GAVI Alliance

Annual Progress Report 2010

Submitted by

The Government of *Georgia*

Reporting on year: **2010**
Requesting for support year: **2012**
Date of submission: **01.06.2011 09:54:23**

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at http://www.gavialliance.org/performance/country_results/index.php*

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

1. Application Specification

Reporting on year: **2010**
Requesting for support year: **2012**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 2 doses/vial, Lyophilised	DTP-HepB-Hib, 2 doses/vial, Lyophilised	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

Type of Support	Active until
HSS	2010
CSO	2010

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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

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

For the Government of Georgia

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

Enter the family name in capital letters.

Minister of Health (or delegated authority):		**Minister of Finance (or delegated authority)**	
Name	ANDRIA URUSHADZE, Minister of LHS A	**Name**	NATA AVALIANI, NCDC, Director General (responsible for financial operations)
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
LIA JABIDZE	Senior specialist of Immunization Department	.(+ 995 32) 39 89 46	ljabidze@ncdc.ge	
LEVAN BAIDOSHVILI	Head of Immunization Department ,NCDC	.(+ 995 32) 39 89 46	lbaido@ncdc.ge	

2.2. ICC Signatures Page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS), and/or New and Under-Used Vaccines (NVS) supports

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

2.2.1. ICC report endorsement

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
MIKHEIL DOLIDZE, r, ICC Chairman	Deputy Minister, MoLHSA			
IRAKLI GIORGOBIANI, , Depute of ICC Chairman	Deputy Minister, MoLHSA			
RUSUDAN RUKHADZE	Head of Health Department, MoLHSA			
SHORENA OKROPIRIDZE	Legal Department, MoLHSA			
GIORGI GOMARELI	Head of Economy Department, Administrative Unit ,MoLHSA			
IVANE KACHIURI	Director, Health and Social Projects Implementation Center			
PAATA IMNADZE	NCDC			
LEVAN BAIDOSHVILI	NCDC			
LIA JABIDZE	NCDC			
TAMAR UGULAVA	UNICEF			
RUSUDAN KLIMIASHVILI	WHO			
MAIA KHERKHEULIDZE	Expert-pediatrician, MoLHSA			
IVANE CHKHAIDZE	Pediatrician, Head of Respiratory Association			

Name/Title	Agency/Organisation	Signature	Date	Action
LALI PIRTSKHALAISHVILI	Pediatrician, Immunologist			
KETEVAN KASASHVILI	Director of “Immunization Center”			
EKATERINE TUGUSHI	Head of “National Training Center of Family Medicine”			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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.

2.3.1. HSS report endorsement

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Action.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
MIKHEIL DOLIDZE, ICC Chairman	Deputy Minister, MoLHSA			
IRAKLI GIORGOBIANI, Depute of ICC Chairman	Deputy Minister, MoLHSA			
RUSUDAN RUKHADZE	Head of Health Department, MoLHSA			
SHORENA OKROPIRIDZE	Legal Department, MoLHSA			
GIORGI GOMARELI	Head of Economy Department, Administrative Unit ,MoLHSA			
IVANE KACHIURI	Director, Health and Social Projects Implementation Center			
PAATA IMNADZE	NCDC			
LEVAN BAIDOSHVILI	NCDC			
LIA JABIDZE	NCDC			
TAMAR UGULAVA	UNICEF			
RUSUDAN KLIMIASHVILI	WHO			
MAIA KHERKHEULIDZE	Expert-pediatrician, MoLHSA			

Name/Title	Agency/Organisation	Signature	Date	Action
IVANE CHKHAIDZE	Pediatrician, Head of Respiratory Association			
LALI PIRTSKHALAISHVILI	Pediatrician, Immunologist			
KETEVAN KASASHVILI	Director of “Immunization Center”			
EKATERINE TUGUSHI	Head of “National Training Center of Family Medicine”			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
MERAB MIRTSKHULAVA	NCDC			

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - Intersecrotal Coordination Committee, endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
MIKHEIL DOLIDZE, , ICC Chairman	Deputy Minister, MoLHSA			
IRAKLI GIORGOBIANI,, Depute of ICC Chairman	Deputy Minister MoLHSA			
RUSUDAN RUKHADZE	Head of Health Department, MoLHSA			
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GIORGI GOMARELI	Head of Economy Department, Administrative Unit ,MoLHSA			
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PAATA IMNADZE	NCDC			
LEVAN BAIDOSHVILI	NCDC			
LIA JABIDZE	NCDC			
TAMAR UGULAVA	UNICEF			
RUSUDAN KLIMIASHVILI	WHO			

Name/Title	Agency/Organisation	Signature	Date	Action
MAIA KHERKHEULIDZE	Expert-pediatrician, MoLHSA			
IVANE CHKHAIDZE	Pediatrician, Head of Respiratory Association			
LALI PIRTSKHALAISHVILI	Pediatrician, Immunologist			
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EKATERINE TUGUSHI	Head of “National Training Center of Family Medicine”			

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

3. Table of Contents

This APR reports on Georgia's activities between January - December 2010 and specifies the requests for the period of January - December 2012

