GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Georgia

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/15/2013 8:13:00 AM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2016
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the WHO website, but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	Yes	N/A	N/A
COS	No	No	N/A
ISS	No	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant N/A	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

2. Signatures

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

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

For the Government of Georgia

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Jashi Mariam, Depute Minister of Health	**Name**	Gamkrelidze Amiran, Director General NCDC&PH, (responsible for financial operations)I
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat has queries on this document):

Full name	Position	Telephone	Email
Jabidze Lia	Chief specialist, NCDC&PH	(995)599583790	l.jabidze@ncdc.ge

2.2. ICC signatures page

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

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Jashi Mariam, ICC chairman	Deputy Minister, MoLHSA		
Rukhadze Rusudan	Head of Health Department, MoLHSA		

Serebriakova Lela	Head of Public Health&Programmes Division MoLHSA		
Gomareli Giorgi	Head of Economy Department, MoLHSA		
Bagashvili Shalva	MoLHSA		
Adamia Eka, ICC secretary	Public Health&Programmes Division, MoLHSA		
Okropiridze Shorena	Legal Department, MoLHSA		
Sinjiashvili Teimuraz	MoLHSA		
Gamkrelidze amiran	Director General, NCDC		
Kavtaradze Ekaterine	NCDC		
Tsanava Maia	NCDC		
Imnadze Paata	NCDC		
Jabidze Lia	NCDC		
Getia Vladimer	NCDC		
Sulkhanishvili Tamar	NCDC		

Ugulava Tamar	UNICEF		
Sirbiladze Tamar	USAID		
Klimiashvili Rusudan	WHO		
Kurtsikashvili George	WHO		
Gumberidze Maka	VRF		
Chkhaidze Ivane	Pediatrician, Head of Respiratory Association		
Kherkheulidze Maia	Expert-pediatrician, MoLHSA		
Tugushi Ekaterine	Head of “National Training Center of Family Medicine”		
Qasashvili Qetevan	Director of “Immunization Center”		

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

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.

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

Name/Title	Agency/Organization	Signature	Date
Jashi Mariam, ICC chairman	Deputy Minister, MoLHSA		
Gomareli Giorgi	Head of Economy Department, MoLHSA		
Serebriakova Lela	Head of Public Health&Programmes Division MoLHSA		
Rukhadze Rusudan	Head of Health Department, MoLHSA		
Bagashvili Shalva	MoHLSA		
Okropiridze Shorena	Legal Department, MoLHSA		
Sinjiashvili Teimuraz	MoHLSA		
Adamia Eka, ICC secretary	MoHLSA		
Tsanava Maia	NCDC		
ImnadzePaata	NCDC		
Gamkrelidze Amiran	Director General, NCDC		

Kavtaradze Ekaterine	NCDC		
Tsanava Maia	NCDC		
ImnadzePaata	NCDC		
Jabidze Lia	NCDC		
Getia Vladimer	NCDC		
Sulkhanishvili Tamar	NCDC		
Ugulava Tamar	UNICEF		
Sirbiladze Tamar	USAID		
Klimiashvili Rusudan	WHO		
Kurtsikashvili Giorgi	WHO		
Gumberidze Maka	VRF		

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)

Georgia is not reporting on CSO (Type A & B) fund utilisation in 2013

3. Table of Contents

This APR reports on Georgia's activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	62,612	57,413	62,862	62,862	63,113	63,113	63,365	63,365	63,365	63,365
Total infants' deaths	741	604	741	741	741	741	741	741	741	741
Total surviving infants	61871	56,809	62,121	62,121	62,372	62,372	62,624	62,624	62,624	62,624
Total pregnant women	80,838	77,000	80,838	80,838	80,838	80,838	80,838	80,838	80,838	80,838
Number of infants vaccinated (to be vaccinated) with BCG	60,733	54,729	60,976	60,976	61,220	61,220	62,097	62,097	64,574	64,574
BCG coverage	97 %	95 %	97 %	97 %	97 %	97 %	98 %	98 %	102 %	102 %
Number of infants vaccinated (to be vaccinated) with OPV3	58,777	49,555	59,014	59,014	59,253	59,253	59,492	59,492	61,041	61,041
OPV3 coverage	95 %	87 %	95 %	95 %	95 %	95 %	95 %	95 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	59,396	50,100	59,636	59,636	59,877	59,877	60,120	60,120	61,684	61,684
Number of infants vaccinated (to be vaccinated) with DTP3	58,777	49,175	59,014	59,014	59,253	59,253	59,492	59,492	61,041	61,041
DTP3 coverage	95 %	87 %	95 %	95 %	95 %	95 %	95 %	95 %	97 %	97 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	14	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.16	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	59,396	50,100	59,636	50,100	59,877	59,877	60,120	60,120		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	59,396	49,175	59,636	49,175	59,253	59,253	59,492	59,492		
DTP-HepB-Hib coverage	95 %	87 %	95 %	79 %	95 %	95 %	95 %	95 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	0	1	0	1	10	10	10	10		
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.01	1.11	1.01	1.11	1.11	1.11	1.11	1	1
Maximum wastage rate value for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)		0		0	47,826	47,826	57,610	57,610	62,969	62,969
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)		0		0	44,638	44,638	54,409	54,409	61,041	61,041

