GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Georgia

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **02/06/2014**

Deadline for submission: 02/06/2014

Please submit the APR 2013 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: **2013**

Requesting for support year: **2015**

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

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	No	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant N/A	N/A
CSO Type A	No	Not applicable	N/A
VIG	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 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	Jashi Mariam, Deputy Minister, Ministry of Health, Labor and Social Affairs of Georgia	**Name**	Gamkrelidze Amiran, Director General NCDC&PH, (responsible for financial operations)l
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
Jabidze Lia	EPI manager, Head of Immunoprophylaxis Division, NCDC	(+995)599583790	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
Jashi Mariam, ICC/HSCC chairman	Deputy Minister, Ministry of Health, Labor and Social Affairs of Georgia		

Gamkrelidze Amiran	Director General, NCDC		
Adamia Eka, ICC/HSCC secretary	Public Health&Programmes Division, MoLHSA		
Kavtaradze Ekaterine	NCDC		
Imnadze Paata	NCDC		
Jabidze Lia	NCDC		
Getia Vladimer	NCDC		
Okropiridze Shorena	Legal Department, MoLHSA		
Ugulava Tamar	UNICEF		
Klimiashvili Rusudan	WHO		
Chkhaidze Ivane	Pediatrician, Expert		

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
Jashi Mariam, ICC/HSCC chairman	Deputy Minister, Ministry of Health, Labor and Social Affairs of Georgia		
Gamkrelidze Amiran	Director General, NCDC		
Adamia Eka, ICC/HSCC secretary	Public Health&Programmes Division, MoLHSA		
Kavtaradze Ekaterine	NCDC		
Imnadze Paata	NCDC		
Jabidze Lia	NCDC		
Getia Vladimer	NCDC		
Okropiridze Shorena	Legal Department, MoLHSA		
Ugulava Tamar	UNICEF		
Klimiashvili Rusudan	WHO		
Chkhaidze Ivane	Pediatrician, Expert		

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)

Georgia is not reporting on CSO (Type A & B) fund utilisation in 2014

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total births	62,862	57,645	63,113	57,645	63,365	57,645	63,365	57,645
Total infants' deaths	741	640	741	640	741	640	741	640
Total surviving infants	62121	57,005	62,372	57,005	62,624	57,005	62,624	57,005
Total pregnant women	80,838	59,529	80,838	59,529	80,838	59,529	80,838	59,529
Number of infants vaccinated (to be vaccinated) with BCG	60,976	55,659	61,220	56,720	62,097	56,720	64,574	56,720
BCG coverage	97 %	97 %	97 %	98 %	98 %	98 %	102 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	59,014	49,834	59,253	52,326	59,492	54,376	61,041	54,376
OPV3 coverage	95 %	87 %	95 %	92 %	95 %	95 %	97 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	59,636	53,224	59,877	55,100	60,120	55,100	61,684	55,100
Number of infants vaccinated (to be vaccinated) with DTP3	59,014	49,520	59,253	52,660	59,492	54,376	61,041	54,376
DTP3 coverage	95 %	87 %	95 %	92 %	95 %	95 %	97 %	95 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	0	1	0	1	0	1	0	1
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.00	1.01	1.00	1.01	1.00	1.01	1.00	1.01
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	59,636	53,224	55,100	55,100	60,120	55,100		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	59,636	49,520	55,100	52,660	59,492	54,376		
DTP-HepB-Hib coverage	96 %	87 %	88 %	92 %	95 %	95 %	0 %	0 %
Wastage*[1]* rate in base-year and planned thereafter (%)	10	1	10	1	10	1		
Wastage*[1]* factor in base-year and planned thereafter (%)	1.11	1.01	1.11	1.01	1.11	1.01	1	1
Maximum wastage rate value for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)		0	47,826	14,000	57,610	51,000	62,969	53,000

Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)		0	47,826	9,556	54,409	49,834	61,041	51,552
Pneumococcal (PCV10) coverage	0 %	0 %	77 %	17 %	87 %	87 %	97 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%)		0	10	1	0	1	0	1
Wastage*[1]* factor in base-year and planned thereafter (%)		1	1.11	1.01	1	1.01	1	1.01
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	36,800	28,299	54,220	48,000	57,610	51,000		
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	36,800	21,536	54,220	46,970	54,409	49,834		
Rotavirus coverage	59 %	38 %	87 %	82 %	87 %	87 %	0 %	0 %
Wastage*[1]* rate in base-year and planned thereafter (%)	0	1	5	1	0	1		
Wastage*[1]* factor in base-year and planned thereafter (%)	1	1.01	1.05	1.01	1	1.01	1	1
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	59,014	51,886	59,253	54,376	59,492	54,376	61,041	54,376
Measles coverage	95 %	91 %	95 %	95 %	95 %	95 %	97 %	95 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	7 %	1 %	4 %	1 %	1 %	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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 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 the CivilRegister the total number of life births in 2013 is 57,645; thisfigure is different fr0m the number of live births reported in WHO /UNICEF JRF (58,578).

  The MoLHSA considers that the Civil Registry data are morereliable, therefore, this data (57,645) are used in APR for table 4. Baseline&annual targets.

  In JRF we have used data that are received from the district/city PublicHealth Centers, due the fact, that Civil Register data was not available by thetime of submission of JRF.

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

  There is significantdifference between the number of surviving infants in 2013indicated in APR(57,005) and the number of surviving infants utilized by the NIP to calculatecoverage and reported through JRF (53,157).

  The NIP utilizes data on the number of surviving infants that areregistered in healthcare facilities and reported by the health care facilitiesto the national level. The NIP recognizes the problems with denominator takinginto account the significant difference between the number of live births andthe number of surviving infants that cannot be explained by infant mortality.This difference may be because not all infants in Georgia are registered inhealth care facilities. The non registered infants may be from marginalized andmigratory populations or those whose families are covered by private insurancecompanies. However, the NIP as well as health facilities do not have capacityto track unregistered children and do not have authority to regulate thisprocess. Therefore the NIP uses data provided by PHC (53, 157- as thedenominator to calculate immunization coverage.

  In table 4 of APR, the number ofsurviving infants is calculated automatically by subtracting the number ofinfant deaths (640) from the number of life births(57,645). The number ofsurviving infants in this table cannot be changed. Therefore the number ofsurviving infants in APR (57,205) is different from the numberof surviving infants the NIP – use to calculate coverage and report to WHOand UNICEF (53,157). For this reason, the coverage for all antigens reportedthrough APR are significantly lower then the coverage rates reported to the MoLHSA, WHO and UNICEF

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

  No changes in targets by vaccine

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

  No changes in wastage by vaccines

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

In 2013 several significantactions for strengthening the immunization program were conducted :

- Carrying out the trainings of medical personnel related withimplementation of Rotavirus vaccine;
- Rotavirus vaccine introduction;
- Implementation of Health Management Information system (HMIS).
- Cold Chain equipment inventory assessment across the whole country;
- Establishment of the national group of experts to coordinate, prepareand implement Supplementary Immunization Activities against Measles outbreak inGeorgia;
- Rota vaccine post-introduction evaluation and monitoring by thesupport of the WHO;
- Safe immunization monitoring on PHC level;

Totalprivatization of the health sector that country experienced during last severalyears, also the lack of experience ofpublic-private partnership, absence of effective programme monitoring andevaluation indicators, heavily affected on preventive and vertical programmesin Georgia, including National Immunization Programme.

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

Immunization coverage withthe main antigens is still sub-optimal. With the organizational and structuralsystem changes taking place within the health sector, the roles andresponsibilities were still not clearly defined and remain undocumented, posinga threat to programme performance. FromSeptember 2012 to September 2013, public health services were funded throughprivate sector providers and insurance.

- Clarification of roles and responsibilities for allstakeholders for reporting and monitoring under the new funding mechanism isrequired.
- May result in the prioritization of cost-saving ratherthan universal immunization coverage.
- Potential difficulties for the NCDC and Ministry of Labor,Health and Social Affairs of Georgia to positively influence behavior ofproviders in maximizing immunization coverage and quality.
- Permanent state of transition, high staff turnoverincreases the risk of institutional memory-loss.
- Since March 2014that funding mechanism has changed - money transfer occurs through the SocialService Agency, also with increased motivation of medical staff.

We consider that increasing the influence of the MoLHSA to on theprimary health care system delivery will support prioritization of immunizationservice delivery in the country.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

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

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

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 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 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 2011 to the present.

