



# Annual Progress Report 2007

Submitted by

The Government of

Georgia

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**Deadline for submission 15 May 2008**

**(to be accompanied with Excel sheet as prescribed)**

Please return a signed copy of the document to:  
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

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*This report reports on activities in 2007 and specifies requests for January – December 2009*

## **Signatures Page for ISS, INS and NVS**

Signature pages attached separately

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

## 1. Report on progress made during 2007

### 1.1 Immunization Services Support (ISS)

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

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

Yes. Designee for funds is National Centre for Disease Control and Public Health which is Governmental (federal) organization and therefore, all these funds are reflected in the MoH budget.

#### 1.1.1 Management of ISS Funds

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

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

##### **Remaining funds for FY 2007 – 5,390 USD**

In 2007 was used 3110 USD for overhead expenses (electricity).

In 2007 Georgia has received 26,000 USD as a reward for achieving the good coverage in 2006 and 41,500 USD as a reward for achieving the good coverage in 2005.

According to the ICC decision, these funds will be used as a primal fee for the health care workers involved in the implementation of national immunization programme across the country.

All funds need to be approved by the ICC.

### 1.1.2 Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007 \_\_\_\_\_ 67,500 \_ USD \_\_\_\_\_  
 Remaining funds (carry over) from 2006 \_\_\_\_\_ 5,390 \_ USD \_\_\_\_\_  
 Balance to be carried over to 2008 \_\_\_\_\_ 69,780 \_\_ USD \_\_\_\_\_

**Table 1: Use of funds during 2007\***

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0	0	0	0	0
Injection supplies	0	0	0	0	0
Personnel	0	0	0	0	0
Transportation	0	0	0	0	0
Maintenance and overheads	0	0	0	0	0
Training	0	0	0	0	0
IEC / social mobilization	0	0	0	0	0
Outreach	0	0	0	0	0
Supervision	0	0	0	0	0
Monitoring and evaluation	0	0	0	0	0
Epidemiological surveillance	0	0	0	0	0
Vehicles	0	0	0	0	0
Cold chain equipment	0	0	0	0	0
Other: electricity	3,110	3,110	0	0	0
<b>Total:</b>	3,110	3,110	0	0	0
<b>Remaining funds for next year:</b>	69,780	69,780	0	0	0

*\*If no information is available because of block grants, please indicate under 'other'.*

**Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.**

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

Increasing of vaccination coverage for major antigens in 2007:  
BCG – 96%,  
DPT3 – 98%  
OPV3 –88%  
MMR1 –97%  
MMR2 – 91.6%  
HepB3 –94%  
cMYP was send on 2<sup>nd</sup> match 2007in GAVI Alliance Secretariat. The implementation of cMYP has some difficulties in Georgian regions/districts due to the continuing health system reform.

**1.1.3 Immunization Data Quality Audit (DQA)**

Next\* DQA scheduled for \_\_\_\_\_NO\_\_\_\_\_

*\*If no DQA has been passed, when will the DQA be conducted?*

*\*If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

*\*If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

NO

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

YES  \_\_\_\_\_ NO

*If yes, please report on the degree of its implementation and attach the plan.*

No

**Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.**

*Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).*

Effective Vaccine Store Management Assessment of the National Store, 10-14 September 2007

#### **1.1.4. ICC meetings**

*How many times did the ICC meet in 2007? **Please attach all minutes.**  
Are any Civil Society Organizations members of the ICC and if yes, which ones?*

The ICC has been meet4 times in 2007 – please find attached minutes (#1 - #4)  
No Civil Society Organizations members are presented at the ICC

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

### **1.2.1. Receipt of new and under-used vaccines during 2007**

*When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.*

<b>Vaccine</b>	<b>Vials size</b>	<b>Doses</b>	<b>Date of Introduction</b>	<b>Date shipment received (2007)</b>
HepB	6	75102	September 2002	31.08.2007

*Please report on any problems encountered.*

General condition of the vaccine supplies received by NIP through GAVI/VF assistance was good.

### **1.2.2. Major activities**

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

The Government has managed to retain the progressively increasing trend of the HepB3 vaccination coverage and reaching: 94% coverage in 2007, 83,2% coverage in 2006 72% HepB 3 coverage in 2005, 63.7% in 2004.

