



Annual Progress Report 2008

Submitted by

The Government of

[Georgia]

Reporting on year: __2008__

Requesting for support year: _2010/2011_

Date of submission: _____15.05.09_____

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

and any hard copy could be sent to :

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CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of [*Name of Country*].....

Minister of Health:

Title: Minister of Labour, Health and Social Affairs (MoLHSA)

A. Kvitashvili.....

Signature:

Date:

National Center for Disease Control and Public Health

Title: Director General (responsible for financial operations)

P. Imnadze.....

Signature:

Date:

This report has been compiled by:

Full name: Levan Baidoshvili.....

Position: Head of Prophylaxis Department (program manager), National Center for Disease Control and Public health (NCDC)

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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
N. Pruidze – deputy minister, ICC chairman	MoLHSA		
P. Imnadze – Director General	NCDC, Georgia		
L. Baidoshvili - Head of Prophylaxis Department	NCDC, Georgia		
L. Djabidze – Head of Immunization Unit	NCDC, Georgia		
S. Lebanidze – Head of Department of Health	MoLHSA		
R. Klimiashvili ___ Head of WHO CO	WHO Georgia		
T. Ugulava _ coordinator	UNICEF Georgia		
G. Gvinepadze _ director	RVF Georgia		
G. Kurtsikashvili ___ NPO	WHO Georgia		

Comments from partners:

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

All comments will be treated confidentially

As this report been reviewed by the GAVI core RWG: y/n

HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
N. Pruidze – deputy minister, ICC chairman	MoLHSA		
P. Imnadze – Director General	NCDC, Georgia		
L. Baidoshvili - Head of Prophylaxis Department	NCDC, Georgia		
L. Djavidze – Head of Immunization Unit	NCDC, Georgia		
S. Lebanidze – Head of Department of Health	MoLHSA		
R. Klimiashvili ___ Head of WHO CO	WHO Georgia		
T. Ugulava _ coordinator	UNICEF Georgia		
G. Gvinepadze _ director	RVF Georgia		
G. Kurtsikashvili ___ NPO	WHO Georgia		

Comments from partners:

You may wish to send informal comment to: apr@gavialliance.org

All comments will be treated confidentially

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

This report on the GAVI Alliance CSO Support has been completed by: **Georgia does not participate in this part of the project**

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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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

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births (preliminary data)	56400	57000	57000					
Infants' deaths (preliminary data)	600	600	600					
Surviving infants (preliminary data)	55800	56400	56400					
Pregnant women (preliminary data)	ND	ND	ND					
Target population vaccinated with BCG	53195	54200	54200					
BCG coverage*	95,4 %	95 %	95 %					
Target population vaccinated with OPV3	46560	53600	54000					
OPV3 coverage**	89,9 %	95%	96 %					
Target population vaccinated with DTP (DTP3)***	42881	26000						
DTP3 coverage**	92,1 %	45%						
Target population vaccinated with DTP (DTP1)***	46648	27000						
Wastage ¹ rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of		24000	50800					
..... Coverage**		40-45 %	90 %					
Target population vaccinated with 1 st dose of		25000	52500					
Wastage ¹ rate in base-year and planned thereafter		1.05	1.05					
Target population vaccinated with 1 st dose of Measles	45753	50000	53500					
Target population vaccinated with 2 nd dose of Measles	43708	44000	44000					
Measles coverage**	96,5 %	95 %	95 %					
Pregnant women vaccinated with TT+	ND	ND	ND					
TT+ coverage****	ND	ND	ND					
Vit A supplement	Mothers (<6 weeks from delivery)	ND	ND	ND				
	Infants (>6 months)	ND	ND	ND				
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x 100	8,1 %	8 %	8 %					
Annual Measles Drop out rate (for countries applying for YF)	ND	ND	ND					

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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. For new vaccines check table α after Table 7.1.

