# Annual Progress Report 2009

Submitted by

The Government of

[*Georgia*]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: …15 May 2010…………………

**Deadline for submission: 15 May 2010**

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

any hard copy could be sent to :

**GAVI Alliance Secrétariat,**
**Chemin de Mines 2.**
**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.

**Note:** *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

**GAVI ALLIANCE**
**GRANT TERMS AND CONDITIONS**

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

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

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

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

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

**AUDITS AND RECORDS**
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

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

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

**ARBITRATION**
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

***By filling this APR the country will inform GAVI about :***
- *accomplishments using GAVI resources in the past year*
- *important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*

- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

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

By signing this page, the Government hereby attest the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in page 2 of this Annual Progress Report (APR).

For the Government of Georgia……………..…………………………………

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

**Minister of Health (or delegated authority):**

Title: Minister of Labour, Health and Social Affairs (MoLHSA)
A. Kvitashvili ……………………………………

Signature: ……………………………………

Date: ……………………………………

**Minister of Finance (or delegated authority): 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 .Lia Jabidze<br><br>Position<br><br>Head of Immunoprophylaxis Unit (NCDC&PH)<br><br>Telephone.(+99532) 39 89 46<br><br>E-mail ljabidze@ncdc.ge | Full name .Levan Baidoshvili<br><br>Position<br>Head of Prophylaxis Department (program manager), National Centre for Disease Control and Public health (NCDC&PH)<br><br>Telephone.(+ 995 32) 39 89 46<br><br>E-mail. LB-ncdc@wanex.net, ncdc@ncdc.ge. |
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## ICC Signatures Page

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

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

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

| Name/Title | Agency/Organisation | Signature | Date |
|---|---|---|---|
| N. Pruidze – Deputy Minister, ICC Chairman | MoLHSA | | |
| P. Imnadze | NCDC&PH, Georgia | | |
| L Baramidze | NCDC&PH, Georgia | | |
| L. Jabidze –,ICC Secretary | NCDC&PH, Georgia | | |
| L. Baidoshvili | NCDC&PH, Georgia | | |
| R. Klimiashvili | WHO Georgia | | |
| T. Ugulava | UNICEF Georgia | | |
| G. Gvinepadze | RVF Georgia | | |
| G. Kurtsikashvili | WHO Gerogia | | |
| V. Surguladze | Director / HSPA | | |

*ICC may wish to send informal comments to:* *apr@gavialliance.org*
*All comments will be treated confidentially*

*Comments from partners:*

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*Comments from the Regional Working Group:*

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## HSCC Signatures Page

*If the country is reporting on HSS*

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

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

| Name/Title | Agency/Organisation | Signature | Date |
|---|---|---|---|
| N. Pruidze – deputy minister, ICC chairman | MoLHSA | | |
| P. Imnadze – | NCDC&PH, Georgia | | |
| L Baramidze | NCDC&PH, Georgia | | |
| L. Jabidze –ICC Secretary | NCDC&PH, Georgia | | |
| L. Baidoshvili | NCDC&PH, Georgia | | |
| R. Klimiashvili | WHO Georgia | | |
| T. Ugulava | UNICEF Georgia | | |
| G. Gvinepadze | RVF Georgia | | |
| G. Kurtsikashvili | WHO Gerogia | | |
| V. Surguladze | Director / HSPA | | |

*HSCC may wish to send informal comments to: apr@gavialliance.org*
*All comments will be treated confidentially*

*Comments from partners:*

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*Comments from the Regional Working Group:*

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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:

Name: Merab Mirtskhulava………………………………………………………………

Post: Head of IP Department
……………………………………………………………………………………………

Organisation:.… National Center for Disease Control and Public Health ……………...

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

We, the undersigned members of the National Health Sector Coordinating Committee, …HSCC…………………………………… (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

| Name/Title | Agency/Organisation | Signature | Date |
|---|---|---|---|
| N. Pruidze – deputy minister, ICC chairman | MoLHSA | | |
| P. Imnadze – Director General | NCDC&PH, Georgia | | |
| L Baramidze | NCDC&PH, Georgia | | |
| L. Jabidze – secretary, ICC | NCDC&PH, Georgia | | |
| L. Baidoshvili | NCDC&PH, Georgia | | |
| R. Klimiashvili | WHO Georgia | | |
| T. Ugulava | UNICEF Georgia | | |
| G. Gvinepadze | RVF Georgia | | |
| G. Kurtsikashvili | WHO Gerogia | | |
| V. Surguladze | Director / HSPA | | |

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

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## List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

| Document N° | Title | APR Section |
|---|---|---|
| | Calculation of ***[Georgia's]*** ISS-NVS support for 2011 *(Annex 1)* | 1.1; 2.4; 3.7 |
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# 1. General Programme Management Component

## 1.1 *Updated baseline and annual targets (fill in Table 1 in Annex1-excell)*

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009.** The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

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

*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**:*

## 1.2 *Immunisation achievements in 2009*

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

The National Center for Disease Control and Prevention in collaboration with WHO Office for Georgia implemented following activities in preparation for introduction DPT-Hib-HepB vaccine: communication meetings conducted during European Immunization Week 2009 and trainings for medical workers at all levels (central, regional, and district). WHO and GAVI financial support was utilized for implementation of these activities.

With WHO support the country started implementation of bacterial meningitis sentinel surveillance to obtain local data on epidemiology of pneumococcal and meningococcal diseases and monitor epidemiology of Hib disease after introduction of vaccine.

With WHO technical and financial support the country continued implementation of rotavirus sentinel surveillance to obtain local data on rotavirus diarrhea disease burden.

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

1. Low DPT3 coverage – 88% (DPT vaccine stock-out on district level)
2. Low HepB3 coverage – 54% ( HepB vaccine stock-out during Jan., Febr., March 2009)
3. Low MMR1 coverage – 83%
4. Low MMR2 coverage – 71% ( MMR vaccine stock-out during March, April, May 2009)
5. The DPT-Hib-HepB pentavalent vaccine introduction was planned in July 2009, but due to the changing of vaccine presentation (from liquid to lyophilized vaccine) country actually has received vaccine by the end of December 2009.

Late delivery of pentavalent DPT-HepB-Hib vaccine caused shortage of DPT and HepB vaccines, those were not procured by Government due to the expectation of timely arrival of pentavalent vaccine. The DPT-Hib-HepB pentavalent vaccine introduction was planned in July 2009, but due to the changing of vaccine presentation (from liquid to lyophilized vaccine) country actually has received vaccine by the end of December 2009.

Representatives from UNICEF Regional Office were visited Georgia and procurement agency (HSPA) and planned activities for improvement of procurement procedures in future.

## 1.3 *Data assessments*

1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)[1].

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [NO ].

If YES:

Please describe the assessment(s) and when they took place.