In 2007 have been conducted following activities, prioritized by ICC:

1. The implementation of the COMBI (communication for behaviour impact plan) project focusing on promotion of the age-appropriate immunization coverage on basic antigens. The 1-year plan envisages a wide scope of advocacy, media & inter-personal communication for improving the NIP performance;
2. A series of child health TV programmes were continued through USAID & UNICEF support;
3. cMYP and HSS proposals for 2007-2010 was developed and submitted to GAVI after IPMR.
4. The preparatory works for the MR SIA

The Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) attachment #5

- 5.
6. The cold Chain equipment inventory in all PHC centres of the country , supported by VRF
7. Assessment of immunization quality and safety (attachment#6)

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

These funds were received on: \_\_\_2002\_\_\_\_\_

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

Balance from the supplementary support funds by end 2007 comprised 12,219 USD.



#### 1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in  
\_\_10-14 September 2007\_\_

*Please summarize the major recommendations from the EVSM/VMA*

**Recommendations for the 1st indicator – Pre-shipment and arrival** As the graph on “pre-shipment and arrival” indicator shows, there is evidence of improvements from the previous assessment. However, there are still few steps to be developed in order to reach the score above the certification threshold.

1. An agreement should be developed with MoH support or other key-players / stakeholders, with SUSIF that should allow EPI to have access in each vaccine shipment. Copy of documents accompanying each shipment need to be stored in EPI office and more importantly there need to be VARs filled for each of those shipments and with a copy to be handed over to EPI at the moment when the vaccine is stored in the primary store
2. A development of MoU with custom authorities needs to be supported and finalized by MoH. This document will avoid potential risks for vaccine through the following mechanism:
  - a. Introduce the specific vaccine handling procedures into TORs of custom authorities.
  - b. Develop specific training curriculum for custom officials regarding vaccine procedures

**2<sup>nd</sup> indicator: Temperature monitoring** Indicator description: This second indicator aimed to prove that the vaccines have been stored at the correct temperature at all times using a manually and continuous temperature recording devices. These instruments should be regularly calibrated to ensure their accuracy. Temperature records must be inspected regularly and retained for supervision and auditing purposes. Several improvements occurred since the last mission as listed below:

- (i) A contingency plan has been developed and incorporates correct actions for emergency situations. There should be a signed agreement with other partners that provide cold stores to be used in such cases
- (ii) Continuous temperature monitoring devices are used in all equipments where vaccine shipments are stored. The current devices are chart recorders and the paper disks are stored after every biweekly replacement.
- (iii) Records of temperature monitoring sheets are used for weekly discussions.

The result of this system in place has ensured correct and effective temperature regime for cold chain equipments. There was no record for any vaccine being damaged during the storage time during the review period in the central store. The knowledge of central store staff was good and their skills on how to react in case of cold chain failures were found accurate and correct.

The manual temperature monitoring forms in use in central store are standardized and used nationwide. These forms are developed to record the temperature measured twice a day for the whole year which make these forms not suitable to record details and accurate information specific to problems to cold chain equipments. The accuracy tests are run to all devices used for temperature monitoring purposes. This service has been contracted from Standard Technical Regulation and Meteorology National Agency.

**Recommendations for the 2nd indicator – Temperature monitoring** As the graph concerning on monitoring shows, the current performance for this indicator is reaching a high level. This is a result of significant corrective measures taken for almost all findings of previous assessment. Few recommendations would help to make sustainable the current result. 1. Ensure the availability of more continuous temperature devices in the central store. The excess would be used in case of increased volume storage requiring more appliances to be on. Currently the number of these devices corresponds to the number of cold chain equipments currently storing vaccine. More appliances might be used in the future. Try to improve the current manual temperature monitoring form and developing a new one which should contain record for one week to maximum one month period of time. In addition, this form need to allow the central store staff to record in case of equipment failure, what happened, when and what actions were taken. The Model Quality Plan provides in the table 2.1.3.A

1. Make sure that all contact information for persons to be contacted in case of emergency (interruption of electricity, cold chain equipment etc), could be reached timely in order to prevent vaccine

damage.