In 2013-2014, the HealthManagement Information System was implemented (HMIS) in an effort to improveadministrative data. The immunization information system is a computerized, population-based system thatcollects and consolidates vaccination data from vaccination providers. It canbe used for designing and sustaining effective immunization strategies formonitoring progress toward achieving immunization program goals.

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** 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$ = 1.7	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 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	CDC	VRF	---
Traditional Vaccines*	680,297	667,892	0	12,405	0	0	0	0
New and underused Vaccines**	812,486	392,931	419,555	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	44,644	32,260	8,249	4,135	0	0	0	0

Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	64,903	0	64,903	0	0	0	0	0
Other routine recurrent costs	52,740	0	22,740	0	30,000	0	0	0
Other Capital Costs	721,773	721,773	0	0	0	0	0	0
Campaigns costs	654,639	543,045	0	27,294	0	84,300	0	0
Injection supplie for Measles campaign		0	0	0	0	5,107	9,823	0
Total Expenditures for Immunisation	3,031,482							
Total Government Health		2,357,901	515,447	43,834	30,000	89,407	9,823	0

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

NO

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Not selected**

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 2013? **11**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 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? **Yes**

If Yes, which ones?

List CSO member organisations:
Rostropovich-Vishnevskaya Foundation

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

1. To reach 95% of coverage by OPV3 and MMR1 in 2015.

1.1. Strengthening and improving the quality of routine immunization services and increasing OPV3 and MMR1coverage

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.

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

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

1.1.4. Supervisory visits from central level to high-risk areas and throughout the routine and supplementary immunization activities.

1.1.5. Analyzing of the results of routine and supplementary immunization activities to identify high risk and low performing areas in each level (regional and district), including financial components together with resources utilized.

1.1.6. Providing feedback to districts and related sectors about performance of each activity.

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

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

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

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.

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

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

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

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

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.

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

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.

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

for routine and supplementary immunization activities

2. Maintenance of polio free status (via improving of AFP surveillance and AFP rate)

2.1. Arising awareness of health Personnel and clinicians

2.1.1. See key activities # 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

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

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

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

2.3.1. See key activities # 1.5.1.

2.3.2. See key activities # 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

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

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.

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

In need

3.2. Increase laboratory confirmation ratio of measles and rubella

3.2.1.Expansion of Laboratory system

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

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

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

3.4.1. To prepare educational material for teachers and parents

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

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

3.5.3. To monitor active surveillance performance

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

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.

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

3.8.1. To assess problems in vaccine logistics and injection safety

3.9. Reducing missed opportunities and inappropriate contraindication

3.9.1. Training material for health care staff will be produced

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

2013-2014. 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

8.1.2. Material development and production for social mobilization will be produced, printed and distributed for the public

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”).

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

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

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

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

8.6.2. 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

8.6.3.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

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).

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.

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.

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.

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

8.9.Strengthening intra-and intersectoral 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

8.9.2.The program review will include participation of MoLHSA, 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

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

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.

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

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

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

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

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

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

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

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

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

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

10.2.5.Provide additional training as needed and at least annually

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

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

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

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

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.

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

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

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

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

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

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

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)

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

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

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

11. Introduction of new vaccines:

Rotavirus vaccine –2013

PCV – 2014

IPV - 2015

11.1. Ensuring propermanagement and procure of vaccines

11.1.1. Estimation oftarget groups and ages;

11.1.2. Preparing the fRegulations

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

11.1.4. The EPI field guideto be update, printed out and distributed to each health center

11.1.5. Trainings of personnel

11.1.6. Supply of thevaccines

11.1.7. Supply of SafeImmunization equipment

11.1.8. Communication campaign

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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
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

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

Sharps (used syringes) arebeing disposed of at immunization units already used to utilize AD syringes forvaccination. The syringes are collected and placed in safety boxes immediatelyafter use. Afterwards, they are either incinerated, buried, or disposed of by aspecial agency that handles used or solid medical wastes.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Georgia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

Georgia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.3. Request for ISS reward

Request for ISS reward achievement in Georgia is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	172,500	167,500	5,000	No
Pneumococcal (PCV10)		0	0	No
Rotavirus	75,000	75,000	0	No

**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? ...)

  1.In 2013 the country was supposed to buy a 58,000 doses of vaccinebut due to the fact that there was sufficient stock of Penta vaccine through December 31, 2012, it was decided topurchase 53,000 doses of the Penta instead of 58,000. Later GAVI requested fulfillingof country co-financing obligation completely, so it was decided to procure more5,000 doses of Penta vaccine. Funds for the purchase of the vaccines weretransferred in December of 2013 and the vaccine was delivered in 2014.

