness/knowledge about injection safety

2012

10.5.4.Monitor injection safety through AEFI surveillance

10.5.5.Safety boxes will be used for collection and destruction of used injectables will be monitored

2012, 2013,

10.6.Strengthen management and revise procedures that will ensure the performance of the quality functions

10.6.1.Training of cold chain managers on vaccine logistics, safe immunization and cold chain

2012, 2013,

10.6.2.Revision/development of guidelines and training manuals

10.7.Stronger management capacity among immunization, cold chain, and supply manages

10.7.1.To prepare technical documents and training materials (Preparation, adaptation, translation, printing and distribution of technical documents and training materials, based on related WHO documents)

2012, 2013,

10.7.2.To train managers (conduct EPI Mid-Level Management (MLM) training course for district immunization managers)

2012, 2013,

10.7.3.To conduct vaccine store management and immunization safety training in poor performing districts

2012, 2013,

10.8.Long term forecasting for vaccines, cold chain and logistics equipment

10.8.1.To calculate the future resource requirements for vaccines and injection supplies

2012, 2013,

11. Introduction of new vaccine:

Rotaviral – at 2012

Pneumococcal – at 2013

11.1. Ensuring of proper management and propure of vaccines

11.1.1. Estimation of target groups and ages;

2012, 2013,

11.1.2. Preparing of Regulations

2012, 2013,

11.1.3. Renewal of immunization information software (GeoVac) (recording, reporting and etc. forms)

2012

11.1.4. .EPI field guide will be up-graded, printed and will be provided for each health center

2012, 2013,

11.1.5. Trainings of personnel

2012, 2013,

11.1.6. Supply of vaccines

2012, 2013,

11.1.7. Supply of Safe Immunization equipment

2012, 2013,

11.1.10. Communications campaign

2012, 2013,

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	BCG AD syringes for BCG	Government
Measles	AD	Government
TT	N/A	N/A
DTP-containing vaccine	AD	Government/GAVI

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)

No obstacles encountered during the safety policy plan implementation

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

At all immunization units already used to utilize AD syringes for vaccination. Thesyringes are collected into safety boxes and immediately after utilization andafterwards then incinerated or buried, or disposed by special services dealingwith utilization of solid medical wastes.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	0	0
Total Expenditures in 2011 *(D)*	0	0
Balance carried over to 2012 *(E=C-D)*	0	0

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

There is no ISS support in 2011

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

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

6.3. Request for ISS reward

Request for ISS reward achievement in Georgia is not applicable for 2011

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		195,200	0
Pneumococcal (PCV10)		0	0
Rotavirus		0	0

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

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

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

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	N/A	
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	No vaccine was introduced in2011

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **May 2015**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

N/A

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **No**

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

No

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

No

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

No

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	214,634	44,000
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	yes	
Donor	n o	
Other	no	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	

1st Awarded Vaccine DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	0	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	May	Government
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	May	Gov
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	May	Gov
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

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

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Temperature monitoring	due to the space limit, find attached file Doc.#16	in progress
Vaccine arrival procedures	due to the space limit, find attached file Doc.#16	in progress
Storage and transport capacity	due to the space limit, find attached file Doc.#16	in progress
Buildings, equipment and transport	due to the space limit, find attached file Doc.#16	in progress
Maintenance	due to the space limit, find attached file Doc.#16	in progress

Stock management	due to the space limit, find attached file Doc.#16	in progress
Distribution	due to the space limit, find attached file Doc.#16	in progress
Vaccine management	due to the space limit, find attached file Doc.#16	in progress
MIS and supportive functions	due to the space limit, find attached file Doc.#16	in progress

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **December 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Georgia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Georgia is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	57,328	61,871	62,121	62,372	62,624	306,316
	Number of children to be vaccinated with the first dose	Table 4	#	52,937	59,396	59,636	59,877	60,120	291,966
	Number of children to be vaccinated with the third dose	Table 4	#	51,166	58,777	59,014	59,253	59,492	287,702
	Immunisation coverage with the third dose	Table 4	%	89.25 %	95.00 %	95.00 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.08	1.11	1.11	1.11	1.11	
	Vaccine stock on 1 January 2012		#	75,900					
	Number of doses per vial	Parameter	#		2	2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	$		0.69	0.98	1.27	1.56	
ca	AD syringe price per unit	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	23.80 %	23.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