Sections

4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	62,198	62,456	62,612	62,862	63,113	63,365
Total infants' deaths	741	741	741	741	741	741
Total surviving infants	61,457	61,715	61,871	62,121	62,372	62,624
Total pregnant women	80,838	80,838	80,838	80,838	80,838	80,838
# of infants vaccinated (to be vaccinated) with BCG	58,444	60,582	60,733	60,976	61,220	62,097
BCG coverage (%) *	94%	97%	97%	97%	97%	98%
# of infants vaccinated (to be vaccinated) with OPV3	50,739	58,629	58,777	59,014	59,253	59,492
OPV3 coverage (%) **	83%	95%	95%	95%	95%	95%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	58,403	59,246	59,396	59,636	59,877	60,120
# of infants vaccinated (to be vaccinated) with DTP3 ***	52,848	58,629	58,777	59,014	59,253	59,492
DTP3 coverage (%) **	86%	95%	95%	95%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)	25%	10%	10%	10%	10%	10%
Wastage[1] factor in base-year and planned thereafter	1.33	1.11	1.11	1.11	1.11	1.11
Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib	58,781	59,246	59,396	59,636	59,877	60,120
Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib	54,763	58,629	58,777	59,014	59,253	59,492
3rd dose coverage (%) **	89%	95%	95%	95%	95%	95%
Wastage[1] rate in base-year and planned thereafter (%)	15%	15%	15%	15%	15%	15%
Wastage[1] factor in base-year and planned thereafter	1.18	1.18	1.18	1.18	1.18	1.18

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1st dose of Measles	54,064	58,629	58,777	59,014	59,253	59,492
Measles coverage (%) **	88%	95%	95%	95%	95%	95%
Pregnant women vaccinated with TT+						
TT+ coverage (%) ****	0%	0%	0%	0%	0%	0%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	10%	1%	1%	1%	1%	1%

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of total surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill-in the table in section 4 Baseline and Annual Targets before you continue.

The numbers for 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields 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**

Number of surviving infants is different then in JRF. Clarification: for last several years, there haz been discrepancy between the data on number of births and surviving infants recieved from the National Statistics and from Health system's population data. The MoH used Heaith systems population data in JRF, However later it was decided that National Statistic data are more reliable. Therefore the National Statistic data are used in APR. Georgia is going to revise JRF accordingly. The relevant letter from the MoH is going be sent to the WHO shortly.

Provide justification for any changes in **targets by vaccine**

By decision of MoH Georgia, the updated version of JRF2010 will be sent in WHO office, and will attached to APR documents (Doc#16)

Provide justification for any changes in **wastage by vaccine**

5.2. Immunisation achievements in 2010

5.2.1.

Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2010 and how these were addressed

With WHO support the country continued 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.
With GAVI financial support (NV Introduction Grant) was printed and distributed a new version of immunization order (legislation), existing official registries, forms and guidelines for all levels The decree is 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;

5.2.2.

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

Low OPV3 coverage – 83%
Low DPT3 coverage - 86%
1. Reporting problem Difference between total birth and surviving infants cohorts; 2.Vaccine stock-out on district level;(delay of procurement was caused by the review of general procurement procedures at the MoH).

5.2.3.

Do males and females have equal access to the immunisation services? Yes

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.
If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting?

If Yes, please give a brief description on how you have achieved the equal access.

Both males and females have equal access to the immunization services in Georgia.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

5.3. Data assessments

5.3.1.

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)*****.

***** Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? No

If Yes, please describe the assessment(s) and when they took place.

5.3.3.

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

5.3.4.

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

5.4. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 $US = 1.75	Enter the rate only; no local currency name

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

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Expenditures by Category	**Expenditures Year 2010**	**Sources of Funding**							**Actions**
		Country	**GAVI**	**UNICEF**	**WHO**	**Donor name** RVF	**Donor name**	**Donor name**	
Traditional Vaccines*	86,420	86,420							
New Vaccines	2,644,979	2,090,645	554,334						
Injection supplies with AD syringes	45,746	32,040	13,707						
Injection supply with syringes other than ADs	9,952	9,952							
Cold Chain equipment	13,600	13,600							
Personnel	109,188	109,188							
Other operational costs	677,825	442,242			166,000	88,785			
Supplemental Immunisation Activities	85,838			44,000	23,635				
Total Expenditures for Immunisation	*3,673,548*								
Total Government Health		2,784,087	568,041	44,000	189,635	88,785			

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

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.
Note: To add new lines click on the ***New item*** icon in the ***Action*** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	138,381	136,781	
New Vaccines	2,423,530	2,978,296	
Injection supplies with AD syringes	83,392	99,291	
Injection supply with syringes other than ADs			
Cold Chain equipment			
Personnel	115,740	122,684	
Other operational costs	923,787	944,658	
Supplemental Immunisation Activities			
Total Expenditures for Immunisation	3,684,830	4,281,710	

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

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 2010 mainly were in line with budgeted amounts.
Country has developed the new cMYP for the period 2012-2016, ensuring financial sustainability for the immunization programme. There no alarming gaps are identified at this stage.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes (Document number 3; 4;) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.4 Overall Expenditures and Financing for Immunisation

Are there any Civil Society Organisations (CSO) member of the ICC ?: No

If Yes, which ones?
Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

List CSO member organisations:	Actions

5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

5.7. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety.

Please report what types of syringes are used and the funding sources of Injection Safety material in 2010

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syringes for BCG	Government	
Measles	AD	Government	
TT	N/A	N/A	
DTP-containing vaccine	AD	GAVI/ Government	

Does the country have an injection safety policy/plan? Yes

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan? (Please report in box below)

IF No: When will the country develop the injection safety policy/plan? (Please report in box below)

No onbstacles encountered during the safety policy plan implementation

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

At all immunization units already used to utilize AD syringes for vaccination. 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.