**3<sup>rd</sup> indicator: Cold store capacity**

Indicator description: This third indicator is focused on the cold store capacity, which should be enough to accommodate peak level stock requirements for the routine and immunization schedule.

A detailed vaccine volume calculation (provided in annex) has been done, although not as recommended in the EVSM protocol. Rather it was done before each shipment referring to the vaccine arriving volume (as showing in the accompanying documents) with the volume available in the store. This system doesn't enable central store staff to take measures in case of need, sufficient time in advance which might put vaccines at risk. In addition, this might be a problem for vaccine shipments coming through SUSIF funds which EPI staff is not given the accompanying documents before the vaccine reaches national store.

There is a MMR scheduled for next year. The vaccine calculation volume was not done for the extra vaccine supply that needs to be stored in central store. However the eligible vaccine volume is enough to store this shipment.

**Recommendations for the 3rd indicator – Cold store capacity**

The level of implementation for this indicator has been evaluated as good. The main issues, relatively easy to implement are related to the full knowledge of the cold store capacity and the vaccines volume for routine as well as for supplemental immunization activities, if any.

1. The NCDC staff should be able to calculate the vaccine volume following the protocol recommended in the EVSM protocol. This calculation has been done during this mission and should be used as an example for further use. WHO reference materials might be used for different vaccines storage volume standards (WHO/V&B/01.05). This kind of calculation will even be more important for mass campaign and introduction of new antigens, mono-dose vaccines, etc.

**4<sup>th</sup> indicator: Building, equipment and vehicles**

Indicator description: This fourth indicator is looking at the quality of buildings, equipment and transport. Buildings should be designed and constructed to a good standard. Cold room and freezers and other cold chain equipments should comply with current WHO/UNICEF specifications. Vaccine stores should have a reliable electricity supply. Suitable transport is essential for delivery of vaccines and immunization supplies. All critical functions for this indicator are currently ensured as a result of a good rehabilitation of the current location. The building is large enough and provided with easy access to vehicles for downloading and uploading operations. All internal facilities of the primary store have good standards of quality, safety and accessibility. There is enough space for storing all immunization commodities (vaccines, diluents, cold boxes, ice packs, monitoring cards etc). Location of appliances fit well with all functions to be performed (ice pack freezer is close to the conditional area which is located in the entrance of central store where lower levels are supplied, hand washing facility is close to packing area, there is enough space to serve cold chain equipments, packing area is not under sun light exposure etc). The temperature of the environment where cold equipments are located is maintained between 15 and 25 deg C throughout the year. Central store staffs have their own working areas, which facilitate an efficient performance of their tasks. The store manager is provided with all equipments and other requirements to accomplish their responsibilities in an effective manner like supervising the function of cold chain equipment, assist in periodic distribution of vaccines and consumables to lower levels, use communication lines (phone line), use the PC based files and have accessibility to printing and faxing services. All cold chain equipments (refrigerators, freezers and cold rooms) were found fully functioning at the time of assessment and there was no record of vaccine damage as a result of cold chain equipment failure. Cold rooms are provided with functional alarm system while all equipments which are currently storing vaccines are supplied with continuous temperature monitoring devices. However, ensuring the availability of consumables for the running of these devices is an issue. In case of electric failure, an effective and accessible back up is provided by an automatic generator and enough fuel is stored to ensure its functioning during a longer period than expected. There is a need for voltage regulators due to the voltage fluctuations. The current devices (voltage regulators) don't provide automatically this function which makes them not suitable for the primary store.

Transportation from the airport to the store is done with common vehicles not refrigerated. The vaccine delivery system in place is realized by regional store vehicles collecting vaccine at the central store periodically (normally every three months).

**Recommendations for the 4th indicator – Building, equipment and vehicles**

This indicator reaches a high score (94%) and the following recommendations ensure a sustained high level:

1. The central store needs to be supplied with automatic voltage regulators. They will protect vaccines stored through preventing accidental failures which could occur to cold chain equipments.