Co-financing group	Graduating

	2011	2012	2013	2014	2015
Minimum co-financing	0.40	0.69	1.00	1.31	1.62
Recommended co-financing as per APR 2010			1.00	1.31	1.62
Your co-financing	0.40	0.69	0.98	1.27	1.56

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

		2012	2013	2014	2015
Number of vaccine doses	#	91,900	111,000	99,800	74,000
Number of AD syringes	#	146,700	111,000	99,800	74,000
Number of re-constitution syringes	#	51,000	61,600	55,400	41,100
Number of safety boxes	#	2,200	1,925	1,725	1,300
Total value to be co-financed by GAVI	$	223,000	246,500	253,500	183,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	36,600	87,900	99,900	126,500
Number of AD syringes	#	58,400	87,900	99,900	126,500
Number of re-constitution syringes	#	20,400	48,800	55,500	70,200

Number of safety boxes	#	875	1,525	1,725	2,200
Total value to be co-financed by the Country	$	89,000	195,000	253,500	313,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	28.48 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	52,937	59,396	16,914	42,482
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	158,811	178,188	50,741	127,447
E	**Estimated vaccine wastage factor**	*Table 4*	1.08	1.11		
F	**Number of doses needed including wastage**	*D X E*	171,516	197,789	56,322	141,467
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		6,569	1,871	4,698
H	**Stock on 1 January 2012**	*Table 7.11.1*	75,900			
I	**Total vaccine doses needed**	*F + G – H*		128,458	36,580	91,878
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		205,081	58,399	146,682
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		71,295	20,302	50,993
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		3,068	874	2,194
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		280,296	79,817	200,479
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		9,537	2,716	6,821
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		3,316	945	2,371
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		18	6	12
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		16,818	4,790	12,028
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		1,288	367	921
T	**Total fund needed**	*(N+O+P+Q+R+S)*		311,273	88,638	222,635
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		88,637		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		28.48 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	44.19 %			50.03 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	59,636	26,354	33,282	59,877	29,959	29,918
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	178,908	79,061	99,847	179,631	89,875	89,756
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	198,588	87,757	110,831	199,391	99,762	99,629
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	200	89	111	201	101	100
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	198,788	87,846	110,942	199,592	99,862	99,730
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	198,810	87,855	110,955	199,614	99,873	99,741
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	110,328	48,755	61,573	110,774	55,424	55,350
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	3,432	1,517	1,915	3,446	1,725	1,721
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	400,956	177,184	223,772	396,390	198,326	198,064
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	400,956	4,086	5,159	396,390	4,645	4,638
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	5,131	2,268	2,863	5,151	2,578	2,573
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	20	9	11	20	11	9
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	24,058	10,632	13,426	94,341	47,202	47,139
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	1,440	637	803	1,446	724	722
T	Total fund needed	*(N+O+P+Q+R+S)*	440,850	194,813	246,037	506,631	253,482	253,149
U	Total country co-financing	*I x country co-financing per dose (cc)*	194,813			253,482		
V	Country co-financing % of GAVI supported proportion	*U / T*	44.19 %			50.03 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	63.09 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	60,120	37,929	22,191
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	180,360	113,787	66,573
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses needed including wastage**	*D X E*	200,200	126,304	73,896
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	203	129	74
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	200,403	126,432	73,971
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	200,425	126,445	73,980
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	111,224	70,170	41,054
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	3,460	2,183	1,277
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	387,379	244,392	142,987
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	9,320	5,880	3,440
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	5,172	3,263	1,909
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	21	14	7
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	92,197	58,166	34,031
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	1,452	917	535
T	**Total fund needed**	*(N+O+P+Q+R+S)*	495,541	312,629	182,912
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	312,629		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	63.09 %		