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the ***New item*** icon in the ***Action*** column.

	[A]	[B]		
Vaccine Type	**Total doses for 2010 in DL**	**Total doses received by 31 December 2010 ***	**Total doses of postponed deliveries in 2011**	**Actions**
DTP-HepB-Hib	176,200	176,200		

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

If numbers [A] and [B] above 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 Supply Division)

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? No

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	DPT-HepB-Hib	
Phased introduction	No	**Date of introduction** 01.01.2010
Nationwide introduction	Yes	**Date of introduction**

		01.01.2010
The time and scale of introduction was as planned in the proposal?		**If No, 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

7.2.2.

When is the Post introduction Evaluation (PIE) planned?

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

$US	16,064
Receipt date	09.05.2009

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

There was remaining funds from 2009 16,064$US.
This financial support (NV Introduction Grant) was used for printing and distribution a new version of immunization order (legislation), existing official registries, forms and guidelines for all levels The decree is 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 - $US11,414;
In 2010 were Carried out 10 consultative meetings for regional/ district level PH specialists to implement new order and guidelines
- 4,650$US:

Total -16,064$US
Balance as at 31.12.2010 - 0.

Please describe any problem encountered in the implementation of the planned activities

NO

Is there a balance of the introduction grant that will be carried forward? No

If Yes, how much? US$

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

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No 13). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 2 doses/vial, Lyophilised	201,142	44,000
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. The delay with Governmental procurement can be explained by the fact that due to the massive reorganization process within the MoLHSA, we referred to the UNICEF with the procurement request in the beginning of December 2010; however the supply of the vaccines by January 1st 2011 was not possible, as this was needed. Based on the information given by UNICEF Country Office, delivery would approximately take 6-7 weeks upon making on advance payment, therefore, it was decided to run the local procurement.		
2.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012	
	(month number e.g. 8 for August)	

1st Awarded Vaccine DTP-HepB-Hib, 2 doses/vial, Lyophilised	
2nd Awarded Vaccine	
3rd Awarded Vaccine	

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.

Georgia had fulfilled its obligation in 2010 by procuring 44,000 doses of pentavalent vaccine. Appropriate letter from the MoLHSA and invoice confirming procurement from Governmental side were sent to GAVI.

Is GAVI's new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 14.09.2007

When was the last Vaccine Management Assessment (VMA) conducted?

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 20)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

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

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

Recommendations for the 1st indicator – Pre-shipment and arrival As the graph on "pre-shipment and arrival" indicator shows, there is evidence of improvements from the previous assessment. However, there are still few steps to be developed in order to reach the score above the certification threshold.
1. An agreement should be developed with MoH support or other key-players / stakeholders, with SUSIF that should allow EPI to have access in each vaccine shipment. Copy of documents accompanying each shipment need to be stored in EPI office and more importantly there need to be VARs filled for each of those shipments and with a copy to be handed over to EPI at the moment when the vaccine is stored in the primary store
2. A development of MoU with custom authorities needs to be supported and finalized by MoH. This document will avoid potential risks for vaccine through the following mechanism:
a. Introduce the specific vaccine handling procedures into TORs of custom authorities.
b. Develop specific training curriculum for custom officials regarding vaccine procedures

2nd indicator: Temperature monitoring Indicator description: This second indicator aimed to prove that the vaccines have been stored at the correct temperature at all times using a manually and continuous temperature recording devices. These instruments should be regularly calibrated to ensure their accuracy. Temperature records must be inspected regularly and retained for supervision and auditing purposes. Several improvements occurred since the last mission as listed below:
(i) A contingency plan has been developed and incorporates correct actions for emergency situations. There

should be a signed agreement with other partners that provide cold stores to be used in such cases (ii) Continuous temperature monitoring devices are used in all equipments where vaccine shipments are stored. The current devices are chart recorders and the paper disks are stored after every biweekly replacement. (iii) Records of temperature monitoring sheets are used for weekly discussions. The result of this system in place has ensured correct and effective temperature regime for cold chain equipments. There was no record for any vaccine being damaged during the storage time during the review period in the central store. The knowledge of central store staff was good and their skills on how to react in case of cold chain failures were found accurate and correct. The manual temperature monitoring forms in use in central store are standardized and used nationwide. These forms are developed to record the temperature measured twice a day for the whole year which make these forms not suitable to record details and accurate information specific to problems to cold chain equipments.The accuracy tests are run to all devices used for temperature monitoring purposes. This service has been contracted from Standard Technical Regulation and Meteorology Nationa Agency. Recommendations for the 2nd indicator – Temperature monitoring As the graph concerning on monitoring shows, the current performance for this indicator is reaching a high level. This is a result of significant corrective measures taken for almost all findings of previous assessment. Few recommendations would help to make sustainable the current result. 1Ensure the availability of more continuous temperature devices in the central store. The excess would be used in case of increased volume storage requiring more appliances to be on. Currently the number of these devices corresponds to the number of cold chain equipments currently storing vaccine. More appliances might be used in the future. Try to improve the current manual temperature monitoring form and developing a new one which should contain record for one week to maximum one month period of time. In addition, this form need to allow the central store staff to record in case of equipment failure, what happened, when and what actions were taken. The Model Quality Plan provides in the table 2.1.3.A 1. Make sure that all contact information for persons to be contacted in case of emergency (interruption of electricity, cold chain equipment etc), could be reached timely in order to prevent vaccine damage. 3rd indicator: Cold store capacity Indicator description: This third indicator is focused on the cold store capacity, which should be enough to accommodate peak level stock requirements for the routine and immunization schedule. A detailed vaccine volume calculation (provided in annex) has been done, although not as recommended in the EVSM protocol. Rather it was done before each shipment referring to the vaccine arriving volume (as showing in the accompanying documents) with the volume available in the store. This system doesn't enable central store staff to take measures in case of need, sufficient time in advance which might put vaccines at risk. In addition, this might be a problem for vaccine shipments coming through SUSIF funds which EPI staff is not given the accompanying documents before the vaccine reaches national store. There is a MMR scheduled for next year. The vaccine calculation volume was not done for the extra vaccine supply that needs to be stored in central store. However the eligible vaccine volume is enough to store this shipment. Recommendations for the 3rd indicator – Cold store capacity The level of implementation for this indicator has been evaluated as good. The main issues, relatively easy to implement are related to the full knowledge of the cold store capacity and the vaccines volume for routine as well as for supplemental immunization activities, if any. 1. The NCDC staff should be able to calculate the vaccine volume following the protocol recommended in the EVSM protocol. This calculation has been done during this mission and should be used as an example for further use. WHO reference materials might be used for different vaccines storage volume standards (WHO/V&B/01.05). This kind of calculation will even be more important for mass campaign and introduction of new antigens, mono-dose vaccines, etc.

