



GAVI Alliance

Annual Progress Report **2014**

Submitted by

The Government of
Georgia

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **14/05/2015**

Deadline for submission: 27/05/2015

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

Enquiries to: apr@gavi.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: 2014

Requesting for support year: 2016

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
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	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2015
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

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2017	2017
Routine New Vaccines Support	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2016	No extension
Routine New Vaccines Support	Rotavirus, 2-dose schedule	2016	No extension

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 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 High Level Review Panel (HLRP) 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	Sergeenko David, Minister	Name	Gamkrelidze Amiran, Director General NCDC&PH, (responsible for financial operations)
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat 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
David Sergeenko, ICC/HSCC chairman	Minister 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		
Darakhvelidze mariam	Health& Programme Department, MoLHSA		
Getia Vladimer	NCDC		
Okropiridze Shorena	Legal Department, MoLHSA		
Ugulava Tamar	UNICEF		
Klimiashvili Rusudan	WHO		
Kurtsikashvili Giorgi	WHO		
Chkhaidze Ivane	Pediatrician, Expert		
Kherkheulidze Maia	Pediatrician, Expert		
Kasashvili Ketevan	Pediatrician, Expert		

Tugushi Ekaterine	Pediatrician, Expert		
Gumbaridze Maka	VRF		
Jabidze Lia	NCDC		

ICC may wish to send informal comments to: apr@gavi.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), **Intersectoral 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
Sergeenko david,	Minister 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		

Darakhvelidze Mariam	Health& Programme Department, MoLHSA		
Getia Vladimer	NCDC		
Okropiridze Shorena	Legal Department, MoLHSA		
Ugulava Tamar	UNICEF		
Klimiashvili Rusudan	WHO		
Kurtsikashvili Giorgi	WHO		
Chkhaidze Ivane	Pediatrician, Expert		
Kherkheulidze Maia	Pediatrician, Expert		
Kasashvili Ketevan	Pediatrician, Expert		
Tugushi Ekaterine	Pediatrician, Expert		
Gumbaridze Maka	VRF		
Jabidze Lia	NCDC		

HSCC may wish to send informal comments to: apr@gavi.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 2015

3. Table of Contents

This APR reports on Georgia's activities between January – December 2014 and specifies the requests for the period of January – December 2016

Sections

[1. Application Specification](#)

[1.1. NVS & INS support](#)

[1.2. Programme extension](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous Monitoring IRC Report](#)

[2. Signatures](#)

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

[2.2. ICC signatures page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC signatures page](#)

[2.4. Signatures Page for GAVI Alliance CSO Support \(Type A & B\)](#)

[3. Table of Contents](#)

[4. Baseline & annual targets](#)

[5. General Programme Management Component](#)

[5.1. Updated baseline and annual targets](#)

[5.2. Monitoring the Implementation of GAVI Gender Policy](#)

[5.3. Overall Expenditures and Financing for Immunisation](#)

[5.4. Interagency Coordinating Committee \(ICC\)](#)

[5.5. Priority actions in 2015 to 2016](#)

[5.6. Progress of transition plan for injection safety](#)

[6. Immunisation Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2014](#)

[6.2. Detailed expenditure of ISS funds during the 2014 calendar year](#)

[6.3. Request for ISS reward](#)

[7. New and Under-used Vaccines Support \(NVS\)](#)

[7.1. Receipt of new & under-used vaccines for 2014 vaccine programme](#)

[7.2. Introduction of a New Vaccine in 2014](#)

[7.3. New Vaccine Introduction Grant lump sums 2014](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2014](#)

[7.5. Vaccine Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2014](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015](#)

[7.9. Request for continued support for vaccines for 2016 vaccination programme](#)

[7.10. Weighted average prices of supply and related freight cost](#)

[7.11. Calculation of requirements](#)

[8. Health Systems Strengthening Support \(HSS\)](#)

[8.1. Report on the use of HSS funds in 2014 and request of a new tranche](#)

- [8.2. Progress on HSS activities in the 2014 fiscal year](#)
- [8.3. General overview of targets achieved](#)
- [8.4. Programme implementation in 2014](#)
- [8.5. Planned HSS activities for 2015](#)
- [8.6. Planned HSS activities for 2016](#)
- [8.7. Revised indicators in case of reprogramming](#)
- [8.8. Other sources of funding for HSS](#)
- [8.9. Reporting on the HSS grant](#)
- [9. Strengthened Involvement of Civil Society Organisations \(CSOs\) : Type A and Type B](#)
 - [9.1. TYPE A: Support to strengthen coordination and representation of CSOs](#)
 - [9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)
- [10. Comments from ICC/HSCC Chairs](#)
- [11. Annexes](#)
 - [11.1. Annex 1 – Terms of reference ISS](#)
 - [11.2. Annex 2 – Example income & expenditure ISS](#)
 - [11.3. Annex 3 – Terms of reference HSS](#)
 - [11.4. Annex 4 – Example income & expenditure HSS](#)
 - [11.5. Annex 5 – Terms of reference CSO](#)
 - [11.6. Annex 6 – Example income & expenditure CSO](#)
- [12. Attachments](#)

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.