  2. Observed differences between the prices of vaccines in the GAVI decision letter and the prices of UNICEF's cost-estimation. For this reason, the country overpaid (more than US $100,000) for the procurement of the Hib-Penta vaccine in 2013.

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

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

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	N/A

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	20/08/2014
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	By the decision of Ministry of Health and Social Affairs of Georgia, theRota vaccine was introduced in 2013 and the implementation of PCV wasrescheduled for 2014. In 2013, the government transferred $123,563 to UNICEF in order to procure 30, 800doses of the PCV-10 vaccine. The vaccine will be purchased and distributed in2014 after training courses are completed and WHO assesses the readiness forbeginning the vaccination.

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	18/03/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The introduction of theRota vaccine was planned from 2012, but was postponed until 2013, due to theorganizational and structural system changes taking place in the health sector.

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

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

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**

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

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

Rotavirus and IBD sentinelsurveillance data are reviewed at the ICC meetings and send to the WHO onmonthly bases. Surveillance data are also included and used in the trainingpackage for clinicians and health authorities prior to starting new vaccineintroduction process.

Sentinel surveillance data were key element for the MoLHSA and NCDC indecision-making process regarding introduction of Rota and PCV vaccines inGeorgia.

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	100,000	174,200
Remaining funds (carry over) from 2012 (B)	95,114	156,272
Total funds available in 2013 (C=A+B)	195,114	330,472
Total Expenditures in 2013 (D)	87,643	143,999
Balance carried over to 2014 (E=C-D)	107,471	186,473

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

I. In 2012 were printed outWHO recommended modules/presentation for participants Rotavirus vaccineintroduction trainings

1.Introduction of theRota virus vaccine (2133 units)

2. Rotavirus vaccine attributes and storage conditions (2133units)

3. Rotavirus vaccine eligibility (2133 units)

4.Rotavirus vaccine administration (2133 units)

5. Recording and monitoring uptake of rotavirus vaccine (2133 units)

6. Rotavirus vaccine AEFI monitoring (2133units)

7. Communicating about rotavirus vaccine with caretakers (2133 units)

8 . Pre-& post - test 4266 (units)

9. Rotarix vaccine annotation (2133 units)

10. LCD projectors (10) and laptops (5) wereprocured for carrying out conduct of rota-vaccine introduction trainings.

II. Using thisinformational material, 98 one-day training courses were carried out on theimplementation of the Rota vaccine for public health and primary healthcarespecialists in January and February of 2013

Total number of participants - 1 957.

Effectiveness of information received on the training was assessedusing pre-/post tests.

Prior to the implementation of the Rota vaccine, we carried out alarge-scale communications campaign:

- Brochures on immunization and the Rotavirus, as well as informationalposters on Rotavirus Introduction were developed
- Television/radio talk shows involving experts (academic community,professional associations, pediatricians, neurologists and infectious diseasespecialist), as well as TV/Radio reports on RVV/Immunization, including vaccinestorage and transportation issues were organized.
- Educational sessions for the managers of insurance companies wereconducted
- A sub-page on the NCDC webpage regarding immunization issues wascreated and updated regularly
- An anti-crisis action plan was implemented and a conference washeld to establish an anti-crisis committee.

Via an ICC decision and with GAVI consent, $3,500 was used for the monitoring andsupervision of measles outbreak response activities

By ICC decision and GAVI consent $ 3,500 was used formonitoring and supervision measles outbreak response activities.