4th indicator: Building, equipment and vehicles Indicator description: This fourth indicator is looking at the quality of buildings, equipment and transport. Buildings should be designed and constructed to a good standard. Cold room and freezers and other cold chain equipments should comply with current WHO/UNICEF specifications. Vaccine stores should have a reliable electricity supply. Suitable transport is essential for delivery of vaccines and immunization supplies. All critical functions for this indicator are currently ensured as a result of a good rehabilitation of the current location. The building is large enough and provided with easy access to vehicles for downloading and uploading operations. All internal facilities of the primary store have good standards of quality, safety and accessibility. There is enough space for storing all immunization commodities (vaccines, diluents, cold boxes, ice packs, monitoring cards etc). Location of appliances fit well with all functions to be performed (ice pack freezer is close to the conditional area which is located in the entrance of central store where lower levels are supplied, hand washing facility is close to packing area, there is enough space to serve cold chain equipments, packing area is not under sun light exposure etc). The temperature of the environment where cold equipments are located is maintained between 15 and 25 deg C throughout the year. Central store staffs have their own working areas, which facilitate an efficient performance of their tasks. The store manager is provided with all equipments and other requirements to accomplish their responsibilities in an effective manner like supervising the function of cold chain equipment, assist in periodic distribution of vaccines and consumables to lower levels, use communication lines (phone line), use the PC based files and have accessibility to printing and faxing services. All

cold chain equipments (refrigerators, freezers and cold rooms) were found fully functioning at the time of assessment and there was no record of vaccine damage as a result of cold chain equipment failure. Cold rooms are provided with functional alarm system while all equipments which are currently storing vaccines are supplied with continuous temperature monitoring devices. However, ensuring the availability of consumables for the running of these devices is an issue. In case of electric failure, an effective and accessible back up is provided by an automatic generator and enough fuel is stored to ensure its functioning during a longer period than expected. There is a need for voltage regulators due to the voltage fluctuations. The current devices (voltage regulators) don't provide automatically this function which makes them not suitable for the primary store. Transportation from the airport to the store is done with common vehicles not refrigerated. The vaccine delivery system in place is realized by regional store vehicles collecting vaccine at the central store periodically (normally every three months).

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

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

1. The central store needs to be supplied with automatic voltage regulators. They will protect vaccines stored through preventing accidental failures which could occur to cold chain equipments.
2. The cold chain officer is to be provided with warm clothes. Training on how to work safely inside a cold store would be beneficial to central store staff.

5th indicator: Effective maintenance

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

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

Recommendations for the 5th indicator – Effective maintenance

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

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

6th indicator: Stock management

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

vaccines for the following reasons:
_ Vaccines have to be stored in the primary cold store for up to 1 year
_ Stock replacement, if breached, can be replaced only once a year
_ More volume required for cold chain
_ In case of equipment failure, a large quantity of vaccine can be damaged and the programme takes the risk of being interrupted.
_ Recommendations for the 6th indicator – Stock management
As the graph concerning stock management shows, there is still some improvement required in order to reach the certification level for this indicator. The following recommendations are meant to regulate this progress:
1. Different instruments / files of vaccine stock management system need to be added to address the missing information related to vaccine/diluent vial presentation, bin location and Freeze Watch reading status.
2. Delivery/arrival forms need to be provided with a section on arrival. The store manager has to establish a easy way (logistically) to ensure that the information on vaccines received is feedback to the national level.
3. The irregular supply of vaccines to the country makes it difficult for the programme to manage the national stock and perform regular deliveries to lower levels. As a consequence, the safety stock is often breached. Despite WHO recommendation to have at least two deliveries per year, the country receives vaccines only once a year and consequently the programme has to face stock-outs. It is recommended that concerted efforts with the involvement of all partners be made to improve procurement practices.