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2014		2015		2016		2017	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	57,645	60,539	57,645	60,539	57,645	60,539		60,539
Total infants' deaths	640	608	640	608	640	608		608
Total surviving infants	57005	59,931	57,005	59,931	57,005	59,931		59,931
Total pregnant women	59,529	62,108	59,529	62,108	59,529	62,108		62,108
Number of infants vaccinated (to be vaccinated) with BCG	56,720	58,370	56,720	58,370	56,720	58,370		0
BCG coverage[1]	98 %	96 %	98 %	96 %	98 %	96 %	0 %	0 %
Number of infants vaccinated (to be vaccinated) with OPV3	52,326	50,588	54,376	53,117	54,376	55,000		53,117
OPV3 coverage[2]	92 %	84 %	95 %	89 %	95 %	92 %	0 %	89 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]	55,100	55,811	55,100	58,600	55,100	58,600		58,600
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]	52,660	50,206	54,376	53,117	54,376	55,000		55,000
DTP3 coverage[2]	92 %	84 %	95 %	89 %	95 %	92 %	0 %	92 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	1	1	1	1	1	1		1
Wastage[5] factor in base-year and planned thereafter for DTP	1.01	1.01	1.01	1.01	1.01	1.01	1.00	1.01
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	55,100	55,811	55,100	58,600				
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	52,660	50,206	54,376	53,117				
DTP-HepB-Hib coverage[2]	92 %	84 %	95 %	89 %	0 %	0 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)	10	1	1	1				
Wastage[5] factor in base-year and planned thereafter (%)	1.11	1.01	1.01	1.01	1	1	1	1

Maximum wastage rate value for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	0 %	10 %	0 %	10 %	0 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)	47,826	5,398	51,000	51,000	53,000	53,000		55,000
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)	32,645	0	49,834	49,834	51,552	51,552		53,117
Pneumococcal (PCV10) coverage[2]	57 %	0 %	87 %	83 %	90 %	86 %	0 %	89 %
Wastage[5] rate in base-year and planned thereafter (%)	10	1	1	1	1	1		1
Wastage[5] factor in base-year and planned thereafter (%)	1.11	1.01	1.01	1.01	1.01	1.01	1	1.01
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0 %	10 %	0 %	10 %	0 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	54,220	42,802	51,000	44,942				
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus	53,057	38,260	49,834	42,000				
Rotavirus coverage[2]	93 %	64 %	87 %	70 %	0 %	0 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%)	5	1	1	1				
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.01	1.01	1.01	1	1	1	1
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	54,376	49,668	54,376	52,151	54,376	54,000		55,000
Measles coverage[2]	95 %	83 %	95 %	87 %	95 %	90 %	0 %	92 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0		0
TT+ coverage[7]	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
Vit A supplement to infants after 6 months	0	0	0	0	0	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	4 %	10 %	1 %	9 %	1 %	6 %	0 %	6 %

[1] Number of infants vaccinated out of total births

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

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

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

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 2016 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**

No changes in births cohort.

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

There is significant difference between the number of surviving infants in 2014 indicated in APR (59 931) and the number of surviving infants utilized by the NIP to calculate coverage and reported through JRF (55 445).

The NIP utilizes data on the number of surviving infants that are registered in healthcare facilities and reported by the health care facilities to the national level. The NIP recognizes the problems with denominator taking into account the significant difference between the number of live births and the number of surviving infants that cannot be explained by infant mortality. This difference may be because not all infants in Georgia are registered in health care facilities. The non registered infants maybe from marginalized and migratory populations or those whose families are covered by private insurance companies. However, the NIP as well as health facilities do not have capacity to track unregistered children and do not have authority to regulate this process. Therefore the NIP uses data provided by Public Health Centers (55 445) - as the denominator to calculate immunization coverage.