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	57,328	61,871	62,121	62,372	62,624	368,940
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	42,563	47,826	57,610	210,968
	Number of children to be vaccinated with the third dose	Table 4	#	0	0	38,116	44,638	54,409	198,204
	Immunisation coverage with the third dose	Table 4	%	0.00 %	0.00 %	61.36 %	71.57 %	86.88 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.00	1.00	1.00	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		2	2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.70	1.40	2.10	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2016	TOTAL
	Number of surviving infants	Table 4	#	62,624	368,940
	Number of children to be vaccinated with the first dose	Table 4	#	62,969	210,968
	Number of children to be vaccinated with the third dose	Table 4	#	61,041	198,204
	Immunisation coverage with the third dose	Table 4	%	97.47 %	
	Number of doses per child	Parameter	#	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	
	Number of doses per vial	Parameter	#	2	
	AD syringes required	Parameter	#	Yes	
	Reconstitution syringes required	Parameter	#	No	
	Safety boxes required	Parameter	#	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$	3.50	
cc	**Country co-financing per dose**	Co-financing table	$	2.80	
ca	**AD syringe price per unit**	Table 7.10.1	$	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$	0	
cs	**Safety box price per unit**	Table 7.10.1	$	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%	10.00 %	

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Graduating

	2011	2012	2013	2014	2015
Minimum co-financing			0.70	1.40	2.10
Recommended co-financing as per Proposal 2011			0.70	1.40	2.10
Your co-financing			0.70	1.40	2.10

	2016
Minimum co-financing	2.80
Recommended co-financing as per Proposal 2011	2.80
Your co-financing	2.80

2016
2.80
2.80
2.80

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	129,100	91,100	76,900
Number of AD syringes	#	0	143,400	101,100	85,300
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	1,600	1,125	950
Total value to be co-financed by GAVI	$	0	473,000	333,500	281,500

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

		2016
Number of vaccine doses	#	45,500
Number of AD syringes	#	50,500
Number of re-constitution syringes	#	0
Number of safety boxes	#	575
Total value to be co-financed by GAVI	$	166,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	30,600	56,400	103,400
Number of AD syringes	#	0	33,900	62,600	114,700
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	400	700	1,275
Total value to be co-financed by the Country	$	0	112,000	206,500	378,500

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

		2016
Number of vaccine doses	#	147,600
Number of AD syringes	#	163,800
Number of re-constitution syringes	#	0
Number of safety boxes	#	1,825
Total value to be co-financed by the Country	$	540,500

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	0	0	0	0
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B X C*	0	0	0	0
E	Estimated vaccine wastage factor	*Table 4*	1.00	1.00		
F	Number of doses needed including wastage	*D X E*	0	0	0	0
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		0	0	0
H	Stock on 1 January 2012	*Table 7.11.1*	0			
I	Total vaccine doses needed	*F + G – H*		0	0	0
J	Number of doses per vial	*Vaccine Parameter*		2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		0	0	0
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		0	0	0
U	Total country co-financing	*I x country co-financing per dose (cc)*		0		
V	Country co-financing % of GAVI supported proportion	*U / T*		0.00 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	19.12 %			38.23 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	42,563	8,137	34,426	47,826	18,285	29,541
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	127,689	24,410	103,279	143,478	54,855	88,623
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	127,689	24,410	103,279	143,478	54,855	88,623
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	31,923	6,103	25,820	3,948	1,510	2,438
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	159,612	30,512	129,100	147,426	56,364	91,062
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	177,170	33,868	143,302	163,643	62,564	101,079
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	1,967	377	1,590	1,817	695	1,122
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	558,642	106,790	451,852	515,991	197,274	318,717
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	558,642	1,575	6,664	515,991	2,910	4,700
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	12	3	9	11	5	6
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	16,760	3,204	13,556	15,480	5,919	9,561
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	826	158	668	763	292	471
T	Total fund needed	*(N+O+P+Q+R+S)*	584,479	111,729	472,750	539,855	206,398	333,457
U	Total country co-financing	*I x country co-financing per dose (cc)*	111,729			206,397		
V	Country co-financing % of GAVI supported proportion	*U / T*	19.12 %			38.23 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 3)