1.3.3 Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

In 2009, supportive supervision activities (SSA) in frame of HSS support were conducted. Data were corrected during the visits of experts from central and district levels provided recommendations to increase coverage rates More details are given in **Table 12:** HSS activities in the 2009 reporting year

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

In 2010, SSA in frame of HSS is planed, if financial support will be received from GAVI. More details are given in **Table 13:** Planned HSS Activities for 2010

[1] *Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series*

## 1.4 *Overall Expenditures and Financing for Immunisation*

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

**Table 2:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$.

| ***Expenditures by Category*** | **Expenditure Year 2009** | **Budgeted Year 2010** | **Budgeted Year 2011** |
|---|---|---|---|
| Traditional Vaccines[2] | 1,347.578 | 2,088.576 | |
| New Vaccines | 275.971 | 603.645 | |
| Injection supplies with AD syringes | 50.651 | 105.949 | |
| Injection supply with syringes other than Ads (reconstitution 2ml and 5m)l | 1.118 | 2.738 | |
| Cold Chain equipment | - | | |
| Operational costs | 260.813 | 329.449 | |
| Other (please specify) | - | | |
| | | | |
| **Total EPI** | 1,936.131 | 3,130,357 | |
| **Total Government Health** | 173,008.172. | 199,056.857 | |

| **Exchange rate used** | 1.67 (2009)<br>1.75 (2010) |
|---|---|

Please describe trends in immunisation 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 immunisation program over the next three years; whether the funding gaps are manageable, challenging, 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.

Immunization expenditures for 2009 mainly were in line with budgeted amounts.
Country has developed the new cMYP for the period 2011-2015, ensuring financial sustainability for the immunization programme. There no alarming gaps are identified at this stage.

## 1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC meet in 2009 -----2-----
Please attach the minutes **(Document N°.1, 2.)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report. Document #5 - ICC minute for 2010

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4
The National Center for Disease Control provides regular quarterly reports to the MoH about the vaccination coverage and any possible related issues. Those reports are available and provided for ICC members as well. There were no particular concerns made by ICC in 2009

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

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Are any Civil Society Organisations members of the ICC ?: **[No].** If yes, which ones?

| *List CSO member organisations:* |
|---|
| |
| |

## 1.6 *Priority actions in 2010-2011*

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

*With the introduction of DTP-HepB-Hib vaccine, all NIP forms will be revised, updated and reprinted.*
*These include:*

*Immunization schedules and cards,*
*Vaccine stock forms and cards,*
*Vaccination cards, vaccination registers, and computer programs.*
*Immunization reporting forms*
*Immunization certificates*

*New informational materials for parents and training material for health care workers will be updated. This process will be initiated once funding has been assured so that forms will be available by the time the new vaccine is introduced in May 2009.*
*Monitoring of pentavalent DTP-HepB-Hib vaccine will be incorporated into routine coverage monitoring systems at the same time as the vaccine is introduced. The monitoring and supervision tools will be reviewed to incorporate specificities pertaining to the new vaccine. The monitoring system will include the proportion of children who complete the DTP-HepB-Hib primary series of three doses by 12 months of age. It will also include:*
*- The proportion of the target population receiving 1, 2 and 3 doses of DTP-HepB-Hib vaccine,*
*- The number of fully immunized, which will now be defined as including 3 doses of DTP-HepB-Hib, as well as the traditional NIP vaccines.*
*- The drop out rate.*
*- Regular supervisory visits will be paid to each level to monitor progress and take appropriate corrective measures if necessary.*

## *Annual plan for 2010*

| Key Activities | |
|---|---|
| **Service Delivery** | |
| 1. | Prepare and implement macro and micro plans for routine immunization activities at each level |
| 2. | Supervisory visits will be conducted by the central or/and district Epidemiologist to high-risk areas and throughout the routine and accelerated immunization activities. Supervision activities will be training focused and on-site feedback will be provided |
| 3. | Feedback to districts and related sectors will be provided by the end of each activity |
| 4. | printing and distributing new version of immunization order and forms |
| 5. | Macro and micro plans for routine immunization activities at each level will be prepared and implemented |
| 6. | Through micro planning at the district or local level, map (geographically, socially, culturally) the entire population in order to identify and reach the unreached target populations at least four times a year. |

| Key Activities |
|---|
| 7. Forms and cards for routine and supplementary immunization activities will be printed and distributed |
| **Advocacy and communications** |
| 8. To prepare and distribute posters, brochures and TV spots |
| 9. Clinicians' knowledge will be updated on the improvements of the program through newsletters to be issued twice a year |
| 10. Produce quality and timely information on the benefits immunization and associated risks, and develop key messages to promote immunization according to national needs and priorities |
| 11. Develop new ways of using media, including the internet, to build public awareness of the benefits of immunization |
| 12. To prepare educational material for teachers and parents |
| 13. Mass media will be involved to educate the population |
| 14. Taking advantage of community structures with regular, consultative meetings with community leaders and representatives |
| 15. Training of health personnel from each primary health care unit by training teams (based on WHO guidelines “Immunization in practice”). |
| **Surveillance** |
| 16. High risk areas will be identified according to the risk of wild poliovirus circulation and/or AFP surveillance performance |
| 17. Criteria for identification of high risk AFP cases (Hot cases) will be highlighted and distributed and AFP cases will be analyzed according to those criteria to take timely action |
| 18. Supervising surveillance activities on district level by central level |
| 19. To gather information on a regular basis at the central level |
| 20. To monitor active surveillance performance |
| 21. To investigate outbreaks and use data to control and prevent outbreaks |
| 22. Report, investigate, confirm (laboratory based) all suspected cases, and to identify imported and indigenous measles/rubella viruses based on genetic sequencing. |
| 23. To update standardized case-investigation forms and use these forms when case-based surveillance is established. |
| 24. To improve criteria for the selection of cases for laboratory confirmation |
| 25. To continue evaluating routine vaccination coverage rates. |
| 26. To conduct periodic follow-up vaccination campaigns in the identified high risk and low performing areas among children born after the catch-up campaign |
| 27. Monitor the quality and performance of coverage and surveillance systems through surveys, monitoring of performance indicators, data quality assessments, and supportive supervision |
| 28. Routine feedback mechanism will be improved: A newsletter/epidemiological bulletin will be published by the MOH/NCDC and sent to the district level every three months, including latest data and technical information on EPI disease and vaccine |
| 29. Collaborate with civil authorities in advocating for increased registration of births and deaths |
| 30. Disease trends in certain areas, and groups will be analyzed every month by each level that are at high risk of illness or death |
| 31. Demonstrate the impact of immunization services on the clinic, district, regional and national level |
| 32. AEFI surveillance and management mechanisms will be strengthened, including training workshops and the development of training materials supported for all areas of immunization safety |
| **Vaccine supply, quality and Logistics** |
| 33. To assess problems in vaccine logistics and injection safety. |
| 34. Procure vaccines through UNICEF and/or from WHO pre-qualified manufacturers |
| 35. Follow policy developed by WHO to ensure quality of vaccines procured - Procedures for assessing the acceptability, in principle, of vaccines for purchase by United Nations agencies |

