



GAVI Alliance

Annual Progress Report **2012**

Submitted by
The Government of
Guyana

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 3:27:58 PM**

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	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 3 -dose schedule	Rotavirus, 3 -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	No	No	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	No	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 **Guyana** 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 **Guyana**

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	Mr Leslie Cadogan	Name	Dr Ashni Singh
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Dr Janice Woolford	MCH/EPI Officer	592-22-73509	jwoolford@health.gov.gy
Ms Karen Yaw	Head , Planning and Expenditure Unit	592-225-4407	kyaw@health.gov.gy

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
Dr Shamdeo Persuad	Ministry of Health		
Dr Janice Woolford, MCH/EPI officer	Ministry of Health		

Mr G Parker	Ministry of Finance		
Ms Karen Yaw, Head of Planning Unit	Ministry of Health		
Dr Beverley Barnett, PWR, Guyana	PAHO/WHO		
Dr Suleiman Braimoh, UNICEF Representative	UNICEF		

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

All comments will be treated confidentially

Comments from Partners:

The ICC will support the Immunization programme in order for it to achieve its goals and targets.

Comments from the Regional Working Group:

non applicable

2.3. HSCC signatures page

Guyana is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

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

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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	
	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
Total births	14,074	14,698	14,074	14,074	14,074	14,074	14,074	14,074
Total infants' deaths	221	198	221	221	221	221	221	221
Total surviving infants	13853	14,500	13,853	13,853	13,853	13,853	13,853	13,853
Total pregnant women	13,437	14,580	13,437	13,437	13,437	13,437	13,437	13,437
Number of infants vaccinated (to be vaccinated) with BCG	13,437	14,203	13,437	13,437	13,437	13,437	13,437	13,437
BCG coverage	95 %	97 %	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	13,160	14,116	13,160	13,160	13,160	13,160	13,160	13,160
OPV3 coverage	95 %	97 %	95 %	95 %	95 %	95 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	14,100	14,406	14,100	14,100	14,100	14,100	14,100	14,100
Number of infants vaccinated (to be vaccinated) with DTP3	13,160	14,127	13,160	13,160	13,160	13,160	13,160	13,160
DTP3 coverage	95 %	97 %	95 %	95 %	95 %	95 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	16,864	13,614	13,437	13,437	13,437	13,437	13,437	13,437
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	16,864	13,120	13,437	13,437	13,298	13,298	13,298	13,298
Pneumococcal (PCV13) coverage	96 %	90 %	96 %	97 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	0	0	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1	1.05	1	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	13,437	13,729	13,437	13,437	13,437	13,437	13,437	13,437

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	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
Number of infants vaccinated (to be vaccinated) with 3 dose of Rotavirus	13,437	13,133	13,437	13,437	13,298	13,298	13,298	13,298
Rotavirus coverage	96 %	91 %	96 %	97 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	0	0	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1	1.05	1	1.05	1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 3-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	0	13,916	0	0	0	0	0	0
Measles coverage	0 %	96 %	0 %	0 %	0 %	0 %	0 %	0 %
Pregnant women vaccinated with TT+	0	14,196	0	0	0	0	0	0
TT+ coverage	0 %	97 %	0 %	0 %	0 %	0 %	0 %	0 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	7 %	2 %	7 %	7 %	7 %	7 %	7 %	7 %

** 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): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

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**

There were no changes to the estimated targets for births. However in 2012, the figures for infants deaths and total births are preliminary data to the time of reporting. Please also note that the number of births and deliveries exceeded the target for 2012.

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

There was no change to the target

- 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.**

There are no changes to the targets by vaccines

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

There are 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:

The National cold room continues to function to its capacity. The Ministry of Health has employed a cold chain maintenance officer for the National Cold Room. Vaccination campaign activities were conducted nationwide in the month of April 2012 to sensitize the public on the importance of vaccination. New brochures were done for the introduction of the Rotavirus and PCV 13 vaccines. Training was completed for the new vaccines and intense social mobilization activities conducted. We have achieved 90% for the new vaccines coverage due to the efforts of the health workers to ensure the tasks are completed in a timely manner.

Challenges include logistical difficulties to reach remote areas with vaccine shipments on a timely basis. To address these issues direct contact was made with the sub-districts focal point where vaccines were shipped directly to the remote areas.

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

Targets were met for all routine vaccines that is BCG, Polio, Pentavalent. For the new vaccines, we would want to achieve a target of over 95%. We still have logistical difficulties in hinterland regions. We are planning to have intensive efforts in these regions during vaccination week. Campaign activities will also be planned to ensure that the hinterland regions achieve their targets. In addition, the age restriction on the Rotavirus vaccines has been lifted, so we are expecting to see an increase in coverage especially in remote areas.