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	57.35 %			76.46 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	57,610	33,039	24,571	62,969	48,149	14,820
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	172,830	99,115	73,715	188,907	144,446	44,461
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	172,830	99,115	73,715	188,907	144,446	44,461
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	7,338	4,209	3,129	4,020	3,074	946
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	180,168	103,323	76,845	192,927	147,520	45,407
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	199,987	114,689	85,298	214,149	163,747	50,402
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	2,220	1,274	946	2,378	1,819	559
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	630,588	361,629	268,959	675,245	516,318	158,927
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	9,300	5,334	3,966	9,958	7,615	2,343
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	13	8	5	14	11	3
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	18,918	10,850	8,068	20,258	15,491	4,767
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	932	535	397	998	764	234
T	Total fund needed	*(N+O+P+Q+R+S)*	659,751	378,353	281,398	706,473	540,197	166,276
U	Total country co-financing	*I x country co-financing per dose (cc)*	378,353			540,196		
V	Country co-financing % of GAVI supported proportion	*U / T*	57.35 %			76.46 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	57,328	61,871	62,121	62,372	62,624	306,316
	Number of children to be vaccinated with the first dose	Table 4	#	0	41,071	47,645	54,220	57,610	200,546
	Number of children to be vaccinated with the second dose	Table 4	#	0	37,972	44,469	51,015	54,409	187,865
	Immunisation coverage with the second dose	Table 4	%	0.00 %	61.37 %	71.58 %	81.79 %	86.88 %	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.00	1.00	1.00	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		No	No	No	No	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		0.55	1.10	1.65	2.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Graduating

	2011	2012	2013	2014	2015
Minimum co-financing		0.72	1.05	1.55	2.05
Recommended co-financing as per Proposal 2011			1.10	1.65	2.20
Your co-financing		0.55	1.10	1.65	2.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	85,700	57,500	42,900	20,900
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	975	650	500	250
Total value to be co-financed by GAVI	$	229,500	154,000	115,000	56,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	22,200	40,100	68,900	96,100
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	250	450	775	1,075
Total value to be co-financed by the Country	$	59,500	107,500	184,500	257,500

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	20.54 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	41,071	8,437	32,634
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	82,142	16,874	65,268
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*	0	86,250	17,718	68,532
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		21,563	4,430	17,133
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		107,813	22,147	85,666
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		1,197	246	951
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		274,924	56,475	218,449
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		13,747	2,824	10,923
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		288,671	59,298	229,373
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		59,298		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		20.54 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	41.08 %			61.62 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	47,645	19,575	28,070	54,220	33,413	20,807
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B X C*	95,290	39,149	56,141	108,440	66,826	41,614
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	95,290	39,149	56,141	108,440	66,826	41,614
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	2,260	929	1,331	3,288	2,027	1,261
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	97,550	40,077	57,473	111,728	68,852	42,876
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	1,083	445	638	1,241	765	476
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	248,753	102,197	146,556	284,907	175,573	109,334
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	248,753	0	0	284,907	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	12,438	5,110	7,328	14,246	8,780	5,466
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	261,191	107,306	153,885	299,153	184,352	114,801
U	Total country co-financing	*I x country co-financing per dose (cc)*	107,306			184,352		
V	Country co-financing % of GAVI supported proportion	*U / T*	41.08 %			61.62 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	82.17 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	57,610	47,336	10,274
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B X C*	115,220	94,672	20,548
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D X E*	115,220	94,672	20,548
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	1,695	1,393	302
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	116,915	96,065	20,850
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	1,298	1,067	231
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	298,134	244,966	53,168
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	14,907	12,249	2,658
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	313,041	257,214	55,827
U	Total country co-financing	*I x country co-financing per dose (cc)*	257,214		
V	Country co-financing % of GAVI supported proportion	*U / T*	82.17 %		

8. Injection Safety Support (INS)

Georgia is not reporting on Injection Safety Support (INS) in 2012

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.