2. The cold chain officer is to be provided with warm clothes. Training on how to work safely inside a cold store would be beneficial to central store staff.

**5<sup>th</sup> indicator:            Effective maintenance**

Indicator description: This fifth indicator is looking at the maintenance related issues. All refrigeration equipments, transport vehicles and building should be routinely maintained to a high standard using a programme of planned preventive maintenance. Emergency repairs should become the exception and there should not be any breakdown affecting key equipments.

The new location of the central store shows a good quality of the rehabilitation work, which allows the compliance of daily vaccine activities with the EVSM requirements.

Building maintenance expenses are supported by one of two main budget lines (salaries and procurement) which constitute the NCDC budget. The budget is approved by the MoH and funds are then directly transferred to NCDC. Where repairing / maintenance works are needed, there is a requisition system through the directory of NCDC which authorize the technical department of the Centre to perform the requested activities. If the repairing/replacement activity is quite complex, an outsider firm/company might be contracted for this purpose. It should be stated that the daily activity of this department is mostly focused on repairing activities rather than on maintenance works. There are no spare parts available in the technical department of NCDC. They are purchased on an adhoc manner. As mentioned earlier, vaccines are collected by regions using their own vehicles. The maintenance of these vehicles is the responsibility of the regions. There are no records when transport might have caused any vaccine lost or damage.

**Recommendations for the 5th indicator – Effective maintenance**

As the graph concerning the effective maintenance shows, there is a clear improvement from the last assessment. Further improvement can be achieved through the following recommendations:

1. A building maintenance plan should delineate more details that reflect all requirements. This will help avoid any breakdown of key equipments, ensuring high quality of primary cold store function, cold chain equipments and transport vehicles. Guidelines for preventive maintenance are provided in WHO documents.
2. Spare parts should be readily available.

**6<sup>th</sup> indicator:            Stock management**

Indicator description: This sixth indicator is looking at the stock management which should ensure and maintain the quality of vaccines throughout the whole cold chain. For that purpose it is essential to keep complete and accurate records of all stock transactions. In addition, good warehousing practices should be adopted and physical stock counts should be carried out on a regular basis to verify stock records. The vaccine stock management system has been recently improved and is made of several electronic files easily used by the store manager. It allows timely information during his daily routine. This stock management system includes many details requested in the EVSM protocol such as vaccine / diluent quantity, type, manufacturer, batch number, expiry date, VVM status. There is still some information missing including vaccine / diluent dose presentation, bin location of this vaccine / diluent and FW status for freeze sensitive vaccines. There is a formal requisition system in place which allows the intermediate stores (regional level) to adjust the vaccines/diluents supply using “remaining stock report”. However, the adjustment of vaccine is difficult to effectively realize due to irregular international vaccine arrival schedules that impact negatively the distribution chain toward intermediate level. There is an official notification system in place for vaccine and injection supplies distribution. Although regions are expected to collect the vaccine and injection supplies at beginning of the first 7<sup>th</sup> days of each quarter, they use to make a notification call the day before. The delivery/arrival form is currently in use. It contains good quality information regarding the delivery section, but does not contain information on quantities received. The safety stock policy, strongly recommended by WHO (25% of annual needs) is not followed and as a result the safety levels in the primary store for all vaccines/diluents were breached several times during the review period. The procedure for the disposal of vaccines is regulated by different institutions and carried out respecting the national guidelines. There a periodic back-up policy/procedure for electronic files representing the vaccine stock management system. All vaccines are procured through UNICEF SD. The delivery is performed only once a year. This policy creates additional problems for the appropriate stock management of vaccines for the following reasons:

- Vaccines have to be stored in the primary cold store for up to 1 year
- Stock replacement, if breached, can be replaced only once a year

- More volume required for cold chain
- In case of equipment failure, a large quantity of vaccine can be damaged and the programme takes the risk of being interrupted.
- **Recommendations for the 6th indicator – Stock management**

As the graph concerning stock management shows, there is still some improvement required in order to reach the certification level for this indicator. The following recommendations are meant to regulate this progress:

1. Different instruments / files of vaccine stock management system need to be added to address the missing information related to vaccine/diluent vial presentation, bin location and Freeze Watch reading status.
2. Delivery/arrival forms need to be provided with a section on arrival. The store manager has to establish a easy way (logistically) to ensure that the information on vaccines received is feedback to the national level.
3. The irregular supply of vaccines to the country makes it difficult for the programme to manage the national stock and perform regular deliveries to lower levels. As a consequence, the safety stock is often breached. Despite WHO recommendation to have at least two deliveries per year, the country receives vaccines only once a year and consequently the programme has to face stock-outs. It is recommended that concerted efforts with the involvement of all partners be made to improve procurement practices.