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV10) coverage	0 %	0 %	61 %	0 %	72 %	72 %	87 %	87 %	97 %	97 %
Wastage[1] rate in base-year and planned thereafter (%)		0		0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)		1		1	1	1	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus		0	36,800	36,800	54,220	54,220	57,610	57,610		
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0	36,800	36,800	51,015	51,015	54,409	54,409		
Rotavirus coverage	61 %	0 %	72 %	59 %	82 %	82 %	87 %	87 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	0	0	0		
Wastage[1] factor in base-year and planned thereafter (%)		1	1	1	1	1	1	1	1	1
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	58,777	49,773	59,014	59,014	59,253	59,253	59,492	59,492	61,041	61,041
Measles coverage	95 %	88 %	95 %	95 %	95 %	95 %	95 %	95 %	97 %	97 %
Pregnant women vaccinated with TT+	0	0	0	0	0	0	0	0	0	0
TT+ coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	2 %	1 %	1 %	1 %	1 %	1 %	1 %	1 %	1 %

** 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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  According to of Civil Regisetry (GeoStat) total number of births is 57,413 (we have received this data after sending JRF in WHO) and this data have used in table 4. baseline &annual targets. So the number of births is different then in JRF. This is due to the fact that in JRF we have used data that are received from the health centers and primary health care .this is different from Civil Regisstry data which is not avaliable by the time of submission of JRF before 15 march, deadline set by the WHO. The MoH considers that Civil Registry data more reliable, Therefore, this data are used in APR. And the JRF has been revised accordingly .

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

  According to of Civil Regisetry (GeoStat) total number of surviving infants is 56 ,809 (we have received this data after sending JRF in WHO) and this data have used in table 4. baseline &annual targets. So the number of surviving infants is different then in JRF. This is due to the fact that in JRF we have used data that are received from the health centers and primary health care .this is different from Civil Regisstry data which is not avaliable by the time of submission of JRF before 15 march, deadline set by the WHO. The MoH considers that Civil Registry data more reliable, Therefore, this data are used in APR. And the JRF has been revised accordingly .

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  No changes in targets by vaccine

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

  No changes in wastage by vaccines

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

National Immunization Programme remained as a top priority and it was possible to maintain =<90% coverage for most of antigens, considering significant challenges relating with transferring of immunization service delivery to the private sector.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

Immunization coverage with main antigens is still sub-optomal, with organisation and structural system changes taking place at health sector, roles and responsibilities still were not clearly defined and not yet documented posing a threat to programme performance. From <?ξμλ:ναμεσπαχε πρεφιξ = ο νσ = ∀υρν:σχημασ–μιχροσοφτ–χομ:οφφιχε:οφφιχε∀ />Σεπτεμβερ 2012 Public Health services are funded through private sector providers and insurance.

- Unclear incentive or performance measures to ensure immunisation under the new insurance mechanism for 0-6 yrs.
- Clarification of roles and responsibilities for all stakeholders for reporting and monitoring under the new funding mechanism is required.
- May result in prioritisation of cost saving rather universal immunisation coverage.
- Potential difficulties for NCDC and Ministry of Labour, Health and Social Affairs (MoLHSA) to positively influence behaviour of providers in maximizing immunization coverage and quality.

– "Permanent" state of transition - high staff turnover with risk of institutional memory loss;

DPT-HEPb-Hib, DPT, BCG vaccines stock-out took place for two months on central and district levels, caused by the delay of procurement. It was related with the review of general Governmental procurement procedures and health reform at the MoH.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

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

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

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

5.4. Data assessments

5.4.1. 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 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

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

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 1.64	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	no	no	no
Traditional Vaccines*	766,820	766,820	0	0	0	0	0	0
New and underused Vaccines**	869,357	208,936	660,421	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	35,098	24,078	11,020	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	119,200	119,200	0	0	0	0	0	0
Other routine recurrent costs	137,502	52,400	4,894	50,208	30,000	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
no		0	0	0	0	0	0	0
Total Expenditures for Immunisation	1,927,977							
Total Government Health		1,171,434	676,335	50,208	30,000	0	0	0

* 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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

No

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **4**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 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 5.5 Overall Expenditures and Financing for Immunisation

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

1. To reach 95% of coverage by OPV3<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1.1. Strengthening and improving the quality of routine immunization services and increasing OPV3 coverage

1.1.1. District health managers conducting routine and supplementary immunization activities will be trained every year In turn, they will conduct training of immunization teams in their districts

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

1.1.3. Prepare and implement macro and micro plans for routine and supplementary immunization activities at each level

1.1.4. Supervisory visits will be conducted by the central or/and district Epidemiologist to high-risk areas and throughout the routine and supplementary immunization activities

1.1.6. Results of routine and supplementary immunization activities will be analyzed to identify high risk and low performing areas at each level (regional and district). Analysis will cover financial components together with resources utilized.

1.1.7. Feedback to districts and related sectors will be provided by the end of each activity

1.2. Conducting high quality supplementary immunization activities in the high risk areas for sustaining of polio free status

1.2.1. Conducting high quality supplementary immunization activities in the high risk areas for sustaining of polio free status

1.2.2. Conducting training, printing and distributing training materials and forms prior to the activity

1.3. Mobilizing community and other sectors for their involvement and contribution to polio eradication program activities

1.3.1.To conduct a large meeting to obtain support of the Ministries of Education and Finance, the Military, universities, private sector, NGOs, UN organizations and other international organizations and to continue strengthening social mobilization through collaboration with them

1.4.Creating public awareness to increase demand to routine and supplementary immunization activities

1.4.1.Special materials will be developed for parents, teachers and community leaders

1.4.2.To prepare and distribute posters, brochures and TV spots

1.5. Strengthening AFP disease surveillance (epidemiological and laboratory) to timely detect and investigate wild poliovirus associated cases