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 **No**

If yes, please indicate the amount of funding requested: **0** US$

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	68766	122228	122164	123484	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	68766	110228	122184	121464	0	0
Total funds received from GAVI during the calendar year (*A*)	69000	119500	122500	0	124500	0
Remaining funds (carry over) from previous year (*B*)	0	33300	120637	26231	15118	124500
Total Funds available during the calendar year (*C=A+B*)	69000	152800	243137	26231	139618	124500
Total expenditure during the calendar year (*D*)	35700	32163	216906	11113	15118	0
Balance carried forward to next calendar year (*E=C-D*)	33300	120637	26231	15118	124500	124500
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	110028	123483	121484	106346	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	114152	195565	202792	208688	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	114152	176365	202825	201630	0	0
Total funds received from GAVI during the calendar year (*A*)	115230	191200	211068	0	206670	0

Remaining funds (carry over) from previous year (*B*)	0	53280	191935	43932	25373	206670
Total Funds available during the calendar year (*C=A+B*)	115230	244480	403003	43932	232043	206670
Total expenditure during the calendar year (*D*)	56763	51461	359071	18559	25373	0
Balance carried forward to next calendar year (*E=C-D*)	58467	193019	43932	25373	206670	206670
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	174944	207421	201663	319153	0	0

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	1.71	1.59	1.66	1.69	1.77	1.64
Closing on 31 December	1.59	1.66	1.68	1.77	1.67	0

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.

Fundsfrom GAVI are receiving to the account of the National Center for DiseaseControl and Public Health (NCDC), as a designated agency by the MoLHSA.<?xml:namespace prefix = o />

Accountof the NCDC is opened at commercial bank.

Findsfor activities are transferred from central (NCDC) to sub-national levels tothe bank accounts of District Centers of Public Health (CPH).

TheCPHs report financial and technical performance of activities to the NCDC, andNCDC sends financial reports to the MoLHSA and the Ministry of Finance.

TheNCDC monitors performance of sub-national level through the supervision visits as well.

Allfinancial expenditures at the NCDC are monitored by Governmental Accounting Agency.

TheICC approves APR with the information about financial expenditures, and fundingrequests for the next calendar year. Any possible changes in planned activitiesto be discussed at the ICC.

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 governments 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)
Objective 2:	Increase knowledge and skills of public health specialist		
Activity 2.2:	Plan and organize trainings	0	NCDC&PH
Activity 2.3	Carry out the trainings for rayon and Tbilisi PH specialists on the guidelines developed under the Activity 2.1. (Develop, endorse and integrate guidelines on post-vaccination reactions and complications, supportive supervision, essential management and training skills in the training curriculum)	0	NCDC&PH
Objective 3:	Introduce supportive supervision at the district level public health departments and primary health care providers		
Activity 3.1:	Availability of implementation plan	0	NCDC&PH

Activity 3.2:	Supportive supervision from central level to district PH specialists	100	NCDC&PH
Activity 3.3:	Supportive supervision made by district PH specialists for PHC team	0	NCDC&PH
Objective 4:	Increase knowledge and skills of medical personnel of primary health care providers		
Activity 4.1:	Printing of trainings materials on waste management, AEFI and essential managerial issues for PHC providers	0	NCDC&PH
Activity 4.2:	Carry out the trainings	0	NCDC&PH
Activity 4.3:	Master trainer travel cost for PHC team training supervision	0	NCDC&PH
Objective 5:	Improve capacity of Public Health institutions to deliver services		
Activity 51:	Availability of 4 WD track	100	NCDC&PH
Activity 5.2:	# and % of districts with vaccine supply and stock management plans	100	NCDC&PH
Outcomes (improved capatcity of the system	# and % PHC specialists (family physicians, nurses) with high performance of preventive services	100	NCDC&PH
	# and % of PH specialists applying acquired skills	100	NCDC&PH
Impact on Immunization	DPT3	94	NCDC&PH
Impact on Child	Mortality Under 5 (per 100 000)	1	NCDC&PH