In table 4 of APR, the number of surviving infants is calculated automatically by subtracting the number of infant deaths (608) from the number of life births (60529). The number of surviving infants in this table cannot be changed. Therefore the number of surviving infants in APR (59931) is different from the number of surviving infants the NIP – use to calculate coverage and report to WHO and UNICEF (55 445). For this reason, the coverage for all antigens reported through APR are significantly lower than 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. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

No changes in targets by vaccine

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

No changes in wastage by vaccines

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. 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

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

5.2.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.2.4. 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/>)

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** 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\$ = 1.74	Enter the rate only; Please do not enter local currency name
---------------------------	---------------	--

Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	n/a	n/a	n/a
Traditional Vaccines*	543,731	543,731	0	0	0	0	0	0
New and underused Vaccines**	1,784,090	801,303	982,787	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	31,183	21,533	9,650	0	0	0	0	0
Cold Chain equipment	445,479	445,479	0	0	0	0	0	0
Personnel	58,015	0	58,015	0	0	0	0	0
Other routine recurrent costs	125,590	0	27,590	18,000	80,000	0	0	0
Other Capital Costs	159,305	159,305	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
n/a		0	0	0	0	0	0	0
Total Expenditures for Immunisation	3,147,393							
Total Government Health		1,971,351	1,078,042	18,000	80,000	0	0	0

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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **4**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and](#)

doc 4 attached

Are any Civil Society Organisations members of the ICC? **Yes**

If **Yes**, which ones?

List CSO member organisations:
Rostropovich-Vishnevskaya Foundation

5.5. Priority actions in 2015 to 2016

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

The ultimate goal of the National Immunization Program of Georgia is to efficiently protect the country population from VPDs and ensure the high coverage and quality services. In Georgia, the immunization practices/activities are regulated by the MOLHSA Decree #183n. In addition, the country has adopted the National Plan of Action for Immunization for 2012-2016.

Recent major activities in the field of immunization and VPDs are focused on responding to a major measles outbreak ongoing since 2013 and the introduction of new vaccines in the NIP. Following the introduction of rotavirus vaccine in 2013, the PCV10 was introduced in 2014 with GAVI support; introduction of IPV (Hexa) in Georgia is planned for 2015 and switch from tOPV to bOPV in 2016, according to the Polio Eradication and Endgame Strategic Plan 2013-2018.

Major country priorities in the field of immunizations and VPDs in Georgia include:

1. Sustain polio-free status
2. Eliminate measles and rubella;
3. Improving the timely immunization coverage against all antigens to $\geq 95\%$ at the national level;
4. Make evidence-based decisions on introduction of new vaccines;
5. Achieve financial sustainability of national immunization programme.

Priority actions:

1.1. Implement measures to strengthen and improve the quality of routine immunization services and increase coverage with 3 doses of polio-containing vaccine:

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

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

1.1.4. 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.

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

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

- 2.1.1. Macro and microplans for routine immunization activities at each level will be prepared and implemented
- 2.1.2. Measles and Rubella Elimination and Congenital Rubella Infection Prevention Field Guide will be prepared, printed and distributed to all health care providers.
- 2.1.3. To conduct periodic supplementary immunization in the identified high risk and low performing areas among children born after the catch-up campaign in need
- 2.2. Increase laboratory confirmation ratio of measles and rubella
 - 2.2.1. Expansion of Laboratory system
- 2.3. 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
 - 2.3.1. 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
 - 2.3.2. Develop new ways of using media, including the internet, to build public awareness of the benefits of immunization
 - 2.3.3. To prepare and publicize commercial programs to advocate for MMR vaccination
- 2.4. Obtaining public support to the measles-rubella elimination plan
 - 2.4.1. To prepare educational material for teachers and parents
- 2.5. Strengthening surveillance systems by vigorous case investigation and laboratory confirmation
 - 2.5.1. To provide training to health care personnel to improve quantity and quality of measles-rubella surveillance data gathered from hospitals
 - 2.5.2. To gather information on a regular basis at the central level
 - 2.5.3. To monitor active surveillance performance
- 3.1. To continue evaluating routine vaccination coverage rates.
- 3.2. Complying with adequate cold-chain and injection safety procedures
 - 3.2.1. To assess problems in vaccine logistics and injection safety
- 3.3. Reducing missed opportunities and inappropriate contraindication
 - 3.3.1. Training material for health care staff will be produced
 - 3.3.2. Reduce the drop-out rate through improved management, and social mobilization and communication during immunization visits, and avoid missed opportunities to vaccinate
- 3.4. Increasing public awareness and demand for immunization services
 - 3.4.1. Mass media will be involved to educate the population
 - 3.4.2. Material development and production for social mobilization will be produced, printed and distributed for the public
- 3.5. Providing continuous in-service training for health personnel on immunization services
 - 3.5.1. Training of health personnel from each primary health care unit (approximately 1 day training) by training teams (based on WHO guidelines "Immunization in practice").
- 3.6. 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

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

3.6.2. 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

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

3.7. Improving vaccine, immunization and injection safety

3.8. Ensuring an effective cold chain and logistic system

4.1. Strengthening of NITAG through its active engagement in international community to ensure evidence-based decision making process.