1.5.1.High risk areas will be identified according to the risk of wild poliovirus circulation and/or AFP surveillance performance

1.5.2.Annual refreshment trainings will be conducted by central training team for regional and/or districts AFP surveillance officers

1.5.3. Criteria for identification of high risk AFP cases (Hot cases) will be highlighted and distributed and AFP cases will be analyzed according to those criteria to take timely action

1.5.4. National Polio Laboratory will be strengthened through training of personnel and procurement of equipment and supply

1.6. Obtaining political support and commitment towards polio eradication goals

1.6.1. Steering committee (ICC) will assess the program outcomes and submit annual progress reports and plans to the Minister to obtain his support and endorsement

1.6.2. Coordination meeting for the regional and district directors (governors and mayors) will be conducted for routine and supplementary immunization activities

2. Maintenance of polio free status (To improve AFP surveillance and AFP rate)

2.1. Arising awareness of health Personnel and clinicians

2.1.1. See key activites # 1.5.4

2.1.2. Clinicians' knowledge will be updated on the improvements of the program through newsletters to be issued twice a year

2.2.3. Posters and stickers for identification of AFP/polio cases will be developed, printed and distributed in all hospitals and policlinics

2.2.Arising awareness related NGO’s, medical associations

2.2.1. Meetings will be held to inform clinicians (pediatricians, neurologists, infectious disease specialists and epidemiologists) and representatives from hospitals, NGO's and Medical associations on AFP surveillance in each region or districts

2.3. Strengthening AFP disease surveillance (epidemiological and laboratory) to timely detect and investigate wild poliovirus associated cases

2.3.1. See key activites # 1.5.1.

2.3.2. See key activites # 1.5.3.

2.3.3. See key activities # 1.5.4.

2.4. Improving Active Surveillance

2.4.1. Supervising surveillance activities on district level by central level

3. Decrease morbidity and prevent measles-related deaths

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

3.1.1. Macro and micro plans for routine immunization activities at each level will be prepared and implemented

3.1.2. Measles and Rubella Elimination and Congenital Rubella Infection Prevention Field Guide will be prepared, printed and distributed to all health care providers.

3.1.3.. To conduct periodic suplementary immunization in the identified high risk and low performing areas among children born after the catch-up campaign

In need

3.2. Increase laboratory confirmation ratio of measles and rubella

3.2.1.Expansion of Laboratory system

3.3. Improving the availability of high-quality, valued information for health professionals and the public on the benefits and risks associated with immunization against measles and rubella

3.3.1. Produce quality and timely information on the benefits immunization and associated risks, and develop key messages to promote immunization according to national needs and priorities

3.3.2. Develop new ways of using media, including the internet, to build public awareness of the benefits of immunization

3.3.3. To prepare and publicize commercial programs to advocate for MMR vaccination

3.4. Obtaining public support to the measles-rubella elimination plan

3.4.1. To prepare educational material for teachers and parents

3.5. Strengthening surveillance systems by vigorous case investigation and laboratory confirmation

3.5.1. To provide training to health care personnel to improve quantity and quality of measles-rubella surveillance data gathered from hospitals

3.5.2. To gather information on a regular basis at the central level

3.5.3. To monitor active surveillance performance

3.6. Detecting measles and rubella outbreaks early, to investigate and confirm outbreaks, and use data to control and prevent outbreaks

3.6.1. To investigate outbreaks and use data to control and prevent outbreaks In need

3.7. Monitoring vaccination coverage rates and accumulation of susceptible individuals closely, and if needed, conducting periodic supplemental vaccination among children born after the catch-up vaccination (follow-up campaign)

3.7.1.To continue evaluating routine vaccination coverage rates.

3.8. Complying with adequate cold-chain and injection safety procedures

3.8.1. To assess problems in vaccine logistics and injection safety

3.9. Reducing missed opportunities and inappropriate contraindication

3.9.1. Training material for health care staff will be produced

3.9.2. Reduce the drop-outs rate through improved management, and social mobilization and communication during immunization contacts, and avoid missed opportunities to vaccinate

2013 2014. Increase DTP3 coverage:

5. Increase HepB3 coverage:

6. Increase DT coverage

7. Increase Td coverage:

8. Decrease BCG-DPT3 drop-out rates: 5% BCG-DPT3 drop-out rate by 2015 at national level

8.1. Increasing public awareness and demand for immunization services

8.1.1. Mass media will be involved to educate the population

8.1.2. Material development and production for social mobilization: Videotapes 3 spots (3-5 minutes); Posters 5000; Brochures 50000; will be produced, printed and distributed for the public

8.2.Providing continuous in-service training for health personnel on immunization services

8.2.1. Training of health personnel from each primary health care unit (approximately 1 day training) by training teams (based on WHO guidelines “Immunization in practice”).