#### **7<sup>th</sup> & 8<sup>th</sup> indicators: Vaccines deliveries and minimizing damage**

Indicator description: These seven and eight indicators are looking at vaccine safe deliveries. An effective vaccine distribution system should provide sufficient supplies of vaccine to lower (subsequent) level stores. Deliveries should be made in a planned and timely way. Every shipment should be accurately documented by means of a vaccine delivery report.

The main problems evidenced here are strongly linked with the fact mentioned above of facing irregular supplies of vaccines. The programme has a delivery plan to the regions, but cannot respect it due to unavailability of the commodities. As a result the programme has to deal with short shipments and deregulate the frequency of its deliveries.

The logistics part of the distribution (transport) is working well. There was no record on vaccine loss due to incorrect transport conditions during the review period. The recording system would benefit the programme in having a section on regional/provincial arrival specifying quantities and quality of vaccines at the point of arrival.

#### **Recommendations for the 7th & 8th indicators: Vaccines deliveries and minimizing damage**

As the graph concerning vaccines deliveries and minimizing damage shows, these two indicators represent the main area where improvement is needed. Recommendations regarding this section should be considered altogether with the recommendations of the previous indicators. However, we are listing here some recommendations but shaped specifically to the gaps found here.

1. Address the issue of irregular international vaccine shipments with all partners involved through the ICC. Develop delivery/arrival form as recommended in the "Model Quality Plan" document and ensure that arrival section is appropriately filled from intermediate level, send and checked in central store in order to monitor the quality of the delivery system. Develop a delivery plan for all regions and define a schedule for each of them. Introduce an effective notification system and ensure compliance
2. . 2.Consider the revision of the whole vaccine delivery system. The current system where regions come and collect vaccine and consumables might be changed to a distribution from central store to the regions. The main advantages would be:
  - a. Low number of regions (12) and few times per year (4)
  - b. Relatively close distances of all regions from the capital (where the central store is located)
  - c. Standardize the delivery system by introducing all requirements which are carried out by the same staff that will be responsible from the central store
  - d. Make easier the collection of arrival sections coming from each delivery.

e. Facilitate technical (and other) supervision to intermediate central stores

**9<sup>th</sup> indicator: Standard operating procedures**

Indicator description: This ninth indicator assesses the existence and relevance of standard operating procedures (SOP). SOPs should be drawn up for each level of the cold chain system. Every cold store should be provided with a copy of these operating procedures, and staff should be trained to follow them and to keep appropriate records as evidence of compliance. There is a SOP manual developed that includes basic and essential protocols to be applied by EPI staff responsible for vaccine handling. This manual is composed by different documents which regulate different aspects like vaccine order, vaccine shipment from airport, vaccine storage in primary cold store etc.

Periodic trainings where vaccine staff participate and checking in the WHO website are the source of information to keep up to date. Periodic WHO publications, issued on vaccine safety, vaccine management etc, need to be provided to EPI staff as well. The store manager has a good knowledge on the SOPs content. He has been actively involved in the development process especially those related to daily activities carried out in the primary store.

**Recommendations for the 9th indicator – Standard operating procedures**

No scoring and graph was made for this indicator. The main issue that need to be taken into consideration and is easy to be implemented relates to capacity building at the intermediate level for the development of similar SOPs. These should reflect the specific tasks and responsibilities and relative requirements regarding the quality performance at that level.