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Activity 2.2:Plan and organize trainings	Implementation of activities was not possible, as HSS funds (124.500 USD) were received in December 27, 2011.
Activity 2.3Carry out the trainings for rayon and	Implementation of activities was not possible, as HSS funds (124.500 USD) were received in December 27, 2011.
Activity3.1Availability of implementation plan	Implementation of activities was not possible, as HSS funds (124.500 USD) were received in December 27, 2011.
Activity 3.2Supportive supervision from central le	Supportive supervision visits were conducted in 30 districts from central level (remaining funds from previous year).
Activity 3.3Supportive supervision made by distric	Implementation of activities was not possible, as HSS funds (124.500 USD) were received in December 27, 2011.
Activity 4.1Printing of trainings materials on wa	Implementation of activities was not possible, as HSS funds (124.500 USD) were received in December 27, 2011.
Activity 4.2Carry out the trainings	Implementation of activities was not possible, as HSS funds (124.500 USD) were received in December 27, 2011.
Activity 4.3Master trainer travel cost for PHC tea	Implementation of activities was not possible, as HSS funds (124.500 USD) were received in December 27, 2011.
Activity5.1Availability of 4 WD track	Implemented
Activity5.2stock management plans	Implemented
Outcomes (improved capatcity of the system	Implemented
performance of preventive services	Implemented
specialists applying acquired skills	Implemented
% of districts with no stock out	vaccine stock-out was caused by late procurement procedures. Only 30 districts had all vaccines during the 2011
Supply of vaccines and injection materials is main	Implemented
Impact on Immunization	
DPT3	
Drop out rates	
Wastage rates	
Share of districts with DTP3 coverage <80%	
Impact on Child	

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

It was impossible to carry out the basic objectives and activities for the following reason - HSS funds were received by the end of the year (December 27, 2011)

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?

no

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

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**		

Objective 1: Increase the motivation of medical p											
Objective 2: Increase knowledge and skills of pub								0		NCDC&PH	
# of trainers prepared	2005	N/A	24	24	N/A	0	24	0	0	NCDC&PH	
# of training (training of public health speciali	2005	N/A	1	1	N/A	0	1	0	0	NCDC&PH	
# of participants (public health Specialists)	2005	N/A	Tbilisi 3, Other d. 21	Tbilisi 3, Other d. 21	N/A	0	Tbilisi 3, Other d. 21	0	0	NCDC&PH	
# of participants (public health Specialists) as a	2005	N/A	24 (100%)	24 (100%)	N/A	0	24 (100%)	0	0	NCDC&PH	
Objective 3: Introduce supportive supervision at t											
Availability of implementation plan	2005	N/A	yes	yes	N/A	yes	yes	yes	yes	NCDC&PH	
# of supportive supervision visits conducted (at p	2005	N/A	1074	1074	N/A	0	946	21 (2,2%)	0	NCDC&PH	
Supportive supervision visits conducted as a % of	2005	N/A	22	30	N/A	22 (100%)	22 (100%)	20 (90%)	30 (100%)	NCDC&PH	
Objective 4: Increase knowledge and skills of med											
# of training (family physicians, nurses) sessions	2005	N/A	58	58	N/A	0	58	0	0	NCDC&PH	
# of participants (family physicians, nurses)	2005	N/A	1392	1392	N/A	0	1392	0	0	NCDC&PH	
# of participants (family physicians, nurses) as a	2005	N/A	1392 (100%)	1392 (100%)	N/A	0	1392 (100%)	0	0	NCDC&PH	
Objective 5: Improve capacity of Public Health i											
Availability of 4 WD track	2005	N/A	yes	yes	yes	yes	yes	yes	yes	NCDC&PH	
# and % of districts with vaccine supply and stock	2005	N/A	65 (100%)	65 (100%)	N/A	65 (100%)	65 (100%)	65 (100%)	65 (100%)	NCDC&PH	
Outcomes (improved capatcity of the system)											
# and % PHC specialists (family physicians, nurses	2005	N/A	4176 (100%)	4176 (100%)	N/A	0	2784 (66.7%)	4176 (100%)	4176 (100%)	NCDC&PH	