8.3. Strengthening vaccine preventable disease surveillance and developing disease control programs, with special focus on polio eradication, measles-rubella elimination, diphtheria control and hepatitis B control

8.3.1Monitor the quality and performance of coverage and surveillance systems through surveys, monitoring of performance indicators, data quality assessments, and supportive supervision

8.3.2.Routine feedback mechanism will be improved: A newsletter/epidemiological bulletin will be published by the MOH/NCDC and sent to the district level every three months, including latest data and technical information on EPI disease and vaccine

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

8.4. Improving vaccine, immunization and injection safety

8.4.1.see objective # 10

8.5.Ensuring an effective cold chain and logistic system

8.5.1. see objective # 10

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

8.6.1.Steering committee (ICC) will assess the program outcomes and submit annual progress reports and plans to the President and Prime Minister to obtain their support and endorsement

8.6.2.A workshop will be held to introduce the cMYP to all level health managers and EPI managers. In turn, they are expected to prepare their level plans of actions

8.6.3.Workshop with regional governors will be held every year: There will be one day workshop with governors to improve the political support and intersectoral coordination at the regional level on EPI

8.7. Strengthening interpersonal skills of trainers and supervisors in order to improve their training and supportive supervision skills at all levels

8.7.1.A training team will be established in each district and central level. Each training team will be composed of approximately 2 persons (to be defined according to the number of health personnel in the districts).

8.7.2. Training team will be responsible for the development of yearly plans, implementation, monitoring, evaluation and supervision of EPI activities including public relations, training, intersectoral coordination etc.

8.7.8. A manual and checklist will be developed for training teams for supervision and standardization of training

8.7.9.Strengthen the managerial skills of national and district immunization providers and managers and develop and update supervisory mechanisms and tools.

8.8.Strengthening the management, analysis, interpretation, use and exchange of data at all levels

8.8.1.Improve coverage monitoring of vaccines and other linked health interventions and the use of information at district and local levels through strengthening human resource capacity, monitoring the quality of data, improved tools for data compilation, feedback and supervision.

8.8.2.Regularly review indicators of performance in district level, including risk status for vaccine-preventable diseases and use surveillance and monitoring data to advocate for improved access to, and quality of immunization.

8.8.3.Training for to encourage the analysis and use of data collected by health workers at delivery level

8.9.Strengthening intra-and inter- sectoral coordination for health promotion

8.9.1.Steering committee (ICC) will meet quarterly every year and meetings will be held every six months for the rest of the planned period

8.9.2.The program review will include participation of MoH, WHO, UNICEF and will address all aspects of EPI, including service delivery, surveillance, cold chain and logistics, AEFI system and injection safety

8.10.Strengthening immunization programs within the context of health systems development

8.10.1.Duties, powers and responsibilities at each level EPI team will be redefined in accordance with Health Sector

Reforms

8.10.2.Participate actively in collective efforts to shape sector wide policies and programs, while preserving the central role of immunization in the context of sector wide policies and programs

8.10.3.Through regular analysis of district-wide data, document key factors for the success and failure of immunization activities and share these findings with others involved in health systems development

8.11.Ensuring adequate and sustainable financing of national immunization system

8.11.1.Provide timely funding, logistic support and supplies for program implementation in every district

8.12.Reducing missed opportunities and false contraindications and drop-out rates

8.12.1Reduce the number of immunization drop-outs (incomplete vaccination) through improved management, defaulter tracing, and social mobilization and communication during immunization contacts, and avoid missed opportunities to vaccinate.

8.12.2.Existing guidelines for micro planning, reaching the unreached and reducing drop-outs (improving utilization) at health facility and district level will be revised by central team

8.12.3.Relevant training materials for clinicians and health staff will be developed to reducing risks of non-vaccination due to false contraindications and missed opportunities

9. To strengthen an action oriented surveillance system for EPI diseases and achieve disease reduction targets for Vaccine Preventable Diseases and the strengthening of disease response strategies at every level by 2015

9.1.Evaluate the impact of immunizations on the diseases they are meant to prevent

9.1.Disease trends in certain areas, and groups will be analyzed every month by each level that are at high risk of illness or death

9.2.Demonstrate the impact of immunization services on the clinic, district, regional and national level

9.2. Monitor and investigate adverse events

9.2.1.AEFI surveillance and management mechanisms will be strengthened, including training workshops and the development of training materials supported for all areas of immunization safety

9.3.Achieving Political commitment for secure procedures to vaccines procurement

9.3.1.To hold working meeting with the policy makers and technical decision makers

9.3.2.Amount of vaccine, injectables, safety boxes and equipment required will be calculated annually and all expendables will be procured and distributed based on plan developed

10. Immunization program will ensure the safety of vaccination through the setting up of quality control systems at each step from procurement to the point of use

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

10.1.1.Procure vaccines from WHO pre-qualified manufacturers

10.1.2.Follow policy developed by WHO to ensure quality of vaccines procured - Procedures for assessing the acceptability, in principle, of vaccines for purchase by United Nations agencies

10.2.Regular supply of vaccines, cold chain equipment

10.2.1.Ensure that vaccine forecasting system accounts for usual inventory, usage patterns, and anticipated needs at central, district and health center levels

10.2.2.Provide training on vaccine forecasting, storage, and handling at district and health center levels

10.2.3.Provide training on reducing vaccine wastage at health center level consistent with WHO open vial policy

10.2.4. Conduct post training evaluation of level of understanding of open vial policy and wastage reduction practices

10.2.5.Provide additional training as needed and at least annually

10.3.Ensure properly functioning cold chain

10.3.2.Obtain donor support to purchase equipment and supplies to maintain cold chain for republic, central, districts, and health centers

10.3.3.Conduct training at district and clinic level on appropriate procedures for storing vaccines and monitoring cold chain

10.3.4.Conduct post-training evaluation of level of understanding of vaccine storage and cold chain policies

10.4.Establishing and maintaining an effective cold chain and good vaccine handling procedures

10.4.1.Supervision by cold chain managers at each level periodically

10.4.2.Sub-national level cold stores will be monitored and required equipment will be provided to regions lacking identified standards

10.4.3.Replacement of old and broken cold chain equipment at regional and health center level will take place in stages during a period of four years.