| Key Activities |
|---|
| 36. Ensure that vaccine forecasting system accounts for usual inventory, usage patterns, and anticipated needs at central, district and health center level |
| 37. Conduct post training evaluation of level of understanding of open vial policy and wastage reduction practices |
| 38. provide additional training as needed and at least annually |
| 39. Undertake a review and provide necessary equipment at national, regional, district, and health center level to maintain cold chain: refrigerators, freezers, generators and spare parts |
| 40. Obtain donor support to purchase equipment and supplies to maintain cold chain for republic, central, districts, and health centers |
| 41. Conduct post-training evaluation of level of understanding of vaccine storage and cold chain policies |
| 42. Supervision by cold chain managers at each level periodically |
| 43. Sub-national level cold stores will be monitored and required equipment will be provided to regions lacking identified standards |
| 44. Replacement of old and broken cold chain equipment at regional and health center level will take place in stages during a period of four years. |
| 45. Refreshment training for cold chain managers will be conducted once a year |
| 46. Cold chain stickers, booklets, posters for administration of vaccine and cold chain and a poster showing various stages of VVMs will be developed, printed and distributed to each health center |
| 47. Advocacy and communication activities for the sustained use of Disposable and AD syringes and safety boxes |
| 48. Monitor injection safety through AEFI surveillance |
| 49. Safety boxes will be used for collection and destruction of used injectables will be monitored |
| **Program management** |
| 50. Steering committee ( ICC ) will assess the program outcomes and submit annual progress reports and plans to the Minister to obtain his support and endorsement |
| 51. Coordination meeting for the regional and district directors (governors and mayors) will be conducted for routine immunization activities |
| 52. Reduce the drop-outs rate through improved management, defaulter tracing, and social mobilization and communication during immunization contacts, and avoid missed opportunities to vaccinate |
| 53. Workshop with regional governors will be held every year: There will be one day workshop with governors to improve the political support and intersectoral coordination at the regional level on EPI. |
| 54. Central and district level EPI team staff will provide on-site support to district Health centers for planning and supervision of routine vaccination services. |
| 55. New manpower will be recruited at the each level for the EPI team and required equipment will be provided for their effective performance |
| 56. Improve coverage monitoring of vaccines and other linked health interventions and the use of information at district and local levels through strengthening human resource capacity, monitoring the quality of data, improved tools for data compilation, feedback and supervision. |
| 57. Regularly review indicators of performance in district level, including risk status for vaccine-preventable diseases and use surveillance and monitoring data to advocate for improved access to, and quality of immunization. |
| 58. Training for to encourage the analysis and use of data collected by health workers at delivery level |
| 59. Steering committee ( ICC ) will meet quarterly every year and meetings will be held every six months for the rest of the planned period |
| 60. Duties, powers and responsibilities at each level EPI team will be redefined in accordance with Health Sector Reforms |
| 61. Participate actively in collective efforts to shape sector wide policies and programs, while preserving the central role of immunization in the context of sector wide policies and programs |
| 62. Through regular analysis of district-wide data, document key factors for the success and failure of immunization activities and share these findings with others involved in health systems development. |

| Key Activities |
| --- |
| 63. Provide timely funding, logistic support and supplies for program implementation in every district |
| 64. Reduce the number of immunization drop-outs (incomplete vaccination) through improved management, defaulter tracing, and social mobilization and communication during immunization contacts, and avoid missed opportunities to vaccinate. |
| 65. To hold working meeting with the policy makers and technical decision makers |
| 66. Amount of vaccine, injectables, safety boxes and equipment required will be calculated annually and all expendables will be procured and distributed based on plan developed |
| 67. To calculate the future resource requirements for vaccines and injection supplies |

## 2. Immunisation Services Support (ISS)

1.1 *Report on the use of ISS funds in 2009* **N/A**

Funds received during 2009: US$...............................
Remaining funds (carry over) from 2008: US$................................
Balance carried over to 2010: US$................................

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

| |
|---|
| |

1.2 *Management of ISS Funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[ IF YES] :** please complete **Part A** below.
**[ IF NO ] :** please complete **Part B** below.

**Part A:** briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

| |
|---|
| |

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

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

1.3 *Detailed expenditure of ISS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(Document N°..................).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available

for your ISS programme during your government's most recent fiscal year, this must also be attached **(Document N°.8....................)**.

### 1.4 *Request for ISS reward*

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the $ amount by filling Table 3 in Annex 1.[3]

[3] The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

## 2. New and Under-used Vaccines Support (NVS)

### 2.1 *Receipt of new & under-used vaccines for 2009 vaccination programme*

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

**Table 4:** Vaccines received for 2009 vaccinations against approvals for 2009

| | [ A ] | | [ B ] | |
|---|---|---|---|---|
| **Vaccine Type** | **Total doses for 2009 in DL** | **Date of DL** | **Total doses received by end 2009 *** | **Total doses of postponed deliveries in 2010** |
| **DPT-HepB-Hib** | **69 700** | **69 700** | **69 700** | **-** |
| | | | | |
| | | | | |
| | | | | |

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

If numbers [A] and [B] are different,

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

### 2.2 *Introduction of a New Vaccine in 2009*

2.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

| | |
|---|---|
| Vaccine introduced: | ..... **DPT-HepB-Hib**...lyophilised.......................................... |
| Phased introduction [NO] | Date of introduction ......................... |
| Nationwide introduction [YES ] | Date of introduction ....... 01/01/2010.............................. |
| The time and scale of introduction was as planned in the proposal? If not, why? | • The pentavalent vaccine Introduction was planned in July 2009, but due to the changing of vaccine presentation (from liquid to lyophilized), country has received vaccine by end of December 2009 |

2.2.2 Use of new vaccines introduction grant (or lumpsum)

| | | |
|---|---|---|
| Funds of Vaccines Introduction Grant received: | US$ 100,000 | Receipt date:06/05/2009 |

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

| |
|---|
| Main activities: Distribution of USD 100, 000 introduction grant was approved by the decision of ICC (minute #2)<br>1. **Trainings (budget in USD 30,000, actual in USD = 29. 706** )<br>During 2009 were conducted 72 district/city level trainings of health care staff; total number of participants - 1,885 |

2**. Social Mobilization - ( budget in USD 20,000 actual in USD =20.230)**

2.1. New immunization schedule (posters) - 5,000 copies; The poster included new immunization schedule, guide to adverse events following immunization, guide for contraindications and precautions to vaccine administering site, dose, rote - for all vaccines

2.2. Information posters for parents and population – 1,200 copies

2.3. Brochures for parents - 20,000 copies

All this printing materials was utilized on regional (11), district (65) and primary health care levels (1200)

3. **Update of legislation, existing official registries, forms and guidelines for all levels (budget in USD=30,000, actual in USD=14,000);**

3.1.Consultant group fee -14,000USD; Remaining funds =16,000 USD

Six consultants from the NCDC, MoH were contracted through the project, in order to develop new decree about immunization due to the implementation of pentavalent vaccine in the NIP.