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

5.1.1. 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

5.1.2. 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

5.1.3. 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

5.2. Provide timely funding, logistics support and supplies for program implementation in every district

5.3. Achieving Political commitment for secure procedures to vaccines procurement

5.3.1. To hold working meeting with the policymakers and technical decision makers

5.3.2. 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

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

5.4.1. Procure vaccines from WHO pre-qualified manufacturers

5.4.2. 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

5.5. Regular supply of vaccines, cold chain equipment

5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD syringes for BCG	Government

Measles	AD	Government
TT	N/A	N/A
DTP-containing vaccine	AD	Government, GAVI
IPV	N/A	N/A
PCV	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)

N/A

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

Sharps (used syringes) are being disposed of at immunization units already used to utilize AD syringes for vaccination. The syringes are collected and placed in safety boxes immediately after use. Afterwards, they are either incinerated, buried, or disposed of by a special agency that handles used or solid medical wastes.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Georgia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Georgia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Georgia is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

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

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

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

	[A]	[B]	[C]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
Pneumococcal (PCV10)	166,000	166,000	0	No
DTP-HepB-Hib	151,900	149,500	5,000	No
Rotavirus	124,500	124,500	0	No

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? ...)

Total doses received by 31 December 2014 was calculated considering remaining balance of Penta vaccine (5 000 doses) postponed from 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 2014

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

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

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

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	30/10/2014
Phased introduction	No	
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, the Rota vaccine was introduced in 2013 and the implementation of PCV was rescheduled for 2014. Vaccine introduction trainings was completed in July 2014, in August 2014 Vaccine pre-introduction readiness assessment (WHO) was conducted by WHO support and vaccination was began in November, based on decree of MoHLSA

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

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	N/A

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

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

Document #9 attached

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **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**

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 sentinel surveillance data is submitted to the WHO on monthly bases, and reviewed at the ICC meetings as needed. Surveillance data is also included and used within the training package for clinicians and health authorities prior to the new vaccine introduction.

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

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	0	0
Remaining funds (carry over) from 2013 (B)	107,471	186,473
Total funds available in 2014 (C=A+B)	107,471	186,473
Total Expenditures in 2014 (D)	85,601	149,063
Balance carried over to 2015 (E=C-D)	21,870	37,410

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **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

The Pneumococcal vaccine introduction trainings have been conducted by the specialists from NCDC. The IEC materials delivered for the participants included: the package insert of PC vaccine, informational brochure, the guideline for the PHC specialist about introduction of the PCV", special stickers for cold chain equipment and presentations.

The information about characteristics of PCV, the vaccination schedule, AEFIs have also been provided during the trainings.

The following materials have been printed:

1. Etiology of Pneumococcal diseases – 3000
2. Clinical symptoms and signs – 3000
3. Role of Pneumonia in under 5 year morbidity and mortality – 3000
4. Available Pneumococcal vaccines – 3000
5. Characteristics of vaccine introduced in Georgia (Synflorix – PCV10) – 3000
6. Vaccination schedule – 3000
7. Vaccine handling – 3000
8. Immunization safety – 3000
9. Recording and reporting – 3000
10. Communication with parents – 3000
11. Results of evaluation of vaccine introduction cost effectiveness – 3000
12. Package inserts – 3000
13. Pre and post tests – 3000
14. Update and installation of computer software for immunization reporting "GEOVAC"
15. Stickers for refrigerators – 3000
16. 4 one day trainings have been held on central level for administrative and technical personnel of district/city Public Health Centers covering issues related to introduction of Pneumococcal vaccine, including support, organization and management of vaccination processes. 113 participants attended the trainings.
17. 25 one day trainings have been held for the personnel of Tbilisi Public Health Centers and medical institutions (doctors and nurses) covering issues related to introduction of Pneumococcal vaccine, including support, organization and management of vaccination processes. 200 participants attended the trainings.
18. 118 trainings have been held on district level for the specialists of Public Health Centers, medical facilities (doctors and nurses) and private individual entrepreneurs (PIE) covering issues related to introduction of Pneumococcal vaccine, including support, organization and management of vaccination processes.
19. Total number of trainings 147, 3193 participants attended the trainings (1767 doctors and 1426 nurses).