10.4.4.Refreshment training for cold chain managers will be conducted once a year

10.4.5.Cold chain stickers, booklets, posters for administration of vaccine and cold chain and a poster showing various stages of VVMs will be developed, printed and distributed to each health center

10.5.Ensuring safety of injections

10.5.1.To conduct a survey to assess of the quality of injection for evidence of risks to patient, provider & community

10.5.2.Advocacy and communication activities for the sustained use of Disposable and AD syringes and safety boxes

10.5.3.Develop training materials/guidelines and train health personnel for increased awareness/knowledge about injection safety

10.5.4.Monitor injection safety through AEFI surveillance

10.5.5.Safety boxes will be used for collection and destruction of used injectables will be monitored

10.6.Strengthen management and revise procedures that will ensure the performance of the quality functions

10.6.1.Training of cold chain managers on vaccine logistics, safe immunization and cold chain

10.6.2.Revision/development of guidelines and training manuals

10.7.Stronger management capacity among immunization, cold chain, and supply manages

10.7.1.To prepare technical documents and training materials (Preparation, adaptation, translation, printing and distribution of technical documents and training materials, based on related WHO documents)

10.7.2.To train managers (conduct EPI Mid-Level Management (MLM) training course for district immunization managers)

10.7.3.To conduct vaccine store management and immunization safety training in poor performing districts

10.8.Long term forecasting for vaccines, cold chain and logistics equipment

10.8.1.To calculate the future resource requirements for vaccines and injection supplies

11. Introduction of new vaccine:

Rotaviral – at 2013

Pneumococcal – at 2014

11.1. Ensuring of proper management and propure of vaccines

11.1.1. Estimation of target groups and ages;

11.1.2. Preparing of Regulations

11.1.3. Renewal of immunization information software (GeoVac) (recording, reporting and etc. forms)

11.1.4. .EPI field guide will be up-graded, printed and will be provided for each health center

11.1.5. Trainings of personnel

11.1.6. Supply of vaccines

11.1.7. Supply of Safe Immunization equipment

11.1.8. Communications campaign

5.9. 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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	BCG AD syringes for BCG	Government
Measles	AD	Government
TT	N/A	N/A
DTP-containing vaccine	AD	Government/GAVI

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

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

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

No obstacles encountered during the safety policy plan implementation

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

At all immunization units already used to utilize AD syringes for vaccination. Thesyringes are collected into safety boxes and immediately after utilization andafterwards then incinerated or buried, or disposed by special services dealing with utilization of solid medical wastes.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Georgia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

Georgia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Request for ISS reward achievement in Georgia is not applicable for 2012

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	203,200	150,200	0	No
Pneumococcal (PCV10)		0	0	No
Rotavirus	107,813	108,000	0	No

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

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

  For penta vaccine it looks that there is some error in the application. 150,200 doses of this vaccine were delivered in country.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

  2-doses pentavalent vaccine presentation looks most optimal option for the NIP of Georgia.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

N/A

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<P><SPAN class=propertyeditor><SPAN id=NVSTimeAndScaleOfIntroNotAsPlanned maxlength="32767" onChange="javascript:fieldModified(this, false);"><SPAN lang=EN-US style="FONT-SIZE: 9pt; BACKGROUND: #bddcff; FONT-FAMILY: 'Arial','sans-serif'; mso-ansi-language: EN-US; mso-fareast-font-family: 'Times New Roman'; mso-fareast-language: RU; mso-bidi-language: AR-SA; mso-no-proof: yes"></SPAN></SPAN></SPAN> </P>

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	N/A

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	18/03/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<P><FONT style="BACKGROUND-COLOR: #bddcff">The implementation of </FONT> Rota vaccination was planed from 2012, but was postponed until 2013, due the <SPAN lang=EN-US style="FONT-SIZE: 11pt; LINE-HEIGHT: 115%; FONT-FAMILY: 'Calibri','sans-serif'; mso-ansi-language: EN-US; mso-bidi-font-family: 'Times New Roman'; mso-fareast-font-family: Calibri; mso-fareast-language: EN-US; mso-bidi-language: AR-SA">organisation and structural system changes at health secftor in all levels.</SPAN></P>

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **November 2013**

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

No PIE was conducted

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

<P><FONT style="BACKGROUND-COLOR: #bddcff">Rotavirus and IBD sentinel surveillance data are reviewed at the ICC meetings and send to the WHO RO on monthly bases. Surveillance data are also included and used in the training package for clinicials and health authorities prior to starting new vaccine introduction process.</FONT></P><P><FONT style="BACKGROUND-COLOR: #bddcff">Sentinel surveillance data were key element for the Ministry of Health in desicison making process regarding introduction of rota and pneumo vaccines in Georgia.</FONT></P>

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)	100,000	164,300
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	100,000	164,300
Total Expenditures in 2012 (D)	4,886	8,028
Balance carried over to 2013 (E=C-D)	95,114	156,272

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

In 2012 were printed WHO recommended modules/presentation for participants rotavirus vaccine introduction training

1.Introduction rotavirus disease and vaccine (2133units) <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

2. Rotavirus vaccine attributes and storage conditions (2133units)

3. Rotavirus vaccine eligibility (2133units)

4.Rotavirus vaccine administration (2133units)

5. Recording and monitoring uptake of rotavirus vaccine (2133units)

6.Rotavirus vaccine AEFI monitoring (2133units)