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?

The new WHO Child Health Immunization charts for the males and females were developed and in use and the data at the primary levels are being collected according to the sex.

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? **Yes**

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/>)

There are no apparent gender related barriers to access immunization services. These are free and accessible to all the persons regardless of sex.

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)

Survey data is different from routine services immunization data. Routine data is actual data collection and survey data draws on a sample and makes inference for the entire population

* 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.

On receipt of regional data, this is checked and verified by the Nursing Officer before it is tabulated. The date and time this is received is also stamped and noted. Three EPI evaluations meetings are held per year where all the regions review the data and coverage. Feedback information is provided to the regions on the national and regional immunization coverage.

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.

New EPI monitoring tools were prepared and is currently being used as a evaluation tools in the regions. This tool provides guidelines on the process of data input, data flow, feedback and the need for further action based on the information received.

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\$ = 206	Enter the rate only; Please do not enter local currency name
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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	NA	NA	NA
Traditional Vaccines*	793,495	793,495	0	0	0	0	0	0
New and underused Vaccines**	604,409	0	604,409	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	1,385	0	1,385	0	0	0	0	0
Cold Chain equipment	12,963	7,280	5,683	0	0	0	0	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	759,679	744,627	3,871	0	11,181	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	2,171,931							
Total Government Health		1,545,402	615,348	0	11,181	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

This is non applicable

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

non-applicable

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

All GAVI funds are managed by PAHO/WHO which has its own financial management systems, as per regulations of PAHO/WHO and the international Public Sector Accounting Standards(IPAS), in addition to being subject to internal and external audits. Expenditure of the GAVI funds is done according to the ICC approved workplan.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

Please attach the minutes (**Document n° 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](#)

ICC 's recommendations are that the overall expenditures and financing be continued to be managed by PAHO/WHO and the baseline targets remain the same as stated in the report

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Rotary International

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

- To increase and maintain the national immunization coverage for routine and new vaccines to at least 95%
- Promote equal access to vaccination in remote areas by organization of immunization campaign and mop up activities
- To maintain the potency and quality of the vaccines through procuring adequate cold chain supplies and equipment for all regions.
- Conduct EPI social mobilization activities for the general public on the importance of vaccination

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 Syringe 26 gauge by 3/8	government
Measles	Reconstituted 25 gauge by 5/8	government
TT	Reconstituted and AD syringes	government
DTP-containing vaccine	AD syringes	government

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

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

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

The final disposal of needles and syringes need to be strengthened in all regions.

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

Sharps wastes are collected in safety boxes from all health facilities and taken to the Georgetown Hospital Medical Waste Disposal unit. For areas outside of the catchment, the waste is collected and final disposal is taken to the approved De MontFort Waste disposal system (small incinerators) located in several regions. The system for final disposal needs expansion.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	5,500	1,113,750
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	5,500	1,113,750
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	5,500	1,113,750

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

Health sector funds has been included in the immunization plan . This funds will be used to do vaccination mop up campaigns during the year and strenghten the national cold chain.

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

PAHO/WHO uses commerical banks. All GAVI funds are managed by PAHO/WHO which has its own internal financial management systems, as per regulations of PAHO/WHO and the International Public Sector Accounting Standards (IPSAS), in addition to being subject to internal and external audits. Expenditure of the GAVI funds is done according to the ICC approved work-plan

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

These funds were not ultised in 2012 but are curently been used in this current year for vaccination mop up activities.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

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

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Guyana 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?
Pneumococcal (PCV13)	55,931	60,300	0	No
Rotavirus	38,940	39,700	15,000	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? ...)

Rotavirus vaccines doses were postponed in 2012 because of the excessive stock levels that reflected from the previous years. This was also hindered by the fact that the vaccines was initiated in phases ,so the utilization of the intended doses did not occur. Coupled with the age restriction factor to 32 weeks. The ICC endorsed the lifting of the age restriction as recommended by WHO to 24 months. Despite these issues, the programme successfully managed to increase the coverage of RV to 90% in 2012

- 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.