The decree is document with 120 pages and consider following chapters:

1. General decision

2., Terminology, glossarium,

3.Immunization schedule

4.Immunization safety

5.Contraindications

6. Adverse events following immunization

7. Direction of immunization Information system – registration&report,

8. Vaqccination monitoring ,organazing of vaccination room (place)

9. Preventable diseases. case definition

10.. Manual I - Recording and reporting documentation for monitoring immunization work- level1 Providers of immunization services

11. Manual II - Recording and reporting documentation for monitoring immunization work - level2 District centres of Public Health and Policlinics (find attachment in Georgian)

3.2. Remaining funds -16,000 USD will be used for printing and distribution new version of immunization order (legislation); approximately - 1,500unit

**4. Programme Management (budget in USD =20,000, actual in USD =20,000;**

The funds distribution was following:

4.1. Wages &salaries – Eight experts were contracted in order to develop training and communication materials, distribution plans for vaccine, micropalnning for all levels for implementation of pentavalent vaccine, procurement procedures, as well as the consultations for district and primary health care staff. - USD 15,000

4.2. Overheads & maintains - USD 5,000 ( 4 computers – USD 3,042; electricity- USD1, 958)

Please describe any problems encountered in the implementation of the planned activities:

NO

Is there a balance of the introduction grant that will be carried forward? [YES]
If YES, how much? US$.....16,064

Please describe the activities that will be undertaken with the balance of funds:

1. Printing new version of immunization order **(legislation)** to be distributed to primary Health Care facilities at regional and district levels.

2.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year **Document N°.3** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

## 2.3 *Report on country co-financing in 2009 (if applicable)*

**Table 5:** Three questions on country co-financing in 2009

| **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 2009 | Actual Payments Date in 2009 | Proposed Payment Date for 2010 |
| | (month/year) | (day/month) | |
| 1st Awarded Vaccine (specify) **DPT-HepB-Hib**........................................................... | 14/08/2009 | 14/08/2009 | September/October |
| 2nd Awarded Vaccine (specify) | | | |
| 3rd Awarded Vaccine (specify) | | | |

| **Q. 2: Actual co-financed amounts and doses?** | | |
|---|---|---|
| **Co-Financed Payments** | Total Amount in US$ | Total Amount in Doses |
| 1st Awarded Vaccine (specify) **DPT-HepB-Hib**........................................................... | 34307,41 (by GAVI DL country co-financing was $30,000, but actually it was 34,307,41, due to the changing of currency exchangerate) | 8200 |
| 2nd Awarded Vaccine (specify) | | |
| 3rd Awarded Vaccine (specify) | | |

| **Q. 3: Sources of funding for co-financing?** |
|---|
| **Government** |

| **Q. 4: What factors have accelerated, slowed or hindered mobilisation 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 take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf

## 2.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

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

*The last* EVSM *were conducted in 12-21 September 2005*

If conducted in 2008/2009, please attach the report. (**Document N°**.....................)
An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.
Was an action plan prepared following the EVSM/VMA? *[ YES / NO ]*

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

| |
|---|
| |

When is the next EVSM/VMA* planned? *[mm/yyyy]*
**The next EVSM is planned in late 2010 or early 2011 (TBD with WHO EURO)**

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

## 2.5 *Change of vaccine presentation*

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

| |
|---|
| |

Please attach the minutes of the ICC meeting **(Document N°................)** that has endorsed the requested change.

## 2.6 *Renewal of multi-year vaccines support for those countries whose current support is ending in 2010*

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for *..*
*DPT-Hib_HepB.......................[vaccine type(s)]* vaccine for the years 2011-*2015.........[end year].*
At the same time it commits itself to co-finance the procurement of *... DPT-Hib_HepB....[vaccine*

*type(s)]* vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of *... DPT-Hib_HepB......................[vaccine type(s)]* vaccine support is in line with the new cMYP for the years ...2011-2015........... *[1st and last year]* which is attached to this APR **(Document N°.4).**

The country ICC has endorsed this request for extended support of *... DPT-Hib_HepB......................[vaccine type(s)]* vaccine at the ICC meeting whose minutes are attached to this APR. **(Document N°5 minute1. 2010)**

## 2.7 *Request for continued support for vaccines for 2011 vaccination programme*

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

**[YES**, I confirm**]**

| If you don't confirm, please explain: |
| --- |
| |

## 3. Injection Safety Support (INS)

*In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.*

### 3.1 *Receipt of injection safety support in 2009 (for relevant countries)*

Are you receiving Injection Safety support in cash *[NO ]* or supplies *[ YES]* ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

**Table 7:** Received Injection Safety Material in 2009

| Injection Safety Material | Quantity | Date received |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

*Please report on any problems encountered:*

### 3.2 *Progress of transition plan for safe injections and management of sharps waste.*

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

**Table 8:** Funding sources of Injection Safety material in 2009

| Vaccine | Types of syringe used in 2009 routine EPI | Funding sources of 2009 |
|---|---|---|
| BCG | AD syringes for BCG | Government |
| MMR | AD | Government |
| Td, DT | AD | Government |
| DPT-Hib-HepB | AD | Government |
| | | |

Please report how sharps waste is being disposed of:

At All immunization units already usedutilize AD syringes for vacciantion. The syringes are collected into safety boxes and immediately after utilization and afterwards then incinerated or buried, or disposed by special services dealing with utilization of solid medical wastes.

Does the country have an injection safety policy/plan? [ YES]
**If YES:** Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)
**IF NO:** Are there plans to have one? (Please report in box below)

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

### 3.3 *Statement on use of GAVI Alliance injection safety support in 2009 (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:
Fund from GAVI received in 2009 (US$): ..........0..........................
Amount spent in 2009 (US$):..............0.....
Balance carried over to 2010 (US$):..........0.........