Pre and post test have been administered during the trainings to assess the knowledge of participants related to the pneumococcal diseases, prevalence and vaccine. Based on the test results the awareness improved by 35%. The pretest results were between 40.7% and 66.4% and the post tests between 77.9% - 95.2%.

After including PCV in the immunization schedule (order of MoH, #01-78/n; 30.10.2014) were conducted of - refresh trainings for doctors and Public Health specialists (70 trainings 1600 participants).

Financial statement of NVS grant is attached

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 2015 onwards

Remaining funds from NVS grant might be used to support the immunization programme, to carry PCV post - introduction monitoring in 2015

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial,	421,770	124,700

LYOPHILISED		
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	114,824	28,600
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	240,125	82,500
Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?		
Government	Government	
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	11,150	189,100
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
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 2016 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	May	Government
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	May	Government
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	May	Government
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
N/A		

***Note:** co-financing is not mandatory for IPV

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/programmes_systems/supply_chain/evm/en/index3.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress

report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2014**

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

The country has not yet received a Improvement plan.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

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 2015

If **2015** is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from **2016** and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years **2015** to **2017** for the following vaccines:

- * **DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
- * **Rotavirus, 2-dose schedule**

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

- * **DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
- * **Rotavirus, 2-dose schedule**

The multi-year support extension is in line with the new cMYP for the years 2015 to 2017, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document N°**17**) for the following vaccines:

- * **DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
- * **Rotavirus, 2-dose schedule**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

- * **DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
- * **Rotavirus, 2-dose schedule**

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 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 Antigen	Vaccine Type	2011	2012	2013	2014	2015	2016	2017
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED				2.80 %	3.30 %	3.60 %	3.40 %
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID				2.90 %	3.00 %	3.00 %	3.00 %
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule				3.90 %			

7.11. Calculation of requirements

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

ID		Source		2014	2015	TOTAL
	Number of surviving infants	Parameter	#	57,005	57,005	114,010
	Number of children to be vaccinated with the first dose	Parameter	#	55,100	55,100	110,200
	Number of children to be vaccinated with the third dose	Parameter	#	52,660	54,376	107,036
	Immunisation coverage with the third dose	Parameter	%	92.38 %	95.39 %	
	Number of doses per child	Parameter	#	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.11	1.01	
	Stock in Central Store Dec 31, 2014		#	7,364		
	Stock across second level Dec 31, 2014 (if available)*		#	7,364		
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	Number of doses per vial	Parameter	#		2	
	AD syringes required	Parameter	#		Yes	
	Reconstitution syringes required	Parameter	#		Yes	
	Safety boxes required	Parameter	#		Yes	
cc	Country co-financing per dose	Parameter	\$		1.72	
ca	AD syringe price per unit	Parameter	\$		0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	
cs	Safety box price per unit	Parameter	\$		0.0054	
fv	Freight cost as % of	Parameter	%		3.30 %	

	vaccines value				
fd	Freight cost as % of devices value	Parameter	%		

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

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

	2014	2015
Minimum co-financing	1.48	1.72
Recommended co-financing as per		
Your co-financing	1.82	1.72

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

		2014	2015
Number of vaccine doses	#	27,200	26,000
Number of AD syringes	#	26,400	28,400
Number of re-constitution syringes	#	15,000	14,400
Number of safety boxes	#	300	475
Total value to be co-financed by GAVI	\$	60,500	55,500

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

		2014	2015
Number of vaccine doses	#	124,700	113,500
Number of AD syringes	#	120,600	123,300
Number of re-constitution syringes	#	68,500	62,400
Number of safety boxes	#	1,375	2,075
Total value to be co-financed by the Country [1]	\$	276,500	240,000

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

		Formula	2014	2015		
				Total	Government	GAVI

		V				
B	Number of children to be vaccinated with the first dose	Table 4	55,100	55,100		
B1	Number of children to be vaccinated with the third dose	Table 4	52,660	55,100		
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	161,860	164,280		
E	Estimated vaccine wastage factor	Table 4	1.11	1.01		
F	Number of doses needed including wastage	$D \times E$		165,922		
		Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted = <ul style="list-style-type: none"> • <u>if (wastage factor of previous year current estimation < wastage factor of previous year original approved):</u> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ • <u>else:</u> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375$ ≥ 0 				
		$H1 - (F (2015) \text{ current estimation} \times 0.375)$				
		$H2 (2015) + H3 (2015) - F (2015)$				
H2	Reported stock on January 1st	Table 7.11.1	124,851	7,364		
H3	Shipment plan	Approved volume		139,500		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		139,500		
		Vaccine Parameter				
		$(D + G - H) \times 1.10$				
		$(I / J) \times 1.10$				
		$(I / 100) \times 1.10$				
		$I \times \text{vaccine price per dose (g)}$				
		$K \times \text{AD syringe price per unit (ca)}$				
		$L \times \text{reconstitution price per unit (cr)}$				
		$M \times \text{safety box price per unit (cs)}$				
		$N \times \text{freight cost as of \% of vaccines value (fv)}$				
		$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
		$(N+O+P+Q+R+S)$				
		$I \times \text{country co-financing per dose (cc)}$				
		U / T				