7th & 8th indicators: Vaccines deliveries and minimizing damage
Indicator description: These seven and eight indicators are looking at vaccine safe deliveries. An effective vaccine distribution system should provide sufficient supplies of vaccine to lower (subsequent) level stores. Deliveries should be made in a planned and timely way. Every shipment should be accurately documented by means of a vaccine delivery report.
The main problems evidenced here are strongly linked with the fact mentioned above of facing irregular supplies of vaccines. The programme has a delivery plan to the regions, but cannot respect it due to unavailability of the commodities. As a result the programme has to deal with short shipments and deregulate the frequency of its deliveries.
The logistics part of the distribution (transport) is working well. There was no record on vaccine loss due to incorrect transport conditions during the review period. The recording system would benefit the programme in having a section on regional/provincial arrival specifying quantities and quality of vaccines at the point of arrival.
Recommendations for the 7th & 8th indicators: Vaccines deliveries and minimizing damage
As the graph concerning vaccines deliveries and minimizing damage shows, these two indicators represent the main area where improvement is needed. Recommendations regarding this section should be considered altogether with the recommendations of the previous indicators. However, we are listing here some recommendations but shaped specifically to the gaps found here.
1. Address the issue of irregular international vaccine shipments with all partners involved through the ICC. Develop delivery/arrival form as recommended in the “Model Quality Plan” document and ensure that arrival section is appropriately filled from intermediate level, send and checked in central store in order to monitor the quality of the delivery system. Develop a delivery plan for all regions and define a schedule for each of them. Introduce an effective notification system and ensure compliance
2. . 2.Consider the revision of the whole vaccine delivery system. The current system where regions come and collect vaccine and consumables might be changed to a distribution from central store to the regions. The main advantages would be:
a. Low number of regions (12) and few times per year (4)
b. Relatively close distances of all regions from the capital (where the central store is located)
c. Standardize the delivery system by introducing all requirements which are carried out by the same staff that will be responsible from the central store
d. Make easier the collection of arrival sections coming from each delivery.
e. Facilitate technical (and other) supervision to intermediate central stores

9th indicator: Standard operating procedures
Indicator description: This ninth indicator assesses the existence and relevance of standard operating procedures (SOP). SOPs should be drawn up for each level of the cold chain system. Every cold store should be provided with a copy of these operating procedures, and staff should be trained to follow them and to keep appropriate records as evidence of compliance. There is a SOP manual developed that includes basic and essential protocols to be applied by EPI staff responsible for vaccine handling. This manual is composed by different documents which regulate different aspects like vaccine order, vaccine shipment from airport, vaccine storage in primary cold store etc. Periodic trainings where vaccine staff participate and checking in the WHO website are the source of information to keep up to date. Periodic WHO publications, issued on vaccine safety, vaccine management etc, need to be provided to EPI staff as well. The store manager has a good knowledge on the SOPs content. He has been actively involved in the development process especially those related to daily activities carried out in the primary store.
Recommendations for the 9th indicator – Standard operating procedures

No scoring and graph was made for this indicator. The main issue that need to be taken into consideration and is easy to be implemented relates to capacity building at the intermediate level for the development of similar SOPs. These should reflect the specific tasks and responsibilities and relative requirements regarding the quality performance at that level.
10th indicator: Human and financial resources Indicator description: This tenth indicator concerns the human and financial resources. Staff must be adequately trained, and motivated to perform their duties. Sufficient recurrent funding must be made available to purchase vaccine and essential consumables, to pay and to train staff, and to maintain equipment. In addition capital resources or donor funding must be available to sustain a rolling renewal programme to prevent the accumulation of increasingly unreliable and obsolete equipment. Funds covering different activities within the Expanded Programme of Immunization are integrated into the NCDC budget. The work plan based on this budget, as expressed by the staff, could support more maintenance and cold chain issues. The staff at the national level had the opportunity to attend GTN courses. FSP (Financial Sustainability Plan) will start in 2008. UNICEF has shown some interest to support EPI with 100 refrigerators to be distributed in the field, with a few of them to replace the primary store refrigerators. The EPI staff in the National Centre of Disease Control demonstrated a strong commitment in performing their duty and ensuring the quality of vaccine. This is clearly evaluated from the impressive improvements carried out from EPI staff in the two years period since the previous assessment. The public health sector of the country is in the middle of a reform which has involved the EPI program. As a result of this temporary process, the system of vaccine delivery from central store to intermediate store to district and down to the vaccination point seems to be temporary interrupted. As a result, all levels come and collect vaccines at the central store. This is creating confusion, but is a transition phase that will be followed by a better administrative structure and is expected to positively affect the EPI programme.
Recommendations for the 10th indicator – Human and financial resources
No scoring and graph was made for this indicator. The main issues, which need some improvements, are related to the drafting of a work plan and the allocation of specific budget to the maintenance of the national cold store. The current level of commitment and support from NCDC senior management level and MoH, should be materialized in concrete steps to help strengthen EPI in each of its components: staffing, training opportunities for the staff, better equipment on specific needs and the last but not the least the advocacy with other governmental or non-governmental organizations to satisfy essential requirements that influence positively the overall performance of the immunization program.