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births (preliminary data)	56400	57000	57000					
Infants' deaths (preliminary data)	600	600	600					
Surviving infants (preliminary data)	55800	56400	56400					
Pregnant women (preliminary data)	ND	ND	ND					
Target population vaccinated with BCG	53195	54200	54200					
BCG coverage*	95,4 %	95 %	95 %					
Target population vaccinated with OPV3	46560	53600	54000					
OPV3 coverage**	89,9 %	95%	96 %					
Target population vaccinated with DTP (DTP3)***	42881	26000	0					
DTP3 coverage**	92,1 %	45%	0					
Target population vaccinated with DTP (DTP1)***	46648	27000	0					
Wastage ² rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of		24000	50800					
..... Coverage**		40-45 %	90 %					
Target population vaccinated with 1 st dose of		25000	52500					
Wastage ¹ rate in base-year and planned thereafter		1.05	1.05					
Target population vaccinated with 1 st dose of Measles	45753	50000	53500					
Target population vaccinated with 2 nd dose of Measles	43708	44000	44000					
Measles coverage**	96,5 %	95 %	95 %					
Pregnant women vaccinated with TT+	ND	ND	ND					
TT+ coverage****	ND	ND	ND					
Vit A supplement	Mothers (<6 weeks from delivery)	ND	ND	ND				
	Infants (>6 months)	ND	ND	ND				
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	8,1 %	8 %	4 %					
Annual Measles Drop out rate (for countries applying for YF)	ND	ND	ND					

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

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

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

² 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. For new vaccines check table α after Table 7.1.

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/**No**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

All funds received from GAVI Alliance are reflected in the budget of NCDC, which is a governmental organization and directly financed by Ministry of Finances.	
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In governmental budget separate articles are designated for MoLHSA and NCDC and all funds received from GAVI are reflected there.	
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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.

In 2007 management of ISS funds was discussed at ICC meeting and recommendations for MoLHSA and NCDC were elaborated.

ICC represents consulting body and depending on particular situations and measures, ICC recommendations come into force after approval of the order of Minister of MoLHSA or Director General of NCDC.
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1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 _____0_____

Remaining funds (carry over) from 2007 _____69780 US \$ (2280+26000+41500)_____

Balance to be carried over to 2009 _____0_____

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel	67150	5000	5000	57150	
Transportation					
Maintenance and overheads	1890	1890			
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Electricity supply	390	390			
Banking operations	350	350			
Total:	69780	7630	5000	57150	
Remaining funds for next year:	0				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? _____4_____

Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: [**Yes/No**]
if yes, which ones?

List CSO member organisations

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

<i>According to ICC decision and order of Director General of NCDC, 26 000 US\$ and 41 500 US\$ for salaries and bonuses respectively, were allocated and transferred for medical personnel participating in immunization program. Totally, 600 workers (physicians, nurses, epidemiologists) were awarded.</i>

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N°.....) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General’s Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (DOCUMENT N°.....) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

External audit of NCDC financial activities for 2007 was conducted by LTD “Audit-Economics” in 2008. Summary notes: Financial operations of NCDC are performed according to legislation of Georgia and no breaches were revealed.

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

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

List challenges in collecting and reporting administrative data:

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

1.2.1. Receipt of new and under-used vaccines during 2008

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)

Introduction of the new vaccine (DTP-Hep B -HiB) is planned from 2009.

Dates shipments were received in 2008.

Vaccine	Viials size	Total number of Doses	Date of Introduction	Date shipments received (2008)

Please report on any problems encountered.

[List problems encountered]

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.

Activities planned for 2009:

1. Training of medical personnel involved in immunization programs for their awareness with the new vaccine.
2. Monitoring of the new vaccine introduction process and providing methodological assistance.
3. Information of population, work with mass media, review of record-reporting forms and etc..

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

These funds were received on: **06.05.2009**

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

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2009	100000	06 May	100000		

Funds will be used for activities in accordance with vaccine introduction plan in 2009-2010.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [mm/yyyy]

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

Last assessment of effective vaccine store management was conducted at NCDC in 2007.
 Assessment and recommendations are attached.

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

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

All the EVSM recommendations of 2007 concerning vaccine store at NCDC were accomplished and working of storage is continued in accordance with the EVSM recommendations.