**Table 9:** Expenditure for 2009 activities

| 2009 activities for Injection Safety financed with GAVI support | Expenditure in US$ |
|---|---|
| | |
| | |
| | |
| | |
| | |
| **Total** | |

If a balance has been left, list below the activities that will be financed in 2010:

**Table 10:** Planned activities and budget for 2010

| Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support | Budget in US$ |
|---|---|
| | |
| | |
| | |
| | |
| | |
| **Total** | |

# 4. Health System Strengthening Support (HSS)

**Instructions for reporting on HSS funds received**

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
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** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

**Background to the 2010 HSS monitoring section**

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study[4] that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

## 4.1 *Information relating to this report*

4.1.1 Government fiscal year (cycle) runs from …**January** (month) to …**December**….(month).
4.1.2 This GAVI HSS report covers 2009 calendar year from **01 January** to **31 December**
4.1.3 Duration of current National Health Plan is from **January 2008**..(month/year) to **January 2011** (month/year).

[4] All available at http://www.gavialliance.org/performance/evaluation/index.php

4.1.4 Duration of the current immunisation cMYP is from …July/**2007**…(month/year) to …December/**2010** .(month/year)

4.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

**Levan Baidoshvili – tel: +995 32 39 89 46**

**mobile: +995 95 956 156,**

**fax: +995 32 31 14 85**

*This report was prepared by the NCDC of Georgia.*
*It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review.*

[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 programmatic clarifications:* | | | |
| Levan Baidoshvili | NCDC, Georgia | EPI manager | +995 32 39 89 46<br>fax: + 995 32 31 14 85<br>9 M. Asatiani str. Tbilisi, Georgia |
| *Focal point for any accounting of financial management clarifications:* | | | |
| Nana Marjanidze | NCDC, Georgia | Main Accountant | +995 99 18 11 79<br>+995 32 39 89 46<br>fax: + 995 32 31 14 85<br>9 M. Asatiani str. Tbilisi, Georgia |
| *Other partners and contacts who took part in putting this report together:* | | | |
| Sopho Lebanidze | MoLHSA | Head of Department of Health | + 995 77 28 88 66<br>30 Pekiny str. Tbilisi, Georgia |
| Nikoloz Pruidze | MoLHSA | Deputy minister, ICC chairmen | +995 32 37 79 16<br>30 Pekiny str. Tbilisi, Georgia |
| Lia Djabidze | NCDC, Georgia | Head of Immunization Unit | + 995 32 39 89 46<br>+ 995 99 58 37 90<br>fax: + 995 32 31 14 85<br>9 M. Asatiani str. Tbilisi, Georgia |

4.1.6 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 (especially financial information and indicators values) 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 regional, rayonal and city Public Health Centers functioning under the law "On Public Health" of 2007.

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

4.1.7 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?

Feedback/comments from GAVI Secretariat to the country comes very late in some cases.

### 4.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009: **2 times together with ICC, so minutes are the same as ICC minutes.**
Please attach the minutes **(Document N°.1,2 ....)** from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report
Latest Health Sector Review report is also attached **(Document N°....6........).**

### 4.2 *Receipt and expenditure of HSS funds in the 2009 calendar year*

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

**Table 11:** Receipt and expenditure of HSS funds

| | 2007 | 2008 | 2009 | 2010 | 2011* | 2012* | 2013* | 2014* | 2015* |
|---|---|---|---|---|---|---|---|---|---|
| Original annual budgets (per the originally approved HSS proposal) | 68,766 | 122,228 | 122,164 | | | | | | |
| Revised annual budgets (if revised by previous Annual Progress Reviews) | 68,766 | 110,228 | 122,184 | | | | | | |
| Total funds received from GAVI during the calendar year | 69,000 | 119,500 | 122,500 | | | | | | |
| Total expenditure during the calendar year | 35,700 | 32,163 | 216,906 | | | | | | |
| Balance carried forward to next calendar year | 33,300 | 120,637 | 26,231 | | | | | | |
| Amount of funding requested for future calendar year(s) | 110,228 | 123,484 | 121,484 | | | | | | |

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement)*:

Several issues were identified:

1. In 2007, funding from GAVI has been received 3 months later, which caused delay with the procurement of vehicle;
2. It affected also the timeliness of making contracts with the experts in order to develop, print and distribute the guidelines.

4.3 *Report on HSS activities in 2009 reporting year*

***Note on Table 12 below:** This section should report according to the original activities featuring in the HSS application. 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. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

**Please do mention whenever relevant the SOURCES of information used to report on each activity**.

**Table 12:** HSS activities in the 2009 reporting year

| Major Activities | Planned Activity for 2009 | Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements |
|---|---|---|
| **Objective 2:** | **Increase knowledge and skills of**<br>**public health specialist at the local (district) level** | |
| Activity 2.1: | Develop, endorse and integrate guidelines on post-vaccination reactions and complications, supportive supervision, essential management and training skills in the training curriculum | 100 % |
| Activity 2.2: | Plan and organize trainings | 100% |
| Activity 2.3: | Carry out the trainings for rayon and Tbilisi PH specialists on the guidelines developed under the Activity 2.1. | 100 % |
| **Objective 3:** | **Introduce supportive supervision at the district level public health departments and primary health care providers** | |
| Activity 3.1: | Supportive supervision from central level to district PH specialists | 100 % |
| Activity 3.2: | Supportive supervision made by district PH specialists for PHC team | 98,0 % |
| **Objective 4:** | **Increase knowledge and skills of medical personnel of primary health care providers** | |
| Activity 4.1: | Printing of trainings materials on waste management, AEFI and essential managerial issues for PHC providers | 82 %<br>The activities were performed as planned for 2008. Unspent funds and remained activities were moved for 2010 |
| Activity 4.2: | Carry out the trainings | 99 %<br>115 trainings for 2300 primary health care staff were conducted during January-May, 2009. |
| Activity 4.3: | Master trainer travel cost for PHC team training supervision | 100 % |
| **Objective 5:** | **Improve capacity of Public Health institutions to deliver services** | **(Not planed)** |
| Management | | 75 % |

| costs | | |
|---|---|---|
| Other | These funds (**9568 USD**) are difference between the budget considered in the GAVI application and the funds actually received from GAVI. Funds Will be used for the other activities based on the ICC approval. | 0 %<br>It is proposed to use these funds to cover expenses related to distribution of pandemic A(H1N1) vaccine from central to the filed level |
| **TOTAL** | | |

## 4.4 *Support functions*

*This 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?*

### 4.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

The management of HSS funds was carried out as planed in application. This indicator information has now been provide as HSS activities have re-commenced in 2009 after some unavoidable delays in 2008. No changes are planned for coming year.

### 4.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

General technical guidance was provided from WHO Country Office and GAVI Secretariat. It will be required in the coming year as well.