7. Communicating about rotavirus vaccine with caretakers (2133 units)

8 . Pre-& post - test 4266 (units)

9. Rotarix vaccine annotation (2133 units)

Were Purchased hardware projectors (10) and laptops (5) to conduct rota vaccine introduction trainings

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

No

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

No

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	182,676	53,000
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	51,663	21,000
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	yes	
Donor	no	
Other	no	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	19,032	53,000

Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	March	Gov
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	March	Gov
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	March	Gov
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	no	

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/about/governance/programme-policies/co-financing/

no

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **July 2011**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Georgia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Georgia does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Georgia is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	56,809	62,121	62,372	62,624	243,926
	Number of children to be vaccinated with the first dose	Table 4	#	50,100	50,100	59,877	60,120	220,197
	Number of children to be vaccinated with the third dose	Table 4	#	49,175	49,175	59,253	59,492	217,095
	Immunisation coverage with the third dose	Table 4	%	86.56 %	79.16 %	95.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.01	1.01	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	124,851				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	124,851				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.98	1.82	1.70	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		25.50 %	6.40 %	25.50 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

No

Co-financing tables for DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED

Co-financing group	Graduating

	2012	2013	2014	2015
Minimum co-financing		1.25	1.48	1.70
Recommended co-financing as per APR 2011			1.82	1.99
Your co-financing	0.69	0.98	1.82	1.70

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

		2013	2014	2015
Number of vaccine doses	#	95,700	40,600	68,300
Number of AD syringes	#	105,100	40,800	68,300
Number of re-constitution syringes	#	53,100	22,500	37,900
Number of safety boxes	#	1,775	725	1,200
Total value to be co-financed by GAVI	$	253,500	91,500	176,000

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

		2013	2014	2015
Number of vaccine doses	#	56,300	170,900	132,300
Number of AD syringes	#	61,800	171,900	132,300
Number of re-constitution syringes	#	31,300	94,900	73,500
Number of safety boxes	#	1,050	2,975	2,300
Total value to be co-financed by the Country ^[1]	$	149,000	385,000	341,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	37.04 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	50,100	50,100	18,558	31,542
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	150,300	150,300	55,674	94,626
E	**Estimated vaccine wastage factor**	*Table 4*	1.01	1.01		
F	**Number of doses needed including wastage**	*D X E*	151,803	151,803	56,231	95,572
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2013**	*Table 7.11.1*	124,851			
I	**Total vaccine doses needed**	*F + G – H*		151,903	56,268	95,635
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		166,834	61,798	105,036
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		84,307	31,229	53,078
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		2,788	1,033	1,755
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		309,275	114,561	194,714
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		7,758	2,874	4,884
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		3,120	1,156	1,964
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		1,618	600	1,018
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		78,866	29,214	49,652
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		1,250	464	786
T	**Total fund needed**	*(N+O+P+Q+R+S)*		401,887	148,865	253,022
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		148,865		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		37.04 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	80.84 %			65.96 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	59,877	48,404	11,473	60,120	39,658	20,462
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	179,631	145,212	34,419	180,360	118,973	61,387
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	199,391	161,186	38,205	200,200	132,061	68,139
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	11,897	9,618	2,279	203	134	69
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	211,388	170,884	40,504	200,503	132,260	68,243
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	212,597	171,861	40,736	200,425	132,209	68,216
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	117,321	94,841	22,480	111,280	73,405	37,875
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	3,663	2,962	701	3,460	2,283	1,177
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	430,386	347,919	82,467	398,199	262,669	135,530
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	430,386	7,992	1,894	398,199	6,148	3,172
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	4,341	3,510	831	4,118	2,717	1,401
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	2,125	1,718	407	2,007	1,324	683
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	27,545	22,268	5,277	101,541	66,981	34,560
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	1,636	1,323	313	1,545	1,020	525
T	Total fund needed	*(N+O+P+Q+R+S)*	475,919	384,727	91,192	516,730	340,856	175,874
U	Total country co-financing	*I x country co-financing per dose (cc)*	384,727			340,856		
V	Country co-financing % of GAVI supported proportion	*U / T*	80.84 %			65.96 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	56,809	62,121	62,372	62,624	62,624	306,550
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	47,826	57,610	62,969	168,405
	Number of children to be vaccinated with the third dose	Table 4	#	0	0	44,638	54,409	61,041	160,088
	Immunisation coverage with the third dose	Table 4	%	0.00 %	0.00 %	71.57 %	86.88 %	97.47 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.00	1.00	1.00	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	0					
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	0					
	Number of doses per vial	Parameter	#		2	2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.70	1.58	2.45	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

N/A

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

Co-financing group	Graduating

	2012	2013	2014	2015	2016
Minimum co-financing			0.70	1.40	2.10
Your co-financing			0.70	1.58	2.45

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

		2013	2014	2015	2016
Number of vaccine doses	#	400	145,500	102,700	64,100
Number of AD syringes	#	0	161,100	113,800	71,000
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	1,800	1,275	800
Total value to be co-financed by GAVI	$	1,500	533,000	376,500	235,000