**10<sup>th</sup> indicator: Human and financial resources** Indicator description: This tenth indicator concerns the human and financial resources. Staff must be adequately trained, and motivated to perform their duties. Sufficient recurrent funding must be made available to purchase vaccine and essential consumables, to pay and to train staff, and to maintain equipment. In addition capital resources or donor funding must be available to sustain a rolling renewal programme to prevent the accumulation of increasingly unreliable and obsolete equipment. Funds covering different activities within the Expanded Programme of Immunization are integrated into the NCDC budget. The work plan based on this budget, as expressed by the staff, could support more maintenance and cold chain issues. The staff at the national level had the opportunity to attend GTN courses. FSP (Financial Sustainability Plan) will start in 2008. UNICEF has shown some interest to support EPI with 100 refrigerators to be distributed in the field, with a few of them to replace the primary store refrigerators. The EPI staff in the National Centre of Disease Control demonstrated a strong commitment in performing their duty and ensuring the quality of vaccine. This is clearly evaluated from the impressive improvements carried out from EPI staff in the two years period since the previous assessment. The public health sector of the country is in the middle of a reform which has involved the EPI program. As a result of this temporary process, the system of vaccine delivery from central store to intermediate store to district and down to the vaccination point seems to be temporary interrupted. As a result, all levels come and collect vaccines at the central store. This is creating confusion, but is a transition phase that will be followed by a better administrative structure and is expected to positively affect the EPI programme.

**Recommendations for the 10th indicator – Human and financial resources**

No scoring and graph was made for this indicator. The main issues, which need some improvements, are related to the drafting of a work plan and the allocation of specific budget to the maintenance of the national cold store. The current level of commitment and support from NCDC senior management level and MoH, should be materialized in concrete steps to help strengthen EPI in each of its components: staffing, training opportunities for the staff, better equipment on specific needs and the last but not the least the advocacy with other governmental or non-governmental organizations to satisfy essential requirements that influence positively the overall performance of the immunization program.

**The full report – attachment #5**

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

Yes

*If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.*

Further of the 10 above-listed recommendations, the plan of actions has been developed. All recommendations generally are implemented.

The next EVSM/VMA\* will be conducted in: \_\_N/D

\*All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.

## 4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: \_\_\_02 March\_\_\_2007\_\_\_\_\_

Current Health Systems Support will end in: \_\_\_2010\_\_\_\_\_

Funds received in 2007: Yes  
If yes, date received: (13 august 2007)  
If Yes, total amount: US\$ \_\_\_68,990\_\_\_\_\_  
Funds disbursed to date: US\$ \_\_\_29,936\_\_\_\_\_  
Balance of installment left: US\$ \_\_\_39,054\_\_\_\_\_  
Requested amount to be disbursed for 2009 US\$ \_\_\_122,500\_\_\_\_\_

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

Yes

*Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.*

In 2007 Georgia has received 68,990 USD.

1. The panel truck has been procured for transportation of vaccines, equipment and injection supply from national to district level (Objective 4: Streamline the supply of vaccines and injection materials and ensuring smooth operation of cold chine) - 28,316USD
  2. Management fee - 1,620 USD
- Total disbursed 29,936 USD  
Balance of installment left 39,054

*Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?*

No Civil Society Organizations

*In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.*

1. Planned Objective 1: Increase the motivation of medical personnel - has removed from the project due to the changing of funding mechanism of NIP by the Government. Therefore, 12,000 USD (funds for motivation assessment) has removed from the project.
2. Balance (4,380 USD) is left from managerial expenses.

**Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.**

attachment#6



**Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009** (In case there is a change in the 2009 request, please justify in the narrative above)

Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
<b>Activity costs</b>			
<b>1. Objectiv</b> <i>Increase the motivation of medical personnel</i>	0	0	0
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity1.4			
<b>2. Objectiv:</b> <i>Increase knowledge and skills of PH specialists at the local (district) level</i>	0	16,864	17,464
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
<b>Objective3:</b> <i>Introduce supportive supervision at the district level public health centres and primary health care providers</i>	0	0	24,660
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
<b>Objective4:</b> <i>Increase knowledge and skills of medical personel of PHC providers</i>	0	10,902	56,220
Activity4.1			
Activity 4.2			
Activity 4.3			
Activity4.4			
<b>Objective 5:</b> <i>Stremline the supply of vaccines and injection materials and snsuring smooth operation of cold chine</i>	28,316	6,684	0
Activity5.1			
Activity 5.2			
Activity 5.3			
Activity 5.4			
<b>Support costs</b>			
Management costs	1,620	4,380	7,620
M&E support costs			
Technical support			
<b>TOTAL COSTS</b>	<b>29,936</b>	<b>38,830</b>	<b>105,964</b>