### 4.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Please, see 4.4.2

*Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).*

*The column on planned expenditure in the 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 application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here*

**Table 13:** Planned HSS Activities for 2010

| Major Activities | Planned Activity for 2010 | Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews) | Revised budget for 2010 (proposed) | 2010 actual expenditure as at 30 April 2010 | Explanation of differences in activities and budgets from originally approved application or previously approved adjustments |
|---|---|---|---|---|---|
| **Objective 2:** | **Increase knowledge and skills of public health specialist at the local (district) level** | 3,144 | 2,366<br>(1344-778) | | |
| Activity 2.3: | Carry out the trainings for rayon and Tbilisi PH specialists on the guidelines developed under the Activity 2.1. | 3,144 | 2,366 | 0 | The trainings will be carried out as soon as the new decree and guidelines required in connection with implementation of new Hib containing pentavalent vaccine will be available |
| **Objective 3:** | **Introduce supportive supervision at the district level public health departments and primary health care providers** | 57,220 | 52,769<br>(57220-4451) | 3,100 | |
| Activity 3.1: | Supportive supervision from central level to district PH specialists | 3,.520 | 1 | | |
| Activity 3.2: | Supportive supervision made by district PH specialists for PHC team | 53,700 | 4,450 | 3,100 | 62 supportive supervision visits were performed by 1 April, 2010. It is not possible to conduct this activity in conflict zones (Akhalgori district), where 27 such visits were planned. |
| **Objective 4:** | **Increase knowledge and skills of medical personnel of primary health care providers** | 51,120 | 43,160<br>(51120-7200-760) | | |
| Activity 4.1: | Printing of trainings materials on waste management, AEFI and essential managerial issues for PHC providers | 2,100 | 7,200 | | Funds will be used for printing of new ministerial decree and guidelines |
| Activity 4.2: | Carry out the trainings | 44,080 | 760 | | It is not possible to conduct this activity in conflict |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | zones (Akhalgori district). These funds are proposed to be used for the trainings of internally displaced health staff from conflict zones (based on the ICC decision). |
| Activity 4.3: | Master trainer travel cost for PHC team training supervision | 4,940 | 4,940 | | |
| **Objective 5:** | **Improve capacity of Public Health institutions to deliver services** | 0 | 0 | | |
| Management costs | | 12,000 | 8,526<br>(12000-3474) | 1,470 | IT was related with the delay of payments to the managerial staff (to be adjusted in 2010) |
| Other | These funds (**9568 USD**) are difference between the budget considered in the GAVI application and the funds actually received from GAVI. Funds Will be used for the other activities based on the ICC approval. | 0 | (Balance – 9568) | | |
| **TOTAL** | | 123,484 | 121,464 | 4,570 | |

**Table 14:** Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

| Major Activities | Planned Activity for 2011 | Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews) | Revised budget for 2011 (proposed) | Explanation of differences in activities and budgets from originally approved application or previously approved adjustments |
|---|---|---|---|---|
| **Objective 1:** | Not planned | | | |
| Activity 1.1: | | | | |
| Activity 1.2: | | | | |
| **Objective 2:** | Not planned | | | |
| Activity 2.1: | | | | |
| Activity 2.2: | | | | |
| **Objective 3:** | Not planned | | | |
| Activity 3.1: | | | | |
| Activity 3.2: | | | | |
| **TOTAL COSTS** | Not planned | | | |

**NOTE: There are no HSS activities planned for 2011, as project is ending by 31.12.2010.**

## 4.5 *Programme implementation for 2009 reporting year*

4.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation 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 should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*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.*

In 2008 MoLHSA of Georgia organized and conducted Measles/Rubella campaign; all the other projects were postponed for 2009 as well.

Military conflict with Russia influenced on the carrying out of overall project activities as well (timeliness).

During 2009 following activities planned for 2008-2009 were carried out: 7 trainings for public health and 115 trainings for health care staff.

Supportive supervision, conducted by local public health staff, allowed us to tune up target groups for immunization, coverage, functioning of cold chain, etc. 43 supportive supervision visits were carried out from central to district level.

9 modules of “Immunization in Practice” were printed out (2000 copies of each module) and distributed at all levels.

4.5.2 Are any Civil Society Organisations 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.

NO

## 4.6 *Management of HSS funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **NO** **[ IF YES ] :** please complete **Part A** below.
**[ IF NO ] :** please complete **Part B** below.

**Part A:** further describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of HSS funds.

**Part B:** briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets.

Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

| *Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process.*<br><br>Financial audit has been conducted locally in 2009, covering period from 2007 up to May, 2009. Audit reports attached.<br><br>Funds from GAVI are received to the account of the National Center for Disease Control and Public Health, as a designated agency by the MoH. |
|---|

## 4.7 *Detailed expenditure of HSS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year **(Document N°..7).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document N°...................)**. NO

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached **(Document N°......................)**.

## 4.8 *General overview of targets achieved*

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

| **Name of Objective or Indicator** *(Insert as many rows as necessary)* | **Data Source** | **Baseline Value and date** | **Baseline Source** | **2009 Target** | **Explanation of any reasons for non achiement of tegets** |
|---|---|---|---|---|---|
| **Objective 1:** Increase the motivation of medical personnel | | | | | |
| Presence of the assessment methodology | MoLHSA & NCDC | 2005 | N/A | N/A | Not planned for 2009, according to the application |
| # PHC medical personnel interviewed | MoLHSA & NCDC | 2005 | N/A | N/A | Not planned for 2009, according to the application |
| # of findings and recommendations | MoLHSA & NCDC | 2005 | N/A | N/A | Not planned for 2009, according to the application |
| # of meetings conducted with policy makers and other stakeholders | MoLHSA & NCDC | 2005 | N/A | N/A | Not planned for 2009, according to the application |
| **Objective 2**: Increase knowledge and skills of public health specialist at the local (district) level | | | | | |
| # of experts mobilized for the development of curriculum | NCDC | 2005 | N/A | N/A | Not planned for 2009, according to the application |
| # of trainers prepared | NCDC | 2005 | N/A | 24 | |
| # of training (training of public health specialists) sessions conducted | NCDC | 2005 | N/A | 1 | |
| # of participants (public health Specialists) | NCDC | 2005 | N/A | Tbilisi 3, other district 21 | |
| # of participants (public health Specialists) as a % of planned per year | NCDC | 2005 | N/A | 24 (100%) | |