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

		2013	2014	2015	2016
Number of vaccine doses	#	0	34,400	77,900	129,300
Number of AD syringes	#	0	38,100	86,300	143,300
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	425	975	1,600
Total value to be co-financed by the Country ^[1]	$	0	126,000	285,500	474,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0	0
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2013**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		400	0	400
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		1,400	0	1,400
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		42	0	42
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		1,442	0	1,442
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		0.00 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	19.11 %			43.13 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	47,826	9,138	38,688	57,610	24,846	32,764
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	143,478	27,414	116,064	172,830	74,536	98,294
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	143,478	27,414	116,064	172,830	74,536	98,294
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	35,870	6,854	29,016	7,338	3,165	4,173
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	179,748	34,344	145,404	180,568	77,873	102,695
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	199,077	38,038	161,039	199,987	86,248	113,739
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	2,210	423	1,787	2,220	958	1,262
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	629,118	120,204	508,914	631,988	272,555	359,433
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	629,118	1,769	7,489	631,988	4,011	5,289
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	1,282	245	1,037	1,288	556	732
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	18,874	3,607	15,267	18,960	8,177	10,783
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	658,532	125,824	532,708	661,536	285,298	376,238
U	Total country co-financing	*I x country co-financing per dose (cc)*	125,824			285,298		
V	Country co-financing % of GAVI supported proportion	*U / T*	19.11 %			43.13 %		

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	*V*	66.87 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	62,969	42,110	20,859
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	188,907	126,329	62,578
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D X E*	188,907	126,329	62,578
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	4,020	2,689	1,331
H	Stock on 1 January 2013	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	193,327	129,285	64,042
J	Number of doses per vial	*Vaccine Parameter*	2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	214,149	143,209	70,940
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	2,378	1,591	787
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	676,645	452,495	224,150
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	9,958	6,660	3,298
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	1,380	923	457
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	20,300	13,576	6,724
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	708,283	473,652	234,631
U	Total country co-financing	*I x country co-financing per dose (cc)*	473,652		
V	Country co-financing % of GAVI supported proportion	*U / T*	66.87 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	56,809	62,121	62,372	62,624	243,926
	Number of children to be vaccinated with the first dose	Table 4	#	0	36,800	54,220	57,610	148,630
	Number of children to be vaccinated with the second dose	Table 4	#	0	36,800	51,015	54,409	142,224
	Immunisation coverage with the second dose	Table 4	%	0.00 %	59.24 %	81.79 %	86.88 %	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.00	1.00	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	108,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	108,000				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
g	**Vaccine price per dose**	Table 7.10.1	$		2.55	2.55	2.55	
cc	**Country co-financing per dose**	Co-financing table	$		1.10	1.65	2.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

No

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Graduating

	2012	2013	2014	2015
Minimum co-financing	0.55	1.05	1.55	2.05
Recommended co-financing as per APR 2011			1.65	2.20
Your co-financing		1.10	1.65	2.20

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

		2013	2014	2015
Number of vaccine doses	#	55,100	45,600	21,200
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by GAVI	$	147,500	122,000	57,000

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

		2013	2014	2015
Number of vaccine doses	#	38,500	73,200	97,300
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	103,000	196,000	261,000

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	41.08 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	36,800	15,119	21,681
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	0	73,600	30,238	43,362
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	73,600	30,238	43,362
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		18,400	7,560	10,840
H	**Stock on 1 January 2013**	*Table 7.11.1*	108,000			
I	**Total vaccine doses needed**	*F + G – H*		93,500	38,413	55,087
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		238,425	97,954	140,471
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		11,922	4,898	7,024
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		250,347	102,851	147,496
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		102,851		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		41.08 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	61.62 %			82.17 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	54,220	33,413	20,807	57,610	47,336	10,274
C	Number of doses per child	*Vaccine parameter (schedule)*	2			2		
D	Number of doses needed	*B X C*	108,440	66,826	41,614	115,220	94,672	20,548
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	108,440	66,826	41,614	115,220	94,672	20,548
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	8,710	5,368	3,342	1,695	1,393	302
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	118,650	73,118	45,532	118,415	97,297	21,118
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*						
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	302,558	186,451	116,107	301,959	248,108	53,851
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	302,558	0	0	301,959	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	15,128	9,323	5,805	15,098	12,406	2,692
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	317,686	195,773	121,913	317,057	260,513	56,544
U	Total country co-financing	*I x country co-financing per dose (cc)*	195,773			260,513		
V	Country co-financing % of GAVI supported proportion	*U / T*	61.62 %			82.17 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in **2012**

Please complete Table 9.1.3.a and 9.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: **0** US$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both $ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	68766	122228	122164	123484	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	68766	110228	122184	121464	0	0
Total funds received from GAVI during the calendar year (*A*)	69000	119500	122500	0	124500	0
Remaining funds (carry over) from previous year (*B*)	0	33300	120637	26231	15118	124500
Total Funds available during the calendar year (*C=A+B*)	69000	152800	243137	26231	139618	124500
Total expenditure during the calendar year (*D*)	35700	32163	216906	11113	15118	0
Balance carried forward to next calendar year (*E=C-D*)	33300	120637	26231	15118	124500	124500
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	110028	123483	121484	106346	0	0

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	124500	0	0	0
Total Funds available during the calendar year (*C=A+B*)	124500	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	124500	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	114152	195565	202792	208688	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	114152	176365	202825	201630	0	0
Total funds received from GAVI during the calendar year (*A*)	115230	191200	211068	0	205425	0
Remaining funds (carry over) from previous year (*B*)	0	53280	191935	43932	25373	205425
Total Funds available during the calendar year (*C=A+B*)	115230	144480	403003	43932	230798	205425
Total expenditure during the calendar year (*D*)	56763	51461	359071	18559	25373	0
Balance carried forward to next calendar year (*E=C-D*)	58467	193019	43932	25373	205425	205425
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	174944	207421	201663	319153	0	0

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	205425	0	0	0
Total Funds available during the calendar year (*C=A+B*)	205425	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	205425	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Report of Exchange Rate Fluctuation

Please indicate in the table Table 9.3.c below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	1.71	1.59	1.66	1.66	1.77	1.64
Closing on 31 December	1.59	1.66	1.68	1.77	1.67	1.64

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

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

Fundsfrom GAVI are receiving to the account of the National Center for DiseaseControl and Public Health (NCDC), as a designated agency by the MoLHSA.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Account of the NCDC is opened at commercial bank.