We have looked at the anticipated usage in order to ensure timely vaccine shipments by the EPI Revolving Fund

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.

no stocks outs were reported

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:

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	Yes	18/01/2012
Nationwide introduction	Yes	25/08/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The PCVs vaccines arrived later than planned

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	Yes	01/09/2011
Nationwide introduction	Yes	01/01/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The RV vaccines arrived later than planned

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

The planned December 2012 evaluation did not occur due to human resources constraints and logistical difficulties

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

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? **No**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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? **No**

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:

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)	0	0
Remaining funds (carry over) from 2011 (B)	11,190	2,265,975
Total funds available in 2012 (C=A+B)	11,190	2,265,975
Total Expenditures in 2012 (D)	9,554	1,932,916
Balance carried over to 2013 (E=C-D)	1,636	333,059

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

Activities included strengthening the cold chain at the national and regional level with the procurement of vaccine carriers,igloos and refrigerators for the areas in need. Attention was also paid to the low coverage regions through the assistance of vaccine campaign activities ,monitoring and supervision of these areas.

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

Logistics challenges in hinterland regions may cause difficulties in the obtaining timely shipment of vaccines. However, with good coordination efforts between the communities in these areas through radio and telephone contact we are able to ensure the vaccine shipment is timed with the actual vaccination campaign activities.

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

this fund was closed at the end of 2012

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: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	29,152	5,400
Awarded Vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	7,957	1,400
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	government funding	
Donor		
Other		
	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: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	20,839	59,000
Awarded Vaccine #2: 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: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	government
Awarded Vaccine #2: Rotavirus, 1 dose(s) per vial, ORAL	June	government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

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/>

non-applicable

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? **September 2009**

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? **Yes**

If yes, provide details

- The new WHO growth charts were implemented and is being monitored in all regions.
- The new supervisory tools is now being implemented in all regions .
- HPV vaccines was implemented as a pilot for young females from 10-13 yrs in selected regions.

When is the next Effective Vaccine Management (EVM) assessment planned? **March 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Guyana does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Guyana 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 Guyana 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 **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	14,500	13,853	13,853	13,853	56,059
	Number of children to be vaccinated with the first dose	Table 4	#	13,614	13,437	13,437	13,437	53,925
	Number of children to be vaccinated with the third dose	Table 4	#	13,120	13,437	13,298	13,298	53,153
	Immunisation coverage with the third dose	Table 4	%	90.48 %	97.00 %	95.99 %	95.99 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	2,200				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	2,200				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.97	1.78	2.63	
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	%		6.00 %	6.00 %	6.00 %	
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.

there was no difference in the stock

Co-financing tables for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

Co-financing group	Graduating
--------------------	------------

	2012	2013	2014	2015
Minimum co-financing	0.30	0.97	1.60	2.24
Your co-financing	0.34	0.97	1.78	2.63

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

		2013	2014	2015
Number of vaccine doses	#	31,300	23,600	13,300
Number of AD syringes	#	33,300	23,900	13,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	375	275	150
Total value to be co-financed by GAVI	\$	118,000	89,000	50,500

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

		2013	2014	2015
Number of vaccine doses	#	10,900	21,200	30,900
Number of AD syringes	#	11,600	21,500	31,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	150	250	350
Total value to be co-financed by the Country ^[1]	\$	41,000	79,500	116,500

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID** (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	25.75 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	13,614	13,437	3,461	9,976
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	40,842	40,311	10,383	29,928
E	Estimated vaccine wastage factor	Table 4	1.00	1.00		
F	Number of doses needed including wastage	$D \times E$	40,842	40,311	10,383	29,928
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		0	0	0
H	Stock on 1 January 2013	Table 7.11.1	2,200			
I	Total vaccine doses needed	$F + G - H$		42,111	10,846	31,265
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		44,746	11,525	33,221
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		497	129	368
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		147,389	37,960	109,429
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		2,081	536	1,545
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		289	75	214
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		8,844	2,278	6,566
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		158,603	40,848	117,755
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		40,848		
V	Country co-financing % of GAVI supported proportion	U / T		25.75 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)**

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	47.29 %			69.88 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	13,437	6,355	7,082	13,437	9,390	4,047
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	40,311	19,065	21,246	40,311	28,169	12,142
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	42,327	20,018	22,309	42,327	29,578	12,749
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	504	239	265	0	0	0
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	44,631	21,108	23,523	44,127	30,836	13,291
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	45,305	21,427	23,878	44,746	31,268	13,478
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	503	238	265	497	348	149
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	156,209	73,877	82,332	154,445	107,924	46,521
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	156,209	997	1,110	154,445	1,455	626
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	292	139	153	289	202	87
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	9,373	4,433	4,940	9,267	6,476	2,791
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	167,981	79,444	88,537	166,082	116,056	50,026
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	79,444			116,055		
V	Country co-financing % of GAVI supported proportion	U / T	47.29 %			69.88 %		

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	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
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	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