Further of the 10 above-listed recommendations, the plan of actions has been developed. All recommendations generally are implemented.The national vaccine cold store was established and equipped in 1996. National Immunization Programme in Georgia follows the WHO recommendations in storage temperatures. All vaccines except OPV are kept in +2°C to +8°C cold rooms and refrigerators.
Currently total net storage capacity at +2°C to +8°C is 35,937 liters and total net storage capacity at -20°C is 1463 liters. The volume calculations in order to check availability of sufficient storage capacity is done with the assumption of total amount of vaccines annual need in 2016 in case of 3rd scenario (when maximum amount of vaccines will be stored) arriving once a year and on the same day. Even with this assumption, only 70% of the available storage capacity in +2°C to +8°C will be occupied.
In addition to the national cold store, there is 13,200 net cold store capacity at NCDC regional branch in Kutaisi and 26,297 net cold store capacity at district level.
There is a sufficient cold store capacity in the country, even if the new vaccines planned for 2012-2013 are introduced in the NIP and total need of vaccines is stored in 2016.
Refrigerators are now available down to the village level (about 2/3 are “ice-lined”). Cold boxes, vaccine carriers, thermometers, icepacks and freeze-watch indicators were supplied to each health facility providing immunization services.
At the regional/district level, where vaccines are supplied on a quarterly base, the minimal available capacity is 3 m3.
At the primary health care level all health facilities (100%) providing vaccinations are equipped with refrigerators with minimal volume of 20 litters that is far beyond the needs for storage of the monthly quantity of vaccine. All primary health care facilities are equipped with vaccine carriers and ice packs to ensure transportation of the vaccine and temporary storage during outreach activities.
Care is also taken to maintain the cold chain. Special guidelines on maintaining the cold chain were issued in Georgia language and distributed to the vaccine stores and all immunization providing sites. A special emphasis is placed on temperature regime (VVMs, freeze indicators etc). A reporting system for each safe temperature range violation case documented by freeze indicators were established in 1996.
Spare parts enough for the country’s several years needs have been ensured.
The NCDC national vaccine store supplies regional cold stores at the Centers of Public Health on a quarterly basis. Tbilisi facilities are directly supplied from NCDC cold store.. An Effective Vaccine Store Management (EVSM) assessment of the national vaccine store at NCDC was conducted by a WHO consultant in September 2005. Various recommendations were made, a number of which have been implemented. The computerized vaccine stock records system has been upgraded to include further information such as lot numbers. The Vaccine Arrival Report (VAR) (used since 2002 by UNICEF SD), was introduced for NCDC use in 2006 following the EVSM assessment. The vaccine despatch form (to regions), which recipients sign for, was redesigned to include VVM status. A cold chain

emergency plan and procedures has been prepared and there are weekly meetings of the cold chain/logistics staff.

When is the next Effective Vaccine Management (EVM) Assessment planned? 01.08.2011

7.5. Change of vaccine presentation

If you would prefer, during 2012, 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 (DL) 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 and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 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 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for Penta vaccine for the years 2012 to 2016. At the same time it commits itself to co-finance the procurement of Penta vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of Penta vaccine support is in line with the new cMYP for the years 2012 to 2016 which is attached to this APR (Document No 18).

The country ICC has endorsed this request for extended support of Penta vaccine at the ICC meeting whose minutes are attached to this APR (Document No 19).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section 7.9 Calculation of requirements: Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 2 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	61,715	61,871	62,121	62,372	62,624		310,703
Number of children to be vaccinated with the third dose	Table 1	#	58,629	58,777	59,014	59,253	59,492		295,165
Immunisation coverage with the third dose	Table 1	#	95%	95%	95%	95%	95%		
Number of children to be vaccinated with the first dose	Table 1	#	59,246	59,396	59,636	59,877	60,120		298,275
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.18	1.18	1.18	1.18	1.18		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		0					
Number of doses per vial		#	2	2	2	2	2		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		$	0.40	0.69	0.98	1.27	1.56		
AD syringe price per unit	Table 6.1	$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 2 doses/vial, Lyophilised

Co-financing group	Graduating

	2011	2012	2013	2014	2015
Minimum co-financing	0.40	0.69	0.98	1.27	1.56
Your co-financing	0.40	0.69	0.98	1.27	1.56

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US$			**For Approval**	**For Endorsement**			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		155,500	128,100	89,000	47,000	419,600
Number of AD syringes	#		146,300	120,500	83,800	44,200	394,800
Number of re-constitution syringes	#		86,300	71,100	49,400	26,100	232,900
Number of safety boxes	#		2,600	2,150	1,500	800	7,050

Supply that is procured by GAVI and related cost in US$			For Approval	For Endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Total value to be co-financed by GAVI	*$*		411,000	319,000	195,000	94,000	1,019,000

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US$			For approval	For endorsement			
Required supply item		**2011**	**2012**	**2013**	**2014**	**2015**	**TOTAL**
Number of vaccine doses	#		55,000	83,300	123,300	166,200	427,800
Number of AD syringes	#		51,700	78,400	116,000	156,300	402,400
Number of re-constitution syringes	#		30,500	46,300	68,400	92,200	237,400
Number of safety boxes	#		925	1,400	2,050	2,775	7,150
Total value to be co-financed by the country	*$*		145,500	207,500	269,500	332,500	955,000