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 2014 onwards

In 2013 country havereceived NVS introduction grant ($100 000) for implementation PCV vaccine.Vaccine will be introduced in 2014. Trainings and communication campaign tointroduce PVC vaccine will be initiated in June. Remaining funds from NVSgrant might be used to support the immunization programme and by thedecision of ICC.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	179,107	53,000
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	123,563	30,800

Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	90,261	31,500
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	yes	
Donor	no	
Other	no	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	3,275	79,500
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	1,486	30,800
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	October	Gov
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	October	Gov
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	October	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 support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA)

carried out? **July 2011**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

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

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2014

Renewal of multi-year vaccines support for Georgia is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 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 are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	62,121	62,372	57,005	181,498
	Number of children to be vaccinated with the first dose	Table 4	#	59,636	55,100	55,100	169,836
	Number of children to be vaccinated with the third dose	Table 4	#	59,636	55,100	54,376	169,112
	Immunisation coverage with	Table 4	%	96.00 %	88.34 %	95.39 %	

	the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.01	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	100,224			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	100,224			
	Number of doses per vial	Parameter	#		2	2	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		1.82	1.72	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	25.50 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

No

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

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

Co-financing group	Graduating

	2013	2014	2015
Minimum co-financing	1.25	1.48	1.72
Recommended co-financing as per APR 2012			1.72
Your co-financing	0.98	1.82	1.72

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

		2014	2015
Number of vaccine doses	#	56,500	43,800
Number of AD syringes	#	55,900	47,600

Number of re-constitution syringes	#	31,100	24,100
Number of safety boxes	#	975	800
Total value to be co-financed by GAVI	$	150,500	110,500

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

		2014	**2015**
Number of vaccine doses	#	122,000	94,500
Number of AD syringes	#	120,500	102,700
Number of re-constitution syringes	#	67,100	52,000
Number of safety boxes	#	2,075	1,725
Total value to be co-financed by the Country [1]	$	325,000	238,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	68.33 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	59,636	55,100	37,650	17,450
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	59,636	55,100	37,650	17,450
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	178,908	165,300	112,950	52,350
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D X E*		183,484	125,375	58,109
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		- 5,103	- 3,486	- 1,617
H	**Stock to be deducted**	*H1 - F of previous year x 0.375*				
H1	**Calculated opening stock**	*H2 (2014) + H3 (2014) - F (2014)*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0	100,224		
H3	**Shipment plan**	*UNICEF shipment report*		151,900		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		178,400	121,901	56,499
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		176,217	120,410	55,807
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		98,121	67,047	31,074
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		3,018	2,063	955
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		437,972	299,267	138,705
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		7,930	5,419	2,511
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		393	269	124
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		16	11	5
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		28,031	19,154	8,877
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		834	570	264
T	**Total fund needed**	*(N+O+P+Q+R+S)*		475,176	324,688	150,488
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		324,688		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		68.33 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	68.36 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	55,100	37,666	17,434
B1	Number of children to be vaccinated with the third dose	*Table 4*	54,376	37,171	17,205
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	164,280	112,300	51,980
E	Estimated vaccine wastage factor	*Table 4*	1.01		
F	Number of doses needed including wastage	*D X E*	165,923	113,423	52,500
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	- 382	- 261	- 121
H	Stock to be deducted	*H1 - F of previous year x 0.375*	27,342	18,691	8,651
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	88,645	60,597	28,048
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	138,200	94,472	43,728
J	Number of doses per vial	*Vaccine Parameter*	2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	150,212	102,683	47,529
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	76,010	51,960	24,050
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	2,489	1,702	787
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	270,872	185,165	85,707
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	6,760	4,622	2,138
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	305	209	96
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	13	9	4
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	69,073	47,218	21,855
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	708	484	224
T	Total fund needed	*(N+O+P+Q+R+S)*	347,731	237,704	110,027
U	Total country co-financing	*I x country co-financing per dose (cc)*	237,704		
V	Country co-financing % of GAVI supported proportion	*U / T*	68.36 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

ID		Source		2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	62,121	62,372	57,005	57,005	238,503
	Number of children to be vaccinated with the first dose	Table 4	#	0	47,826	51,000	53,000	151,826
	Number of children to be vaccinated with the third dose	Table 4	#		47,826	49,834	51,552	149,212
	Immunisation coverage with the third dose	Table 4	%	0.00 %	76.68 %	87.42 %	90.43 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.11	1.01	1.01	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0				
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.61	1.40	2.10	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

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

Co-financing group	Graduating

	2013	2014	2015	2016
Minimum co-financing		0.61	1.40	2.10
Your co-financing		0.61	1.40	2.10

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

		2014	2015	2016
Number of vaccine doses	#	164,900	94,700	65,300
Number of AD syringes	#	166,900	103,000	71,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	1,850	1,150	800
Total value to be co-financed by GAVI	$	583,500	333,500	229,500