| | | | | | |
|---|---|---|---|---|---|
| **Objective 3**: Introduce supportive supervision at the district level public health departments and primary health care providers | | | | | |
| Availability of implementation plan | NCDC | 2005 | N/A | Yes | |
| # of supportive supervision visits conducted (at providers' level) | NCDC | 2005 | N/A | 946 | In 2009 were conducted 1345 supportive supervision visits out of 1372 planned for 2008-2009 |
| Supportive supervision visits conducted as a % of planned per year (from central level for district health specialists) | NCDC | 2005 | N/A | 22 (100%) | |
| **Objective 4:** Increase knowledge and skills of medical personnel of primary health care providers | | | | | |
| # of training (family physicians, nurses) sessions conducted | NCDC | 2005 | N/A | 58 | |
| # of participants (family physicians, nurses) | NCDC | 2005 | N/A | 1392 | |
| # of participants (family physicians, nurses) as a % of planned | NCDC | 2005 | N/A | 1392 (100%) | |
| **Objective 5**: Improve capacity of Public Health institutions to deliver services | | | | | |
| Availability of 4 WD track | NCDC | 2005 | N/A | Yes | |
| # and % of districts with vaccine supply and stock management plans | NCDC | 2005 | N/A | 65 (100%) | |
| **Outcomes (improved capatcity of the system)** | | | | | |
| # and % PHC specialists (family physicians, nurses) with high performance of preventive services | NCDC | | | 2784 (66,7%) | |
| # and % of PH specialists applying acquired skills | NCDC | | | 144 (100%) | |
| % of districts with no stock out | NCDC | | | 100% | |

| | | | | | |
|---|---|---|---|---|---|
| Supply of vaccines and injection materials is maintained throughout the country | NCDC | | | Yes | |
| **Impact on Immunization** | | | | | |
| DPT3 | NCDC<br>MICS | 2005 | 84% | 95%<br>(Actual in 2009 - 88,4%) | Vaccine shortage caused by the delays of procurement procedures |
| Drop out rates | NCDC<br>MICS | 2005 | 10,7% | 5%<br>(Actual in 2009 - 10,38%) | |
| Wastage rates | NCDC<br>MICS | 2005 | 1,28 | 1,18 | |
| Share of districts with DTP3 coverage <80% | NCDC<br>MICS | 2005 | 24% | 0%<br>(Actual in 2009 - 15%) | Vaccine shortage caused by the delays of procurement procedures |
| **Impact on Child** | | | | | |
| Mortality Under 5 (per 100 000) | State Department of Statistics<br>MICS | 2005 | 552,8 | 548,0<br>(Actual in 2009 - 342,6*) | Reduced more then proposed |

**NOTE: * Preliminary data**

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators:** There were no changes.

Provide justification for any changes in **the denominator:** There were no changes.

Provide justification for any changes in **data source:** There were no changes.

**Table 16:** Trend of values achieved

| **Name of Indicator** *(insert indicators as listed in above table, with one row dedicated to each indicator)* | **2007** | **2008** | **2009** | **Explanation of any reasons for non achievement of targets** |
|---|---|---|---|---|
| **Objective 1:** Increase the motivation of medical personnel | | | | |
| Presence of the assessment methodology | 0 | No | N/A | |
| # PHC medical personnel interviewed | 0 | 0 | N/A | |
| # of findings and recommendations | 0 | 0 | N/A | |
| # of meetings conducted with policy makers and other stakeholders | 0 | 0 | N/A | |
| **Objective 2**: Increase knowledge and skills of public health specialist at the local (district) level | | | | |
| # of experts mobilized for the development of curriculum | 0 | 6 | N/A | |
| # of trainers prepared | 0 | 0 | 24 | |
| # of training (training of public health specialists) sessions conducted | 0 | 0 | 1 | |
| # of participants (public health Specialists) | 0 | 0 | Tbilisi 3, other district 21 | |
| # of participants (public health Specialists) as a % of planned per year | 0 | 0 | 24 (100%) | |
| **Objective 3**: Introduce supportive supervision at the district level public health departments and primary health care providers | | | | |
| Availability of implementation plan | 0 | yes | Yes | |

| | | | | |
|---|---|---|---|---|
| # of supportive supervision visits conducted (at providers' level) | 0 | 0 | 946 | |
| Supportive supervision visits conducted as a % of planned per year (from central level for district health specialists) | 0 | 0 | 22 (100%) | |
| **Objective 4:** Increase knowledge and skills of medical personnel of primary health care providers | | | | |
| # of training (family physicians, nurses) sessions conducted | 0 | 0 | 58 | |
| # of participants (family physicians, nurses) | 0 | 0 | 1392 | |
| # of participants (family physicians, nurses) as a % of planned | 0 | 0 | 1392 (100%) | |
| **Objective 5**: Improve capacity of Public Health institutions to deliver services | | | | |
| Availability of 4 WD track | Yes | Yes | Yes | |
| # and % of districts with vaccine supply and stock management plans | Yes | 100 % | 65 (100%) | |
| **Outcomes (improved capatcity of the system)** | | | | |
| # and % PHC specialists (family physicians, nurses) with high performance of preventive services | 0 | | 2784 (66,7%) | |
| # and % of PH specialists applying acquired skills | 0 | | 144 (100%) | |
| % of districts with no stock out | 0 | | 100% | |
| Supply of vaccines and injection materials is maintained throughout the country | 0 | | Yes | |
| **Impact on Immunization** | | | | |
| DPT3 | | 92 % | 95% | Vaccine shortage caused by the delays of procurement |

| | | | (Actual in 2009 - 88,4%) | procedures |
|---|---|---|---|---|
| Drop out rates | | 8 % | 5%<br>(Actual in 2009 - 10,38%) | |
| Wastage rates | | 1,1 | 1,18 | |
| Share of districts with DTP3 coverage <80% | | 9,5 %<br>(6 district) | 0%<br>(Actual in 2009 - 15%) | Vaccine shortage caused by the delays of procurement procedures |
| **Impact on Child** | | | | |
| Mortality Under 5 (per 100 000) | | 550.0 | 548,0<br>(Actual in 2009 - 342,6) | |

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

| |
|---|
| |

## 4.9 *Other sources of funding in pooled mechanism for HSS*

If other donors are contributing to the achievement of objectives outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on: **This is not the case for Georgia**

**Table 17: S**ources of HSS funds in a pooled mechanism

| Donor | Amount in US$ | Duration of support | Contributing to which objective of GAVI HSS proposal |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## 5. Strengthened Involvement of Civil Society Organisations (CSOs)

### 5.1 *TYPE A: Support to strengthen coordination and representation of CSOs*

**This section is to be completed by countries that have received GAVI TYPE A CSO support**[5]

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:

| | |
|---|---|
| CSO | Civil Society Organization |
| HSCC | Health Sector Coordination Committee (highest level group in-country coordinating the development, implementation and monitoring of the GAVI HSS proposal) |
| HSS | Health system strengthening |
| ICC | Interagency Coordination Committee for immunization |
| INGO | International Non-Governmental Organization |
| IRC | Independent Review Committee |
| LDC | Least Developed Country |
| NCDC | National Center for Disease Control and Public Health |
| NGO | Non-Governmental Organization |
| NNGO | National Non-Governmental Organization |
| TWG | Technical Working Group |
| UN | United Nations |
| UNICEF | United Nations Children's Fund |

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 describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Documents N°**..9 10).