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 2 doses/vial, Lyophilised

		Formula	2011	2012			2013			2014			2015		
				Total	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**	**Total**	**Gov.**	**GAVI**
A	**Country Co-finance**			26.11%			39.40%			58.07%			77.97%		
B	**Number of children to be vaccinated with the first dose**	Table 1	59,246	59,396	15,510	43,886	59,636	23,497	36,139	59,877	34,769	25,108	60,120	46,874	13,246
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
D	**Number of doses needed**	B x C	177,738	178,188	46,528	131,660	178,908	70,491	108,417	179,631	104,306	75,325	180,360	140,622	39,738
E	**Estimated vaccine wastage factor**	Wastage factor table	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18	1.18
F	**Number of doses needed including wastage**	D x E	209,731	210,262	54,903	155,359	211,112	83,180	127,932	211,965	123,081	88,884	212,825	165,934	46,891
G	**Vaccines buffer stock**	(F – F of previous year) * 0.25		133	35	98	213	84	129	214	125	89	215	168	47
H	**Stock on 1 January 2011**			0	0	0									
I	**Total vaccine doses needed**	F + G - H		210,395	54,937	155,458	211,325	83,263	128,062	212,179	123,206	88,973	213,040	166,102	46,938
J	**Number of doses per vial**	Vaccine parameter		2	2	2	2	2	2	2	2	2	2	2	2
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G –H) x 1.11		197,937	51,684	146,253	198,825	78,338	120,487	199,628	115,918	83,710	200,439	156,277	44,162
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11		116,770	30,491	86,279	117,286	46,212	71,074	117,760	68,380	49,380	118,238	92,187	26,051
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) /100 * 1.11		3,494	913	2,581	3,509	1,383	2,126	3,524	2,047	1,477	3,538	2,759	779
N	**Cost of vaccines needed**	I x g		519,676	135,695	383,981	490,274	193,171	297,103	430,724	250,107	180,617	394,124	307,288	86,836
O	**Cost of AD**	K x ca		10,491	2,740	7,75	10,538	4,153	6,38	10,581	6,145	4,43	10,624	8,284	2,340

		Formula	2011	2012			2013			2014			2015		
				Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI	Total	Gov.	GAVI
	syringes needed					1			5			6			
P	**Cost of reconstitution syringes needed**	L x cr		3,737	976	2,761	3,754	1,480	2,274	3,769	2,189	1,580	3,784	2,951	833
Q	**Cost of safety boxes needed**	M x cs		2,237	585	1,652	2,246	885	1,361	2,256	1,310	946	2,265	1,766	499
R	**Freight cost for vaccines needed**	N x fv		18,189	4,750	13,439	17,160	6,762	10,398	15,076	8,755	6,321	13,795	10,756	3,039
S	**Freight cost for devices needed**	(O+P+Q) x fd		1,647	431	1,216	1,654	652	1,002	1,661	965	696	1,668	1,301	367
T	**Total fund needed**	(N+O+P+Q+R+S)		555,977	145,173	410,804	525,626	207,099	318,527	464,067	269,468	194,599	426,260	332,343	93,917
U	**Total country co-financing**	I 3 cc		145,173			207,099			269,468			332,343		
V	**Country co-financing % of GAVI supported proportion**	U / T		26.11%			39.40%			58.07%			77.97%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: HSS section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

10. Civil Society Programme (CSO)

The CSO form is available at this address: CSO section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

11. 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

The costing and financing figures provided in APR based on the current version of cMYP. However, the country is going to apply for NUVI support this year and to revise cMYP in accordance to new GAVI co-financing levels. The NUVI proposal and the revised cMYP will be submitted to GAVI Secretariat by 1 June 2011. As APR should be submitted earlier, before the revision of cMYP is finalized, there will be a difference between costing and financing figures provided in APR and those that will be submitted later with the revised cMYP and in NUVI application.

12. Annexes

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 2

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
   a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

Annex 3

TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
   b. Income received from GAVI during 2010
   c. Other income received during 2010 (interest, fees, etc)
   d. Total expenditure during the calendar year
   e. Closing balance as of 31 December 2010
   f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2008 (balance as of *31Decembre 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57 493 200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		1	Yes
Signature of Minister of Finance (or delegated authority)		2	Yes
Signatures of members of ICC		16	Yes
Signatures of members of HSCC		15, 22	Yes
Minutes of ICC meetings in 2010		3	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		4	Yes
Minutes of HSCC meetings in 2010		8	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		17	Yes
Financial Statement for ISS grant in 2010			
Financial Statement for CSO Type B grant in 2010		23	Yes
Financial Statement for HSS grant in 2010		12	Yes
EVSM/VMA/EVM report		19	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)		11	
New Banking Details			
new cMYP starting 2012		18	
Summary on fund utilisation of CSO Type A in 2010		5	
Financial Statement for NVS introduction grant in 2010		13	
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant		6, 7, 20, 21	
Latest Health Sector Review Report		9	

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

ID	File type Description	File name Date and Time Size	New file	Actions
1	**File Type:** Signature of Minister of Health (or delegated authority) * **File Desc:** Signature of MoH	**File name:** signature MoH.jpg **Date/Time:** 17.05.2011 09:18:53 **Size:** 203 KB		
2	**File Type:** Signature of Minister of Finance (or delegated authority) * **File Desc:** Signature of Delegated authority of MoF	**File name:** 2 signature MoF.jpg **Date/Time:** 17.05.2011 09:50:27 **Size:** 203 KB		