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

		2014	2015	2016
Number of vaccine doses	#	34,400	62,600	97,200
Number of AD syringes	#	34,800	68,000	105,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	400	750	1,175
Total value to be co-financed by the Country [1]	$	122,000	220,500	341,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	17.24 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	47,826	8,246	39,580
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	0	143,478	24,736	118,742
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.11		
F	**Number of doses needed including wastage**	*D X E*		159,261	27,457	131,804
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		39,816	6,865	32,951
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		199,200	34,342	164,858
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		201,624	34,760	166,864
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*		2,218	383	1,835
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		675,488	116,452	559,036
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		9,074	1,565	7,509
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)*		12	3	9
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		20,265	3,494	16,771
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)*		704,839	121,512	583,327
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		121,512		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		17.24 %		

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

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	39.77 %			59.81 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	51,000	20,284	30,716	53,000	31,702	21,298
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B x C*	153,000	60,851	92,149	159,000	95,106	63,894
E	Estimated vaccine wastage factor	*Table 4*	1.01			1.01		
F	Number of doses needed including wastage	*D X E*	154,530	61,460	93,070	160,590	96,057	64,533
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	2,381	947	1,434	1,515	907	608
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0	0	0	0
H2	Reported stock on January 1st	*Table 7.11.1*						
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	157,200	62,522	94,678	162,400	97,140	65,260
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	170,920	67,978	102,942	176,567	105,614	70,953
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	1,881	749	1,132	1,943	1,163	780
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	529,764	210,696	319,068	545,827	326,487	219,340
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	7,692	3,060	4,632	7,946	4,753	3,193
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)*	10	4	6	10	6	4
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	15,893	6,321	9,572	16,375	9,795	6,580
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)*	553,359	220,080	333,279	570,158	341,040	229,118
U	Total country co-financing	*I x country co-financing per dose (cc)*	220,080			341,040		
V	Country co-financing % of GAVI supported proportion	*U / T*	39.77 %			59.81 %		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	62,121	62,372	57,005	181,498
	Number of children to be vaccinated with the first dose	Table 4	#	36,800	54,220	51,000	142,020
	Number of children to be vaccinated with the second dose	Table 4	#	36,800	54,220	49,834	140,854
	Immunisation coverage with the second dose	Table 4	%	59.24 %	86.93 %	87.42 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.01	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	98,594			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	98,594			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	**Country co-financing per dose**	Co-financing table	$		1.65	1.86	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

No

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

Co-financing group	Graduating

	2013	2014	2015
Minimum co-financing	1.05	1.50	1.86
Recommended co-financing as per APR 2012			2.20
Your co-financing	1.10	1.65	1.86

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

		2014	2015
Number of vaccine doses	#	9,900	9,700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	$	26,500	26,000

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

		2014	2015
Number of vaccine doses	#	15,700	21,900
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	42,500	59,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	61.36 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	36,800	54,220	33,269	20,951
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B x C*	73,600	108,440	66,538	41,902
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*		113,862	69,865	43,997
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		10,066	6,177	3,889
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		25,500	15,647	9,853
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		65,306	40,072	25,234
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)*		3,266	2,004	1,262
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)*		68,572	42,075	26,497
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		42,075		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		61.36 %		

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

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	69.39 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	51,000	35,387	15,613
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	102,000	70,774	31,226
E	**Estimated vaccine wastage factor**	*Table 4*	1.01		
F	**Number of doses needed including wastage**	*D X E*	103,020	71,482	31,538
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	- 1,610	- 1,117	- 493
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	70,129	48,660	21,469
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	31,500	21,857	9,643
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	80,420	55,800	24,620
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)*	4,021	2,790	1,231
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)*	84,441	58,590	25,851
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	58,590		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	69.39 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2013**. All countries are expected to report on:

   a. Progress achieved in 2013

   b. HSS implementation during January – April 2014 (interim reporting)

   c. Plans for 2015

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, 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 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. 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 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

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

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

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

   a. Minutes of all the HSCC meetings held in 2013

   b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 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 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

Since 2012,health programmers, including immunization service is delivered to the population bythe private insurance companies, causing dramatic changes among health staff,quality of service delivery and NIP financing;

· Three Ministers of Heath have changed in Georgia during 2011-2013, including changingof the whole Government in 2012, followed changes in ICC – this was not allowe dus to make decisions for utilization of HSS funds remaining from GAVI.