When will the next EVSM/VMA* be conducted? **2009**

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1:	
Anticipated stock on 1 January 2010	up to 20000 doses
Vaccine 2:	
Anticipated stock on 1 January 2010
Vaccine 3:	
Anticipated stock on 1 January 2010

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?.....

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

Injection safety policy has been implemented in Georgia following the order of MoLHSA from 1997.

Since 2007 procurement of vaccines and other immunization materials has been performed from MoLHSA budget funds with the aid of UNICEF.

Please report how sharps waste is being disposed of.

At immunization units already used syringes are collected in safety boxes and afterwards incinerated or buried, or disposed by special services dealing with utilization of solid medical wastes.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

Incineration of safety boxes is a problem of the cities due to the air pollution.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines	329819*	508000	
New Vaccines			
Injection supplies	28684	40000	
Cold Chain equipment			
Operational costs	54800	54800	
Other (please specify)	366000	366000	
Total EPI	779703**	968800**	
Total Government Health	130,910,366***	ND****	

*- Expenses for transportation and insurance of the shipment.

** - MoLHSA expenses for immunization planning, except of MR campaign expenditures.

*** - Approved by state budget for 2008.

**** - State health programs for 2009 not approved.

Exchange rate used	Georgian Lari / US\$ = 1.64
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

During the recent years budgets for healthcare and for immunization programs increase annually.

The main problem is methodology of performance of so called state procurement which includes vaccine procurement as well; due to different objective reasons usually this procedure takes up to 5-6 months.

Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>1st vaccine:.....DTP-Hep B+HiB.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0.35	0.35	0.35			
Number of vaccine doses	#	19400	17500	17500			
Number of AD syringes	#	20600	18500	18500			
Number of re-constitution syringes	#	0	0	0			
Number of safety boxes	#	250	225	225			
Total value to be co-financed by country	\$	65500	58000	58000			

Note: Plans for 2011-2015 is under discussion with MoLHSA and will be approved in 2009.

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>2nd vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>3rd vaccine:.....</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.

Are there changes between table A and B? Yes/No

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

In 2008 number of births was increased approximately by 5 000 infants (compared to 2007), that is related to improvement of economical level of population.

Two parallel systems for children counting exist in Georgia:

- 1. Maternity houses – rayonal Public Health Centers – MoLHSA**
- 2. Population registration service – Ministry of Justice - MoLHSA**

Provide justification for any changes **in surviving infants**:

Provide justification for any changes **in Targets by vaccine**:

Provide justification for any changes **in Wastage by vaccine**:

Vaccine 1: DTP- Hep B- HiB

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of vaccinations with new vaccine (DTP – Hep B - HiB)

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	50800					
Target immunisation coverage with the third dose	<i>Table B</i>	#	90					
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	52500					
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.11					
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.35					

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	167100					
Number of AD syringes	#	177700					
Number of re-constitution syringes	#	0					
Number of safety boxes	#	1975					
Total value to be co-financed by GAVI	\$	555500					

Vaccine 2:

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

Vaccine 3:

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

- a) Fiscal year runs fromJanuary.....(month) toDecember....(month).
- b) This HSS report covers the period from01.01.2008.....(month/year) to12.31.2008(month year)
- c) Duration of current National Health Plan is from01.2008.....(month/year) to01.2011....(month/year).
- d) Duration of the immunisation cMYP:
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

Levan Baidoshvili – Tel: +995 32 39 89 46 240, mobile: +995 95 956 156,

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *‘This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.’*

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Barbakadze Zaza	NCDC	Financial manager	+995 99 18 11 79
Other partners and contacts who took part in putting this report together			

- f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO’s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

Main source of information are rayonal and city Public Health Centers functioning under the law “On Public Health” of 2007.

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g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

HSS financial report actually coincides with financial structure of NCDC which receives funds and material assistance from **GAVI / UNICEF / WHO / RVF**.

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved	69000	119500							
Date the funds arrived	14.08.2007	11.02.2008							
Amount spent	35700	32163	117918						
Balance	33300	87337	2719**						
Amount requested				121384					

Amount spent in 2008: 32163

Remaining balance from total: 2719 US\$ for 01.05.2009.