*GAVI Alliance Support to Strengthen Coordination and Representation of Civil Society Organisations - Mapping Exercise, Nomination Process, Management*

*Project was planed to start in August. But funding transfer was delayed and started in December 2009. To fulfill the project plan some works were done –*

1. *Preparation stage – December, 2009-January, 2010*

*Was prepared questionnaires for mapping exercise. Database entry program was created in EpiInfo, printed out questionnaires prepared and published brochure describing GAVI activities and mission)- the brochure was distributed among the CSO-s via mapping process, Ministry of Health, Public health regional agencies and at interested organizations. The brochure was put on the NCDC web site (See www.ncdc.ge )*

2. *Mapping – Planned for implementation in January-March, 2010*

*At first list of CSO-s working on health issues will be obtained from databases of Government of Georgia, Ministry of health, UN house, regional health offices From this organizations a list will be created of CSOs: non governmental organizations, community-based groups / or partnerships, professional associations, academic and technical institutions – with the aims to focused on immunization, child health and health system strengthening (a. delivering*

[5] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

*immunization or child health care packages in-country, technically assisting in the design and implementation of immunization or child health programs, monitoring / evaluating of immunization or child health programs, increasing demand for immunization or child health care and advocating / lobbying for immunization or child health care issues, researching immunization / child health rights or undertaking operational research.*
*All CSO-s that will be interviewed will be put in database using EPIInfo. format.*

3. *Nomination and analyses planned for – March-April, 2010. therefore, will be reflected in APR 2010*

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.

*NO*

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).

*Nomination and analyses planned for – March-April, 2010. therefore, will be reflected in APR 2010*
*Nomination and analyses*

*From these CSOs of that will be identified and included into the database –nomination will take place using GAVI Alliance criteria:*

1. Organizations that agree to work collaboratively with the relevant government, the GAVI Alliance Secretariat, and other GAVI Alliance partners
2. Organizations that have been working in the relevant areas for *three* years.
3. CSO-s officially registered for *three* years.

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.

| The CSOs will participate in ICC meetings, based on the country needs. This was the case during supplementary immunization activities against measles and rubella in 2008 – when Georgian Red Cross Society became a temporary member of the ICC. |
|---|

5.1.3 Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US$...10 000 USD

Remaining funds (carried over) from 2008: US$.....0......
Balance to be carried over to 2010: US$. 3, 500.......

| N | Activities | Used funds, USD |
|---|---|---|
| | Preparation for mapping exercise | |
| 1 | Preparation of questionnaires, translating, preparation of database entry program, printing questionnaires | 1000 |
| 2 | Preparation of information Booklet, printing 500 booklet | 1000 |
| | Mapping exercise | |
| 3 | Survey in Tbilisi –Interviews with CSO-s | 1000 |
| 4 | Survey in 10 regions of Georgia – Interviews with regional CSO-s | 3000 |
| 6 | Financial consultations | 500 |
| | TOTAL | 6500 |

## 5.2 *TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP N/A*

**This section is to be completed by countries that have received GAVI TYPE B CSO support**[6]

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).

[6] 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 change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

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.

**Table 18:** Outcomes of CSOs activities

| Name of CSO (and type of organisation) | Previous involvement in immunisation / HSS | GAVI supported activities undertaken in 2009 | Outcomes achieved |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, 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.

**Table 19:** Planned activities and expected outcomes for 2010/2011

| Name of CSO (and type of organisation) | Current involvement in immunisation / HSS | GAVI supported activities due in 2010 / 2011 | Expected outcomes |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |

5.2.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US$................
Remaining funds (carried over) from 2008: US$............
Balance to be carried over to 2010: US$................

5.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[ IF YES ] :** please complete **Part A** below.
**[ IF NO ] :** please complete **Part B** below.

**Part A:** further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

| |
|---|
| |

**Part B:** briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B funds, such as delays in availability of funds for programme use.

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

5.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year **(Document N°...................).** *(Terms of reference for this financial statement are attached in Annex 4).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your CSO Type B programme during your government's most recent fiscal year, this should also be attached **(Document N°......................)**.

### 5.2.5 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.

**Table 20:** Progress of CSOs project implementation

| Activity / outcome | Indicator | Data source | Baseline value and date | Current status | Date recorded | Target | Date for target |
|---|---|---|---|---|---|---|---|
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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

**Table 21:** Checklist of a completed APR form

*Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.*

| | MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW) | ISS | NVS | HSS | CSO |
|---|---|---|---|---|---|
| 1 | Signature of Minister of Health (or delegated authority) of APR | NO | yes | yes | yes |
| 2 | Signature of Minister of Finance (or delegated authority) of APR | NO | yes | yes | yes |
| 3 | Signatures of members of ICC/HSCC in APR Form | NO | yes | yes | yes |
| 4 | Provision of Minutes of ICC/HSCC meeting endorsing APR | NO | yes | yes | yes |
| 5 | Provision of complete excel sheet for each vaccine request | | yes | | |
| 6 | Provision of Financial Statements of GAVI support in cash | NO | yes | yes | NO |
| 7 | Consistency in targets for each vaccines (tables and excel) | | yes | | |
| 8 | Justification of new targets if different from previous approval (section 1.1) | | NO | | |
| 9 | Correct co-financing level per dose of vaccine | | NO | | |
| 10 | Report on targets achieved (tables 15,16, 20) | | | yes | NO |
| 11 | Provision of cMYP for re-applying | | yes | | |

| | OTHER REQUIREMENTS | ISS | NVS | HSS | CSO |
|---|---|---|---|---|---|
| 12 | Anticipated balance in stock as at 1 January 2010 in Annex 1 | | yes | | |
| 13 | Consistency between targets, coverage data and survey data | NO | N/A | | |
| 14 | Latest external audit reports (Fiscal year 2009) | NO | | NO | NO |
| 15 | Provide information on procedure for management of cash | NO | | yes | yes |
| 16 | Health Sector Review Report | | | yes | |
| 17 | Provision of new Banking details | NO | NO | NO | NO |
| 18 | Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support | | NO | | |
| 19 | Attach the CSO Mapping report (Type A) | | | | yes |

## 7. Comments

*Comments from ICC/HSCC Chairs:*

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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2009 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

# GAVI ANNUAL PROGRESS REPORT ANNEX 3
# TERMS OF REFERENCE:
# FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

# GAVI ANNUAL PROGRESS REPORT ANNEX 4
# TERMS OF REFERENCE:
# FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO ‘Type B’ grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO ‘Type B’ grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, based on ***your government’s own system of economic classification***. This analysis should summarise total annual expenditure by each civil society partner, per your government’s originally approved CSO ‘Type B’ proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government’s own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the “variance”).

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country’s external audit for the 2009 financial year. Audits for CSO ‘Type B’ are due to the GAVI Secretariat 6 months following the close of each country’s financial year.