· In that period there were also total changes at the NCDC management level (recipient for GAVI funds), followed by re-organization within the NCDC, and abolishment of EPIDepartment there. This caused freezing of not only GAVI projects, but alsoother activities indifferent areas;

By Government , immunization was announced as a top priority for public health in Georgia, and were carried some of significant activities for improvement of immunization coverage:

- Cold chain inventory;

- SupplementaryImmunization Activities against Measles outbreak;

- Rota Vaccinepost-introduction assessment, safe immunization monitoring on PHC level;

- In Nationalimmunization schedule was introduced new Rotavirus vaccine and carried outvaccine introduction support training for all specialists.

Considering all of the above issues and the implementation ofactions, implementation of the HSS action was postponed until 2014-2015

At the ICC conducted on 14 May,2013,it was decided to conduct supportive supervision activities at all levelsand trainings of health staff, in order to support immunization goals and GAVImay play critical role in that process to improve EPI in Georgia.

.

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

NO

Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework

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

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

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$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

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)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	122228	122164	123484	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	110228	122184	121464	0	0	0
Total funds received from GAVI during the calendar year (*A*)	119500	122500	0	124500	0	0
Remaining funds (carry over) from previous year (*B*)	33300	120637	26231	15118	124500	124500
Total Funds available during the calendar year (*C=A+B*)	152800	243137	26231	139618	124500	124500
Total expenditure during the calendar year (*D*)	32163	216906	11113	15118	0	0
Balance carried forward to next calendar year (*E=C-D*)	120637	26231	15118	124500	124500	124500
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	123483	121484	106346	0	0	0

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	124500	0	0	0
Total Funds available during the calendar year (*C=A+B*)	124500	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	124500	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	195565	202792	208688	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	176365	202825	201630	0	0	0
Total funds received from GAVI during the calendar year (*A*)	191200	211068	0	205425	0	0
Remaining funds (carry over) from previous year (*B*)	53280	191935	43932	25373	205425	205425
Total Funds available during the calendar year (*C=A+B*)	144480	403003	43932	230798	205425	205425
Total expenditure during the calendar year (*D*)	51461	359071	18559	25373	0	0
Balance carried forward to next calendar year (*E=C-D*)	193019	43932	25373	205425	205425	205425
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	20742	20742	319153	0	0	0

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	205425	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	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	2008	2009	2010	2011	2012	2013
Opening on 1 January	1.59	1.66	1.66	1.77	1.64	1.67
Closing on 31 December	1.66	1.68	1.68	1.77	1.67	1.73

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements

at both the sub-national and national levels; and the overall role of the HSCC in this process.

Funds from GAVi are receiving to the account of the NCDC as a designated agency by MoHLSA. Account of the NCDC is opened at commercial bank.. All financial expenditurs at the NCDC are monitored by Govermental accounting agency. Tne ICC/HCSS approves APR with the information about financial expenditures and funding request for next calendar years. Any possible changes in planned actrivities are discussed at the ICC meetings

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: 21)

9.2. Progress on HSS activities in the 2013 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 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)

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

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

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

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

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 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**	**2013 Target**	**Data Source**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**				

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

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

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

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

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

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

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

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

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Objective 2:	Increase knowledge and skills of public health specialist at the local (district) level	3144	0			
Objective 3:	Supportive supervision made by district public health specialists for PHC team.Supportive supervision from central	57220	0			

	level to district public health specialists					
Objective 4:	Increase knowledge and skills of medical personnel of primary health care providers	51120	0			
Objective5:	Improve capacity of PH institutions of deliver services; Streamline the supply of vaccines and injection materials and ensuring smooth operation of cold chain (Meintenace)	8040	0			
Management cost	Project manager (salary)	4976	0			
		124500	0			0

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (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 2015** (if relevant)
Objective 2:	Increase knowledge and skills of public health specialist at the local (district) level				
Objective 3:	Supportive supervision made by district public health specialists for PHC team.Supportive supervision from central level to district public health specialists				
Objective 4:	Increase knowledge and skills of medical personnel of primary health care providers				
Objective5:	Improve capacity of PH institutions of deliver services; Streamline the				

	supply of vaccines and injection materials and ensuring smooth operation of cold chain (Meintenace)				
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