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		2014	2015	2016	2017	TOTAL	
	Number of surviving infants	Parameter	#	57,005	57,005	59,931	59,931	233,872
	Number of children to be vaccinated with the first dose	Parameter	#	47,826	51,000	53,000	55,000	206,826
	Number of children to be vaccinated with the third dose	Parameter	#	32,645	49,834	51,552	53,117	187,148
	Immunisation coverage with the third dose	Parameter	%	57.27 %	87.42 %	86.02 %	88.63 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.11	1.01	1.01	1.01	
	Stock in Central Store Dec 31, 2014		#	113,050				
	Stock across second level Dec 31, 2014 (if available)*		#	113,050				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	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	Parameter	\$		1.29	1.98	2.61	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		3.00 %	3.00 %	3.00 %	

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

No

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

Co-financing group	Graduating
--------------------	------------

	2014	2015	2016	2017
Minimum co-financing	0.61	1.29	1.95	2.61
Recommended co-financing as per			1.98	2.61
Your co-financing	0.61	1.29	1.98	2.61

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	47,826	51,000	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	143,478	153,000	
E	Estimated vaccine wastage factor	Table 4	1.11	1.01	
F	Number of doses needed including wastage	$D \times E$		154,530	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$			
H	Stock to be deducted	H2 of previous year - $0.25 \times F$ of previous year			
H2	Reported stock on January 1st	Table 7.11.1	0	113,050	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		80,800	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	U / T			

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	56.13 %		
B	Number of children to be vaccinated with the first dose	Table 4	53,000	29,748	23,252
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	159,000	89,244	69,756
E	Estimated vaccine wastage factor	Table 4	1.01		
F	Number of doses needed including wastage	$D \times E$	160,590	90,137	70,453
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$	1,898	1,066	832
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	74,418	41,770	32,648
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	88,400	49,618	38,782
J	Number of doses per vial	Vaccine Parameter	2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	95,129	53,395	41,734
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	973	547	426
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	298,616	167,608	131,008
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,262	2,393	1,869
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	6	4	2
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	8,959	5,029	3,930
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	311,843	175,032	136,811
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	175,032		
V	Country co-financing % of GAVI supported proportion	U / T	56.13 %		

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

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	75.16 %		
B	Number of children to be vaccinated with the first dose	Table 4	55,000	41,339	13,661
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	165,000	124,017	40,983
E	Estimated vaccine wastage factor	Table 4	1.01		
F	Number of doses needed including wastage	$D \times E$	166,650	125,257	41,393
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$	1,913	1,438	475
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	168,800	126,873	41,927
J	Number of doses per vial	Vaccine Parameter	2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	183,605	138,001	45,604
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	1,857	1,396	461
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	561,092	421,726	139,366
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	8,226	6,183	2,043
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	11	9	2
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	16,833	12,652	4,181
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	586,162	440,568	145,594
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	440,568		
V	Country co-financing % of GAVI supported proportion	U / T	75.16 %		

Table 7.11.1: Specifications for Rotavirus, 2-dose schedule

ID		Source		2014	2015	TOTAL
	Number of surviving infants	Parameter	#	57,005	57,005	114,010
	Number of children to be vaccinated with the first dose	Parameter	#	54,220	51,000	105,220
	Number of children to be vaccinated with the second dose	Parameter	#	53,057	49,834	102,891
	Immunisation coverage with the second dose	Parameter	%	93.07 %	87.42 %	
	Number of doses per child	Parameter	#	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.01	
	Stock in Central Store Dec 31, 2014		#	136,360		
	Stock across second level Dec 31, 2014 (if available)*		#	136,360		
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	Number of doses per vial	Parameter	#		1	
	AD syringes required	Parameter	#		No	
	Reconstitution syringes required	Parameter	#		No	
	Safety boxes required	Parameter	#		No	
cc	Country co-financing per dose	Parameter	\$		2.04	
ca	AD syringe price per unit	Parameter	\$		0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	
cs	Safety box price per unit	Parameter	\$		0.0054	
fv	Freight cost as % of vaccines value	Parameter	%			