Finds for activities are transferred from central (NCDC) to sub-national levels tothe bank accounts of District Centers of Public Health (CPH).

The CPHs report financial and technical performance of activities to the NCDC, andNCDC sends financial reports to the MoLHSA and the Ministry of Finance.

The NCDC monitors performance of sub-national level through the supervision visitsas well.

All financial expenditures at the NCDC are monitored by Governmental AccountingAgency.

The ICC approves APR with the information about financial expenditures, and fundingrequests for the next calendar year. Any possible changes in planned activities to be discussed at the ICC.

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**

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

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

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

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

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Objective 2:	Increase knowledge and skills of public health specialist at the local (district) level	3144	0			0

Objective 3:	Supportive supervision made by district public health specialists for PHC team.Supportive supervision from central level to district public health specialists	57220	0			0
Objective 4:	Increase knowledge and skills of medical personnel of primary health care providers	51120	0			
Objective5:	Improve capacity of PH institutions of deliver services; Streamline the supply of vaccines and injection materials and ensuring smooth operation of cold chain (Meintenace)	8040	0			
Management cost	Project manager (salary)	4976	0			
		124500	0			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
		0			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

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

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

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

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?4

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

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

Georgia is not reporting on GAVI TYPE A CSO support for 2012

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

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

Georgia is not reporting on GAVI TYPE B CSO support for 2012

11. 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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS)** AND **NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	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

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature.jpg File desc: Signature of Depute Minister of Health Date/time: 5/15/2013 5:58:28 AM Size: 448488
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature.jpg File desc: Signature of Director General NCDC%PH,responsible of financial operations Date/time: 5/15/2013 5:58:57 AM Size: 448488
3	Signatures of members of ICC	2.2	✓	ICC signature.docx File desc: ICC signature Date/time: 5/15/2013 7:28:27 AM Size: 427030
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	ICC_HSS minute.docx File desc: Date/time: 5/15/2013 7:59:42 AM Size: 25055
5	Signatures of members of HSCC	2.3	✗	HSCC signature.docx File desc: HCSS signature Date/time: 5/15/2013 7:28:59 AM Size: 466183
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	ICC_HSS minute.docx File desc: Date/time: 5/15/2013 8:00:20 AM Size: 25055
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	Not aplicable.docx File desc: N/A Date/time: 5/8/2013 9:56:27 AM Size: 12742
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	Not aplicable.docx File desc: N/A Date/time: 5/8/2013 9:13:19 AM Size: 12742
9	Post Introduction Evaluation Report	7.2.2	✓	Not aplicable.docx File desc: N/A Date/time: 5/8/2013 9:13:43 AM Size: 12742
				NVS.jpg

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	File desc: Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health Date/time: 5/13/2013 9:01:58 AM Size: 352217
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	Not aplicable.docx File desc: N/A Date/time: 5/8/2013 9:14:04 AM Size: 12742
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM_29 11 2011_TK.docx File desc: EVM_29 11 2011 Date/time: 5/8/2013 9:12:01 AM Size: 4140947
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Final_improvement plan geo 27sept 2011.doc File desc: Final_improvement plan geo 27sept 2011 Date/time: 5/8/2013 9:12:38 AM Size: 86528
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Recommendations of EVM Follow Up Assessment.docx File desc: Recommendations of EVM Follow Up Assessment Date/time: 5/8/2013 9:48:42 AM Size: 18463
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	Not aplicable.docx File desc: N/A Date/time: 5/8/2013 9:14:28 AM Size: 12742
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	Not aplicable.docx File desc: N/A Date/time: 5/9/2013 3:18:00 AM Size: 12742
17	Valid cMYP if requesting extension of support	7.8	✗	cMYP Georgia 2012-2016 28.05.11 ES.doc File desc: cMYPGeorgia 2012-2016 Date/time: 5/8/2013 10:04:17 AM Size: 1426944
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP_Costing_Scenario-Basic.xls File desc: cMYP costing scenario-basic Date/time: 5/8/2013 10:20:57 AM Size: 3551744

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	HSS.jpg File desc: Date/time: 5/14/2013 5:45:34 AM Size: 344198
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Not aplicable.docx File desc: N/A Date/time: 5/14/2013 5:43:06 AM Size: 12742
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	Not aplicable.docx File desc: Date/time: 5/8/2013 9:15:55 AM Size: 12742
22	HSS Health Sector review report	9.9.3	✗	Not aplicable.docx File desc: N/A Date/time: 5/8/2013 9:54:38 AM Size: 12742
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	Not aplicable.docx File desc: N/A Date/time: 5/8/2013 9:15:55 AM Size: 12742
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	✗	Not aplicable.docx File desc: N/A Date/time: 5/8/2013 7:59:33 AM Size: 12742
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	✗	Not aplicable.docx File desc: N/A Date/time: 5/8/2013 7:59:04 AM Size: 12742
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Component.main.0.265.OpenFile.pdf File desc: Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012 Date/time: 5/14/2013 4:53:11 AM Size: 641108