# and % of PH specialists applying acquired skills	2005	N/A	144 (100%)	144 (100%)	N/A	0	144 (100%)	144 (100%)	144 (100%)	NCDC&PH	
% of districts with no stock out	2005	N/A	100%	100%	64.6	67.7	23%	0	46%	NCDC&PH	
Supply of vaccines and injection materials is main	2005	N/A	Yes	Yes	N/A	Yes	Yes	Yes	Yes	NCDC&PH	
Impact on Immunization											
DPT3	2005	84	95	95	97.6	92	88.4	87	94	NCDC&PH	
Drop out rates	2005	10,7%	5%	5%	2.4%	8%	10,4%	8%	2%	NCDC&PH	
Wastage rates	2005	1,28	1.18	1.18	1.2	1.24	1.2	1.33	1.08	NCDC&PH	
Share of districts with DTP3 coverage <80%	2005	24%	0	0	7%	9.5%	15%	12%	5%	NCDC&PH	
Impact on Child											
Mortality Under 5 (per 100 000)	2005	552.8	546	548	712	1044	1043	830	623	NCDC&PH	

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

During the reporting year only small part of the activities planned for 2011 were possible to implement. By decision ICC (minute #7) 30 supp. supervision visits were conducted from central level to Primary Health Care level (Objective3, Activity 3.2.Supportive supervision from central level to district PH specialists). For this acivietes were used remaining funds from 2010 - 15,118USD.
SSA were conducted in 110 PHC facilities and during the monitoring was used a questionnaire to identify existing problems of vaccination: a low coverage, the problem of denominators and registration, the migration, refusals, vaccine stock-out.
The Supportive Supervision Activities (SSA) is a good tool to discuss the problemsand obstacles occurred during process of implementation of the National Immunization Program.

<?xml:namespace prefix = o />

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

HSS funds were received by end of the year - December.27,2011

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

District public health institutions (CPHs) and health care facilities were monitoredfrom central level (NCDC) though the supervisory visits. <?xml:namespace prefix = o />

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.

Basedon the evaluation of the monitoring data by experts at central and districtlevels, Plan of Actions were developed to assist in strengthening of health systemby achieving goals considered immunization programme.

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.

All activities under the HSS project were discussed at the ICC/HSCCmeetings, with approval of APR by the ICC members.

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.

No CO are participated in the implementation of HSS proposal.

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

-More effective management of HSS funds was for supportive supervisionactivities (Objective3), for increasing knowledge and skills of medical personnel ofprimary health care stuffof public health specialist at the local (district) level - (Objectives 2,4);**<?xml:namespace prefix = o />**

- There was no limit on the internal fund disbursement;

- Was not adopted any measures to address any issues and to improve themanagement;

- Fund Management and plan of actions will changed in 2012, by reason of, for this time are going reorganization process of Primary Health Care system and only after the completion of this process, HSS funds will be used to proceeds implementation the plan of action

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

Major Activities (insert as many rows as necessary)	**Planned Activity for 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 2:	Increase knowledge and skills of public health specialist at the local (district) level	0	0			
Objective 3:	Supportive supervision made by district public health specialists for PHC team.Supportive supervision from central level to district public health specialists	0	0			

Objective 4:	Increase knowledge and skills of medical personnel of primary health care providers	0	0			
other		0	0			
Balance from 2011		124500				
		124500	0			0

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

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

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** ? **Not selected**

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**

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

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

9.9. Reporting on the HSS grant

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

- How information was validated at country level prior to its submission to the GAVI Alliance.

- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

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

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

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

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 8)**
2. The latest Health Sector Review report **(Document Number: 23)**

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

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

This section is to be completed by countries that have received GAVI TYPE A CSO support 1

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

Type A support was end in 2010, and country have reported about this in APR2011.

10.1.1. **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 describe the mapping exercises, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed **(Document number)**

If the funds in its totality or partially utilized please explain the rational and how it relates to objectives stated in the original approved proposal.

no funds received in 2011 Support was end in 2010

If there is still remaining balance of CSO type A funds in country, please describe how the funds will be utilised and contribute to immunisation objectives and outcomes as indicated in the original proposal.