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

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

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

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

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?11

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

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

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

Georgia is not reporting on GAVI TYPE A CSO support for 2013

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

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

Georgia is not reporting on GAVI TYPE B CSO support for 2013

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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 2013	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 3.jpeg **File desc:** Signature of Deputy Minister, Ministry of Health, Labor and Social Affairs of Georgia **Date/time :** 30/05/2014 09:17:46 **Size:** 598 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	signature1.jpeg **File desc:** Signature of Director General NCDC&PH, (responsible for financial operations) **Date/time :** 30/05/2014 09:18:18 **Size:** 498 KB
3	Signatures of members of ICC	2.2	✓	signature1.jpeg **File desc:** Signature of ICC/HSCC members **Date/time :** 30/05/2014 09:18:40 **Size:** 498 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	minute - endorsed APR2013.doc **File desc:** **Date/time :** 30/05/2014 09:32:52 **Size:** 27 KB
5	Signatures of members of HSCC	2.3	✓	signature2.jpeg **File desc:** Signature of ICC/HSCC members **Date/time :** 30/05/2014 09:19:13 **Size:** 579 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	minute - endorsed APR2013.doc **File desc:** **Date/time :** 30/05/2014 09:33:21 **Size:** 27 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	Not aplicable.docx **File desc:** **Date/time :** 21/05/2014 04:09:53 **Size:** 12 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✗	Not aplicable.docx **File desc:** **Date/time :** 21/05/2014 04:12:19 **Size:** 12 KB

9	Post Introduction Evaluation Report	7.2.2	✓	Georgia PIE Report_v3.doc **File desc:** **Date/time :** 21/05/2014 04:46:00 **Size:** 847 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	NVS.jpg **File desc:** **Date/time :** 21/05/2014 05:57:07 **Size:** 238 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	Not aplicable.docx **File desc:** **Date/time :** 21/05/2014 04:07:30 **Size:** 12 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM_GEO_OB comments bk4_29 11 2011_TK.docx **File desc:** **Date/time :** 21/05/2014 05:17:50 **Size:** 4 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Final_improvement plan geo 27sept.doc **File desc:** **Date/time :** 21/05/2014 05:24:47 **Size:** 86 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Recommendations of EVM Follow Up Assessment(2).docx **File desc:** **Date/time :** 21/05/2014 05:35:26 **Size:** 18 KB
16	Valid cMYP if requesting extension of support	7.8	✗	cMYP Georgia 2012-2016 28.05.11 ES.doc **File desc:** **Date/time :** 21/05/2014 04:51:38 **Size:** 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	cMYP_Costing_Scenario-Basic.xls **File desc:** **Date/time :** 21/05/2014 05:03:26 **Size:** 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	Not aplicable.docx **File desc:** NA **Date/time :** 21/05/2014 04:00:01 **Size:** 12 KB

19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	HSS.jpg **File desc:** **Date/time :** 21/05/2014 06:17:41 **Size:** 497 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Not aplicable.docx **File desc:** NA **Date/time :** 21/05/2014 03:56:36 **Size:** 12 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	Not aplicable.docx **File desc:** NA **Date/time :** 21/05/2014 03:51:57 **Size:** 12 KB
22	HSS Health Sector review report	9.9.3	✓	Not aplicable.docx **File desc:** NA **Date/time :** 21/05/2014 03:48:47 **Size:** 12 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	Not aplicable.docx **File desc:** nA **Date/time :** 21/05/2014 03:46:08 **Size:** 12 KB
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	Not aplicable.docx **File desc:** NA **Date/time :** 21/05/2014 03:43:32 **Size:** 12 KB
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	Not aplicable.docx **File desc:** **Date/time :** 21/05/2014 03:25:11 **Size:** 12 KB
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	bank sT.jpg **File desc:** **Date/time :** 21/05/2014 04:37:41 **Size:** 475 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	Not aplicable.docx **File desc:** NA **Date/time :** 21/05/2014 03:21:47 **Size:** 12 KB

	Other		✕	ICC minute 2013.rar **File desc:** **Date/time :** 30/05/2014 09:26:39 **Size:** 225 KB