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

No

Co-financing tables for Rotavirus, 2-dose schedule

Co-financing group	Graduating
--------------------	------------

	2014	2015
Minimum co-financing	1.50	2.04
Recommended co-financing as per		
Your co-financing	1.65	2.04

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	47,826	51,000	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	143,478	153,000	
E	Estimated vaccine wastage factor	Table 4	1.11	1.01	
F	Number of doses needed including wastage	$D \times E$		154,530	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$			
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1	0	113,050	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		80,800	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	U / T			

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	56.13 %		
B	Number of children to be vaccinated with the first dose	Table 4	53,000	29,748	23,252
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	159,000	89,244	69,756
E	Estimated vaccine wastage factor	Table 4	1.01		
F	Number of doses needed including wastage	$D \times E$	160,590	90,137	70,453
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$	1,898	1,066	832
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	74,418	41,770	32,648
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	88,400	49,618	38,782
J	Number of doses per vial	Vaccine Parameter	2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	95,129	53,395	41,734
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	973	547	426
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	298,616	167,608	131,008
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,262	2,393	1,869
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	6	4	2
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	8,959	5,029	3,930
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	311,843	175,032	136,811
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	175,032		
V	Country co-financing % of GAVI supported proportion	U / T	56.13 %		

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

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	75.16 %		
B	Number of children to be vaccinated with the first dose	Table 4	55,000	41,339	13,661
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	165,000	124,017	40,983
E	Estimated vaccine wastage factor	Table 4	1.01		
F	Number of doses needed including wastage	$D \times E$	166,650	125,257	41,393
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times$	1,913	1,438	475
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	168,800	126,873	41,927
J	Number of doses per vial	Vaccine Parameter	2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	183,605	138,001	45,604
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	1,857	1,396	461
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	561,092	421,726	139,366
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	8,226	6,183	2,043
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	11	9	2
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	16,833	12,652	4,181
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	586,162	440,568	145,594
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	440,568		
V	Country co-financing % of GAVI supported proportion	U / T	75.16 %		

8. 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 2014**. All countries are expected to report on:

- a. Progress achieved in 2014
- b. HSS implementation during January – April 2015 (interim reporting)
- c. Plans for 2016
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, 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 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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@gavi.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).

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 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 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

8. 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.

8.1. Report on the use of HSS funds in 2014 and request of a new tranche

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

8.1.1. Report on the use of HSS funds in 2014

Please complete [Table 8.1.3.a](#) and [8.1.3.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 8.1.3.a](#) and [8.1.3.b](#).

8.1.2. 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 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	122164	123484	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	122184	121464	0	0	0	0
Total funds received from GAVI during the calendar year (A)	122500	0	124500	0	0	0
Remaining funds (carry over) from previous year (B)	120637	26231	15118	124500	124500	124500
Total Funds available during the calendar year (C=A+B)	243137	26231	139618	124500	124500	124500
Total expenditure during the calendar year (D)	216906	11113	15118	0	0	0
Balance carried forward to next calendar year (E=C-D)	26231	15118	124500	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]	121484	106346	0	0	0	0

	2015	2016	2017	2018
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	0	0	0	0

calendar year (A)				
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 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	202792	208688	0	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	202825	201630	0	0	0	0
Total funds received from GAVI during the calendar year (A)	211068	0	205425	0	0	0
Remaining funds (carry over) from previous year (B)	191935	43932	25373	205425	205425	205425
Total Funds available during the calendar year (C=A+B)	403003	43932	230798	205425	205425	205425
Total expenditure during the calendar year (D)	359071	18559	25373	0	0	0
Balance carried forward to next calendar year (E=C-D)	43932	25373	205425	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	319153	0	0	0	0

	2015	2016	2017	2018
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)	205425	0	0	0
Total Funds available during the calendar year (C=A+B)	205425	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 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	1.66	1.66	1.77	1.64	1.67	1.73
Closing on 31 December	1.68	1.68	1.77	1.67	1.73	1.74

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

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)

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. 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 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
---	---------------------------	--	--

8.2.1 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
---	--

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

Based on recent discussion with Joint WHO-GAVI_UNIFEC Graduation Re-assessment Mission, conducted in Georgia in October, 2014, it was decided to use of HSS funds (\$124,500) for implementation of graduation plan activities. Country is expect to receive costed graduation plan in a short period of time from partners and will discuss implementation process at the ICC.

8.2.3 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?

N/A

8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: 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	2014 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

No activities in 2014. Reasons are described in 8.2.2

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

Please refer to 8.2.2

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

8.4.4. 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.

8.4.5. 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.

8.4.6. 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.