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	#	14,500	13,853	13,853	13,853	56,059
	Number of children to be vaccinated with the first dose	Table 4	#	13,729	13,437	13,437	13,437	54,040
	Number of children to be vaccinated with the third dose	Table 4	#	13,133	13,437	13,298	13,298	53,166
	Immunisation coverage with the third dose	Table 4	%	90.57 %	97.00 %	95.99 %	95.99 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	25,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	25,000				
	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	\$		5.30	5.30	5.30	
cc	Country co-financing per dose	Co-financing table	\$		1.18	2.21	3.24	
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 %	

		2013	2014	2015
Number of vaccine doses	#	8,700	17,200	25,000
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]	\$	48,500	96,000	139,000

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 %	21.20 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	13,729	13,437	2,850	10,587
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	41,187	40,311	8,548	31,763
E	Estimated vaccine wastage factor	Table 4	1.00	1.00		
F	Number of doses needed including wastage	D X E	41,187	40,311	8,548	31,763
G	Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0
H	Stock on 1 January 2013	Table 7.11.1	25,000			
I	Total vaccine doses needed	F + G – H		40,761	8,643	32,118
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)		216,034	45,808	170,226
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)		10,802	2,291	8,511
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)		226,836	48,098	178,738
U	Total country co-financing	I x country co-financing per dose (cc)		48,098		
V	Country co-financing % of GAVI supported proportion	U / T		21.20 %		

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	39.71 %			58.22 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	13,437	5,337	8,100	13,437	7,824	5,613
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	40,311	16,009	24,302	40,311	23,470	16,841
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	42,327	16,810	25,517	42,327	24,644	17,683
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	504	201	303	0	0	0
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	43,281	17,189	26,092	42,777	24,906	17,871
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$						
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	229,390	91,097	138,293	226,719	131,999	94,720
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	229,390	0	0	226,719	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	11,470	4,556	6,914	11,336	6,600	4,736
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	240,860	95,652	145,208	238,055	138,598	99,457
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	95,652			138,598		
V	Country co-financing % of GAVI supported proportion	U / T	39.71 %			58.22 %		

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	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
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	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
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)

Guyana is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

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

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

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

Guyana 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

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

Guyana 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

The ICC endorses the GAVI report and will continue to support the immunization programme

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		Ministry of Health signature 2012 .pdf File desc: Date/time: 5/13/2013 1:55:40 PM Size: 362108
2	Signature of Minister of Finance (or delegated authority)	2.1		Ministry of Finance and Health Signature Guyana 2013 .pdf File desc: Date/time: 5/23/2013 11:57:38 AM Size: 367485
3	Signatures of members of ICC	2.2		ICC signatures 2012 .pdf File desc: Date/time: 5/13/2013 1:56:01 PM Size: 481057
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		minutes of ICC in 2013 .pdf File desc: Date/time: 5/13/2013 1:56:22 PM Size: 1471919
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		attachment GAVI report .docx File desc: Date/time: 5/13/2013 1:58:24 PM Size: 9946
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		Financial Summary for ISS funds.docx File desc: Date/time: 5/3/2013 9:56:21 AM Size: 15420
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		GAVI Grant_387010_ISS_2012 report.pdf File desc: Date/time: 5/3/2013 9:55:33 AM Size: 389819
9	Post Introduction Evaluation Report	7.2.2		attachment GAVI report .docx File desc: Date/time: 5/13/2013 1:58:36 PM Size: 9946
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		NEW GAVI funds NVS 2012x.docx File desc: Date/time: 5/3/2013 10:12:16 AM

				Size: 16023
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		GAVI Grant_387011 2012 report.pdf File desc: Date/time: 5/3/2013 9:57:24 AM Size: 400753
12	Latest EVSM/VMA/EVM report	7.5		Document# 12 ; Vaccine Management Assessment - GUY summary evalauation September 2008 [1].doc File desc: Date/time: 4/29/2013 2:42:16 PM Size: 72704
13	Latest EVSM/VMA/EVM improvement plan	7.5		Document 13 Improvement plan updated April 2013 docx.docx File desc: Date/time: 4/29/2013 2:42:32 PM Size: 24822
14	EVSM/VMA/EVM improvement plan implementation status	7.5		Document 14 Progress report Guyana April 2013 docx.docx File desc: Date/time: 4/29/2013 2:42:58 PM Size: 25991
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		attachment GAVI report .docx File desc: Date/time: 5/13/2013 1:58:55 PM Size: 9946
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		GAVI attachment on bank statement .docx File desc: Date/time: 5/13/2013 2:25:56 PM Size: 10461