ID	File type Description	File name Date and Time Size	New file	Actions
3	**File Type:** Minutes of ICC meetings in 2010 * **File Desc:** Minutes of ICC meetings	**File name:** ICC minutes.doc **Date/Time:** 12.05.2011 04:59:16 **Size:** 41 KB		
4	**File Type:** Minutes of ICC meeting in 2011 endorsing APR 2010 * **File Desc:** Minute of ICC meeting 1, 2011	**File name:** minute1 - 2011.doc **Date/Time:** 17.05.2011 09:38:30 **Size:** 27 KB		
5	**File Type:** Summary on fund utilisation of CSO Type A in 2010 **File Desc:** Summary on fund utilisation of CSO Type A in 2010	**File name:** Picture1.jpg **Date/Time:** 10.05.2011 08:20:05 **Size:** 134 KB		
6	**File Type:** External Audit Report (Fiscal Year 2010) for HSS grant **File Desc:** EAR page2	**File name:** audit report IIpage.jpg **Date/Time:** 25.05.2011 07:53:29 **Size:** 179 KB		
7	**File Type:** External Audit Report (Fiscal Year 2010) for HSS grant **File Desc:** EAR page1	**File name:** audit reportI page.jpg **Date/Time:** 25.05.2011 07:52:24 **Size:** 237 KB		
8	**File Type:** Minutes of HSCC meetings in 2010 * **File Desc:** Minutes of HSCC/ICC meetings, 2010	**File name:** ICC- HSCC minutes2010.doc **Date/Time:** 17.05.2011 09:33:31 **Size:** 41 KB		
9	**File Type:** Latest Health Sector Review Report **File Desc:** Immunization Programme Management Review Georgia 17–27 July 2006	**File name:** Doc#6Georgia Pg Mgt Review (Final 30.09).rar **Date/Time:** 11.05.2011 02:48:16 **Size:** 1 MB		
10	**File Type:** other **File Desc:** APR CSO Type A Section	**File name:** CSO section of the APR 2010 @ 18 Feb 2011(2).doc **Date/Time:** 11.05.2011 08:44:26 **Size:** 212 KB		
11	**File Type:** CSO Mapping Report (Type A) **File Desc:** GAVI Alliance Support to Strengthen Coordination and Representation of Civil Society Organisations - Mapping Exercise, Nomination Process, Management	**File name:** R E P O R T.doc **Date/Time:** 17.05.2011 09:54:14 **Size:** 708 KB		
12	**File Type:** Financial Statement for HSS grant in 2010 *	**File name:** HSS FS.jpg **Date/Time:**		

ID	File type Description	File name Date and Time Size	New file	Actions
	File Desc: Financial Statement for HSS grant in2010	17.05.2011 09:15:35 **Size:** 270 KB		
13	**File Type:** Financial Statement for NVS introduction grant in 2010 **File Desc:** Financial Statement for NVI grant in2010	**File name:** NVI grant FS.jpg **Date/Time:** 17.05.2011 09:17:38 **Size:** 283 KB		
14	**File Type:** other **File Desc:** APR HSS Section	**File name:** __final HSS+section+of+the+APR+2010+%40+18+Feb+2011.doc **Date/Time:** 01.06.2011 06:32:59 **Size:** 312 KB		
15	**File Type:** Signatures of members of HSCC * **File Desc:** HSS signature page	**File name:** HSS sibn.jpg **Date/Time:** 01.06.2011 04:00:44 **Size:** 319 KB		
16	**File Type:** Signatures of members of ICC * **File Desc:** ICC members signature	**File name:** ICC sign.jpg **Date/Time:** 01.06.2011 04:05:26 **Size:** 312 KB		
17	**File Type:** Minutes of HSCC meeting in 2011 endorsing APR 2010 * **File Desc:** Iminute endorsing APR2010	**File name:** minute1 - 2011.doc **Date/Time:** 01.06.2011 04:14:20 **Size:** 27 KB		
18	**File Type:** new cMYP starting 2012 **File Desc:**	**File name:** cMYP Georgia 2012-2016 28.05.11 ES.rar **Date/Time:** 30.05.2011 03:41:08 **Size:** 461 KB		
19	**File Type:** EVSM/VMA/EVM report **File Desc:** EVSM2007	**File name:** attachm5.pdf **Date/Time:** 27.05.2011 03:25:45 **Size:** 194 KB		
20	**File Type:** External Audit Report (Fiscal Year 2010) for HSS grant **File Desc:** External audit report year2009 of HSS grant page1	**File name:** GAVI-HSS2009.1.png **Date/Time:** 28.05.2011 10:20:18 **Size:** 1 MB		
21	**File Type:** External Audit Report (Fiscal Year 2010) for HSS grant **File Desc:** External audit report year2009 of HSS grant page2	**File name:** GAVI-HSS2009.2.png **Date/Time:** 28.05.2011 10:21:48 **Size:** 639 KB		
22	**File Type:** Signatures of members of HSCC * **File Desc:**	**File name:** CSO sign.jpg **Date/Time:** 01.06.2011 04:07:04		

ID	File type Description	File name Date and Time Size	New file	Actions
	HSCC signature endors. CSO tipe A	**Size:** 317 KB		
23	**File Type:** Financial Statement for CSO Type B grant in 2010 * **File Desc:** Note for this attachment	**File name:** FS_CSO type B grant has received in 2010.doc **Date/Time:** 01.06.2011 09:54:04 **Size:** 19 KB		
24	**File Type:** other **File Desc:** country clarifications to GAVI	**File name:** Re Clarifications requested for APR 2010 Georgia.msg **Date/Time:** 22.06.2011 10:00:12 **Size:** 93 KB		