8.4.7. 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

8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.5: Planned 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)	2015 actual expenditure (as at April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
		0	0			0

8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. 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 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Planned Activity for 2016	Original budget for 2016 (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 2016 (if relevant)
		0			

8.7. 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@gavi.org

8.8. 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 8.8: Sources of HSS funds in your country

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

8.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

8.9. Reporting on the HSS grant

8.9.1. 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 8.9.1: Data sources

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

8.9.2. 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.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?4

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

9.1. 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 2014

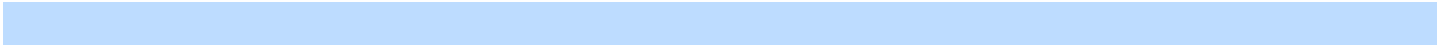
9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

Georgia is not reporting on GAVI TYPE B CSO support for 2014

10. 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



11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

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

Detailed analysis of expenditure 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 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

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

Detailed analysis of expenditure 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 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

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










Detailed analysis of expenditure 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 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	signature_all.pdf File desc: Date/time : 14/05/2015 04:23:58 Size: 1 MB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	signature_all.pdf File desc: Date/time : 14/05/2015 04:24:14 Size: 1 MB
3	Signatures of members of ICC	2.2	✓	signature_all.pdf File desc: Date/time : 14/05/2015 04:24:36 Size: 1 MB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	ICC_endorsing.docx File desc: Date/time : 14/05/2015 04:32:11 Size: 13 KB
5	Signatures of members of HSCC	2.3	✓	signature_all.pdf File desc: Date/time : 14/05/2015 04:24:58 Size: 1 MB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	ICC_endorsing.docx File desc: Date/time : 14/05/2015 04:33:07 Size: 13 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	HSS_FIN 2014.pdf File desc: Date/time : 06/05/2015 04:26:58 Size: 311 KB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	N.docx File desc: N/A Date/time : 06/05/2015 07:36:23 Size: 11 KB
9	Post Introduction Evaluation Report	7.2.1	✗	Georgia PIE Report_v3.doc File desc: Date/time : 31/03/2015 07:51:55 Size: 855 KB

10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		NVS_fin st.2014.pdf File desc: Date/time : 06/05/2015 04:26:24 Size: 287 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1		N.docx File desc: N/A Date/time : 06/05/2015 07:36:39 Size: 11 KB
12	Latest EVSM/VMA/EVM report	7.5		GEO EVMA 2014_DRAFTreport.doc File desc: Date/time : 31/03/2015 07:57:16 Size: 3 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5		N.docx File desc: N/A Date/time : 06/05/2015 07:37:04 Size: 11 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		N.docx File desc: N/A Date/time : 06/05/2015 07:37:21 Size: 11 KB
16	Valid cMYP if requesting extension of support	7.8		cMYP Georgia 2012-2016 28.05.11 ES.doc File desc: Date/time : 31/03/2015 08:05:20 Size: 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8		cMYP_Costing_Scenario-B-PCV.rar File desc: Date/time : 04/05/2015 07:39:45 Size: 619 KB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		ICC_endorsing.docx File desc: Minutes of ICC meeting endorsing extension of vaccine support Date/time : 14/05/2015 04:31:57 Size: 13 KB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		HSS_FIN 2014.pdf File desc: Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant Date/time : 06/05/2015 06:50:38 Size: 311 KB

20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		N.docx File desc: N/A Date/time : 06/05/2015 07:37:42 Size: 11 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3		N.docx File desc: N/A Date/time : 06/05/2015 07:38:17 Size: 11 KB
22	HSS Health Sector review report	8.9.3		N.docx File desc: N/A Date/time : 06/05/2015 07:38:33 Size: 11 KB
23	Report for Mapping Exercise CSO Type A	9.1.1		N.docx File desc: N/A Date/time : 06/05/2015 07:39:16 Size: 11 KB
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4		N.docx File desc: N/A Date/time : 06/05/2015 07:37:57 Size: 11 KB
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4		N.docx File desc: N/A Date/time : 06/05/2015 07:39:52 Size: 11 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 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0		NVS_fin st.2014.pdf File desc: Date/time : 06/05/2015 07:28:29 Size: 799 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7		N.docx File desc: N/A Date/time : 06/05/2015 07:39:00 Size: 11 KB
28	Justification for changes in target population	5.1		N.docx File desc: N/A Date/time : 06/05/2015 07:36:07 Size: 11 KB

	Other		X	calirificaion_banckf.docx File desc: Please, find clarification for bank statement form for HSS grant and federal treasure account form for NVS grant (Rota and PCV). Date/time : 06/05/2015 07:33:56 Size: 12 KB
--	-------	--	---	---