Table 10. HSS Activities in 2007	
<b>Major Activities</b>	<b>2007</b>
<b>Objective 1:</b>	No
<b>Objective 2:</b>	<i>Increase knowledge and skills of PH specialists at the local (district) level</i>
Activity 2.1:	Preparation of guidelines by national/local consultants
<b>Objective 3:</b>	<i>Introduce supportive supervision at the district level public health centres and primary health care providers</i>
<b>Objective 4:</b>	<i>Increase knowledge and skills of medical personnel of PHC providers</i>
Activity 4.1:	Preparation of guidelines by national/local consultants
<b>Objective 5:</b>	<i>Streamline the supply of vaccines and injection materials and ensuring smooth operation of cold chain</i>
Activity 5.1:	The panel truck has been procured for transportation of vaccines, equipment and injection supply from national to district level

Table 11. Baseline indicators (Add other indicators according to the HSS proposal)						
Indicator	Data Source	Baseline Value <sup>1</sup>	Source <sup>2</sup>	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)	Based on the cumulative data from official monthly reports from regional/district Public Health Centres contracted by the state health authorities for implementation of the National Immunization Programme.	87%	National Centre for Disease Control and Public Health	2005	95%	2008

<sup>1</sup> If baseline data is not available indicate whether baseline data collection is planned and when

<sup>2</sup> Important for easy accessing and cross referencing

2. Number / % of districts achieving ≥80% DTP3 coverage	Based on the cumulative data from official monthly reports from regional/district Public Health Centres contracted by the state health authorities for implementation of the National Immunization Programme.	56 / 85%	National Centre for Disease Control and Public Health	2005	59 / 90%	2008
3. Under five mortality rate (per 1000)	Official data reported from regions/districts concludes children died in health care facilities only.	3,79	National Centre for Disease Control and Public Health	2005	Reduce of mortality rate in 2/3 by 2015 comparing with 1990	2015

*Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.*

Late receiving of funds: 1<sup>st</sup> installment was done in August 2007, instead of May, 2007. It caused delay of the some activities. Official start date of project in Georgia is September, 2007 (with special Decree of Director General of the National CDC).

Planned Objective 1: Increase the motivation of medical personnel - has removed from the project due to the changing of funding mechanism of NIP by the Government. Therefore, 12,000 USD (funds for motivation assessment) has removed from the project.

The main reasons are: 1. State programs of the Ministry of Health for the year 2008 have not been approved.

2. In 2008 the system of salary payment has been changed and all medical staff/ facilities will receive the salary according the number of vaccinations they have been made. Taking that into consideration, it seems like it has no sense to reward in order to achieve high performance and also it is impossible to evaluate the effectiveness indicated in HHS.

In order to increase the motivation of medical staff working on immunization, in the state program budget of the Ministry of Health for the year 2007 was included the rewarding sum-bonus (125000 U.S Dollars).

Above mentioned bonus should have been paid in the first quarter of 2008, while taking into account the results achieved in 2007, in case of achieving 90% and even higher coverage. In HSS In the year 2008 was layer out the sum in amount of 12,000 USD which aimed to evaluate the effectiveness of the motivation increase of medical staff by the group of experts.

## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission	15.05.2008	
Reporting Period (consistent with previous calendar year)	+	01.01-01.12 2007
Government signatures	+	
ICC endorsed	+	
ISS reported on	+	
DQA reported on	N/A	
Reported on use of Vaccine introduction grant	+	
Injection Safety Reported on	N/A	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	N/A	
New Vaccine Request including co-financing completed and Excel sheet attached	N/A	
Revised request for injection safety completed (where applicable)	N/A	
HSS reported on	+	
ICC minutes attached to the report	+	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

~ End ~