Note: 122500 US\$ received on 06.05.2009 and remaining balance together with funds of 2009 consists of 125219 US\$ for 01.05.2009.

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress ³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:	Increase the motivation of medical personnel					
Activity 1.1:		0	0			
Activity 1.2:			0			
Objective 2:	Increase knowledge and skills of PH specialist at the local					In 2008 MoLHSA of Georgia organized and conducted Measles –Rubella campaign; all the other projects were postponed for 2009.

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

	level					
Activity 2.1:		0	34328	16864	17464	
Activity 2.2:						
Objective 3:	Supportive supervision					
Activity 3.1:		0	3360	0	3360	
Activity 3.2:		0	21300	0	21300	
Objective 4:	Increase knowledge and skills of medical personnel	0	67026	0	67026	
Activity 4.1:						
Activity 4.2:						
Objective 5:	Streamline the supply of vaccines and injection materials					
Activity 5.1:			3534	3534	0	
Activity 5.2:						
Support Functions						
Management		100	14000	12000	2000	

M&E						
Technical Support		0				
Other			235		9487	
Total					120637	

Note: MoLHSA of Georgia organized and conducted Measles –Rubella campaign; all the other projects were postponed for 2009.

***Remaining balance for 01.01.2009 – 120637 US\$.**

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Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year’s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:	Increase the motivation of medical personnel				
Activity 1.1:		0			
Activity 1.2:					
Objective 2:	Increase knowledge and skills of PH specialist at the local level				
Activity 2.1:		20608	17464	3144	
Activity 2.2:					
Objective 3:	Supportive supervision				
Activity 3.1:		3360	3360	3520	
Activity 3.2:		72120	21300	47300	
Objective 4:	Increase knowledge and skills				

	of medical personnel				
Activity 4.1:		123246	67026	56220	
Activity 4.2:					
Objective 5:	Streamline the supply of vaccines and injection materials				
Activity 5.1:					
Activity 5.2:					
Support costs					
Management costs		12000	2000	10000	
M&E support costs					
Technical support		9487	9487	0	
TOTAL COSTS		240821	120637	120184**	

**** 122500 US\$ were received on 30.01.2009.**

Expenditures between January –April 2009

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:	Increase the motivation of medical personnel				
Activity 1.1:		0			
Activity 1.2:					
Objective 2:	Increase knowledge and skills of PH specialist at the local level				
Activity 2.1:		18134			
Activity 2.2:		1744			
Objective 3:	Supportive supervision				Planned between May-December 2009
Activity 3.1:					
Activity 3.2:					
Objective 4:	Increase knowledge and skills				Due to introduction of a new component (HiB) in immunization

	of medical personnel				calendar, starting from 2009 seven central and 116 rayonal level trainings were conducted for 2460 physicians and nurses
Activity 4.1:		9880			
Activity 4.2:		88160			
Objective 5:	Streamline the supply of vaccines and injection materials				
Activity 5.1:					
Activity 5.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS		117918	125291		

Note: Total remaining balance from GAVI funds of 2007-2009 consists of 125219 US\$ for 01.05.2009.

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:	Increase the motivation of medical personnel				
Activity 1.1:					
Activity 1.2:					
Objective 2:	Increase knowledge and skills of PH specialist at the local level				
Activity 2.1:		3144		3144	
Activity 2.2:					
Objective 3:	Supportive supervision				
Activity 3.1:		57220		57220	
Activity 3.2:					
Objective 4:	Increase knowledge and skills of medical personnel	51120		51120	
Management costs		9900		9900	
TOTAL COSTS		121384		121384	

4.6 Programme implementation for reporting year:

- a) Please provide a narrative on 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. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

During 2008 vaccine coverage of children contingent was increased toward some vaccines and incidence was decreased.
Negative attitude of mass media and youth to vaccination still remains the problem.

- b) *Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.*

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section

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

- b) *Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.*

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

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

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.
Annual Progress Report 2008

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

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

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

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

7. Comments

ICC/HSCC comments:

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.

~ End ~