Noremaining funds in2011

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.

n/a

10.1.2. **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).

n/a

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.

n/a

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.

n/a

Please provide the list of CSOs, name of the representatives to HSCC or ICC and their contact information

Full name	Position	Telephone	Email

10.1.3. **Receipt and expenditure of CSO Type A funds**

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0

Remaining funds (carry over) from 2010 *(B)*	0	0
Total funds available in 2011 *(C=A+B)*	0	0
Total Expenditures in 2011 *(D)*	0	0
Balance carried over to 2012 *(E=C-D)*	0	0

Is GAVI's CSO Type A support reported on the national health sector budget? **No**

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

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

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature of Minister.jpg File desc: Delegated authority minister of health. Date/time: 5/15/2012 9:23:15 AM Size: 279119
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of Minister.jpg File desc: Delegated authority of minister of finance. Date/time: 5/15/2012 9:23:53 AM Size: 279119
3	Signatures of members of ICC	2.2	✓	APR_GAVI_signs_2012.PDF File desc: ICC signatures page.. Date/time: 5/21/2012 4:51:34 AM Size: 983479
4	Signatures of members of HSCC	2.3	✗	APR_GAVI_signs_2012.PDF File desc: HSCC signatures page Date/time: 5/21/2012 4:53:08 AM Size: 983479
5	Minutes of ICC meetings in 2011	2.2	✓	Minutes of the ICCHSCC.docx File desc: ICC/HSCC minutes Date/time: 5/7/2012 6:08:22 AM Size: 31296
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	minute1 - 2012.doc File desc: Minute endorsing APR2011. Date/time: 5/16/2012 3:12:59 AM Size: 30208
7	Minutes of HSCC meetings in 2011	2.3	✗	Minutes of the ICCHSCC.docx File desc: ICC/HSCC minutes. Date/time: 5/7/2012 6:09:48 AM Size: 31296
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	minute1 - 2012.doc File desc: Minute endorsing APR2011. Date/time: 5/16/2012 3:11:50 AM Size: 30208
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	FS-GAVI.jpg File desc: FS-HSS Date/time: 4/25/2012 4:55:23 AM Size: 354582
10	new cMYP APR 2011	7.7	✓	cMYP Georgia 2012-2016 28.05.11 ES.rar File desc: cMYP Date/time: 3/21/2012 3:03:07 AM

				Size: 472468
11	new cMYP costing tool APR 2011	7.8	✓	cMYP_Costing_Scenario-Basic.rar File desc: cMYP tools Date/time: 3/21/2012 3:04:22 AM Size: 590940
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	✗	Financial Statement for NVS introduction grant in 2011 APR 2011.docx File desc: N/A. Date/time: 3/22/2012 5:18:54 AM Size: 10233
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Financial Statement for NVS introduction grant in 2011 APR 2011.docx File desc: N/A. Date/time: 3/22/2012 5:16:52 AM Size: 10213
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Financial Statement for NVS introduction grant in 2011 APR 2011.docx File desc: N/A Date/time: 3/22/2012 5:14:28 AM Size: 10173
15	EVSM/VMA/EVM report APR 2011	7.5	✓	EVM_GEO_OB comments bk4_29 11 2011_TK.docx File desc: Georgia Effective Vaccine Management Improvement Plan September 2011. . Date/time: 3/21/2012 2:59:34 AM Size: 4140947
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	Final_improvement plan geo 27sept.doc File desc: Georgia Effective Vaccine Management Improvement Plan September 2011. Date/time: 3/21/2012 3:01:29 AM Size: 86528
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	EVSM.docx File desc: N/A Date/time: 5/7/2012 3:23:06 AM Size: 10177
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	NA.docx File desc: File description... Date/time: 5/16/2012 4:06:17 AM Size: 10478
20	Post Introduction Evaluation Report	7.2.2	✓	NA.docx File desc: will be available later Date/time: 5/16/2012 4:07:56 AM Size: 10474
				NA.docx

21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	File desc: File description... Date/time: 5/16/2012 4:05:25 AM Size: 10453
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	NA.docx File desc: will be available later Date/time: 5/16/2012 4:13:33 AM Size: 10469
23	HSS Health Sector review report	9.9.3	✗	NA.docx File desc: File description... Date/time: 5/21/2012 4:21:42 AM Size: 10439
24	Report for Mapping Exercise CSO Type A	10.1.1	✗	NA.docx File desc: File description... Date/time: 5/21/2012 4:19:47 AM Size: 10439
25	External Audit Report (Fiscal Year 2011) for CSO Type B	10.2.4	✗	NA.docx File desc: File description... Date/time: 5/16/2012 4:10:38 AM Size: 10522