Document up-dated in May 2009

Country: Georgia

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	Round	Time Period		Total Budget App. By Board USD	Approval Track	Total Amt Disb-ed up to last date	Last Disburse-ment Date
		HSS Prop.	Nat. Health Plan				
GEO	2	2007-2010	2007-2011	435,500	**First Submitted**: *02.03.07* **App. W conditions**: *n.a.* **Not approved**: *n.a.* **Resubmitted**: *n.a.* **First Approval**: *12.05.07*	188,500	29.01.09

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

On-going health reforms at national and local levels are aimed at privatising health care providers and allocating state funds primarily on public health and coverage of the poor with essential health care services (including primary and secondary care). A major task will be the strengthening of the immunisation programme so as to greatly improve national immunization coverage.

Proposal Goals

To increase immunization coverage and its sustainability through health reforms at the national and rayon levels which involve:

- the institutionalization of planning;
- improved delivery capacity;
- increased professional skills at the local level; &
- better supervision of local health facilities

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• Increased performance of professionals through improving knowledge and skills • Improved service delivery due to better performance of health care providers and quality of health care; • Improved effectiveness and efficiency through the introduction of supportive supervision, strengthened managerial capacity; and streamlining the supply of vaccines and injection materials	---------

Document up-dated in May 2009

SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational Insufficient planning and management of resources – especially affecting low performing districts and remote areas.	-------	---	---
Human Resource Development/Performance Management. • Lack of medical professionals, low motivation, and inadequate knowledge and skills of medical professionals at the PHC in districts → coverage population of the population in hard to reach (usually remote mountainous areas; • Non-availability of guidelines on post-vaccination complications and the corresponding training of physicians in medical organizations.	• Integrate motivation mechanisms into state health programs; • Assess the impact of the motivation mechanisms on the effectiveness and efficiency of immunization; • Develop, adapt, formalize and reflect in the public health specialist curriculum guidelines on post-vaccination reactions and complications, supportive supervision, and essential management; • Develop an immunization specific training curricula for PHC medical personnel; and integrate into the overall PHC training program • Develop guidelines for waste management, endorse and integrate into the training Curriculum. • Organize and conduct the training	**770,870**	76.2
Drugs, Equipment, Supplies, Facilities	• Develop district level vaccine supply and stock management plans; • Purchase a truck with cross-country capacity to ensure timely delivery of vaccines to remote (mountainous) areas	**65,336**	6.4
Monitoring and Evaluation • Inadequate analysis of immunisation - related information at the health care provider and public health management levels → poor analysis of coverage at health facility and rayon levels, and weak tracking of newborn from birth at maternity; Weak supportive supervision.	• Introduce supportive supervision at the district level public health departments and primary health care providers; • Provide co-financing of and eventually integrate the supportive supervision	**132,700**	13.2
Overheads	Management of HSS	**42,000**	4.2
TOTALS		**1,010,906**	**100.00**

These figures are based on the Budgets provided b y the country.

Health financing Gap: For Immunisation programme: USS$ 5,158,182 = 52% [2007-2010].

Document up-dated in May 2009

SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values 2008	Final Targets 2010	Expected Source of Data/Information
Outcomes/Outputs:			
• DPT3	92%	95%	• Medical Statistics Annual Report; • Public Health Institution (district and national) annual performance reports; • Project Implementation reports will provide the data.
• Drop out rate	5%	5%	
• Share of districts with DTP3 coverage <80%	10%(2007)	0%	
• U5MR/100,000 pop.	550	546	
• # of trainers prepared	144	24	
• # of training (training of public health specialists) sessions conducted	6	1	
• # of participants (public health Specialists) as a % of planned per year	144 (100%)	24 (100%)	
• Availability of implementation plan	Yes	Yes	
• # of supportive supervision visits conducted (at provider's level)	426	1074	
• Supportive supervision visits conducted as a % of planned per year	21 (100%)	22 (100%)	
• # of training (family physicians, nurses) sessions conducted	58	58	
• # of participants (family physicians, nurses)	1392	1392	
• # of participants (family physicians, nurses) as a % of planned	1392 (100%)	1392 (100%)	
• # and % of districts with vaccine supply and stock management plans	65 (100%)	65 (100%)	
• # and % of PHC specialists (family physicians, nurses) with high performance of preventive services	1392(33.3%)	4176 (100%)	
• # and % of public health specialists applying acquired skills	144 (100%)	144 (100%)	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: Health Sector Co-rd Cttee., with the Sectoral Planning Division-MLHSA.

Channelling/Management of funds: MoLHSA. Funds will be transferred the bank account of the NCDC in accordance with the Georgian legislation. NCDC will be accountable to the Health Sector Coordination Committee. External audits will be carried out by the Control Chamber of Georgia

Strategies proposed for sustainability of activities: No problem anticipated unless there is an unexpectedly high turnover of health professionals.

Collaboration with/ Involvement of other organisations in

i) *Proposal Design & Planning*: UNICEF, WHO, USAID

ii) *Proposal Management*: None stated

iii) *Proposal Implementation:* USAID, EU, WHO, World Bank, UNICEF:- General oversight and collaboration

Other Financial Support for HSS: UNICEF provides support for Capacity building & training; No $$ figs. stated

Document up-dated in May 2009