Joint appraisal report

When submitting this report, the country confirms that the grant performance framework has been reviewed as part of this joint appraisal. Performance against agreed metrics has been analyzed, and explained where relevant.

Country	Guyana
Reporting period	*1st January -31 December 2015*
Fiscal period	*August 2015- August 2016*
If the country reporting period deviates from the fiscal period, please provide a short explanation	
Comprehensive Multi Year Plan (cMYP) duration	*EPI cMYP 2017-2021*
National Health Strategic Plan (NHSP) duration	*Health Vision 2020*

1. SUMMARY OF RENEWAL REQUESTS

[These tables will be pre-populated by the Gavi Secretariat. If there are any changes to be made, this should be discussed as a group during the joint appraisal and flagged in the report – see the guidance document for more details]

Programme	Recommendation	Period	Target	Indicative amount paid by Country	Indicative amount paid by Gavi
NVS – *I PV in the current presentation*	*Extension*	*2017*	*N/A*	*US$*	*US$*

NB: The current presentation is not the choice of the country since the preference is single dose but will continue to use what is available.

Indicate interest to introduce new vaccines or HSS with Gavi support*	Programme	Expected application year	Expected introduction year
	HPV	*2016*	*September 2017*

**Not applicable for countries in final year of Gavi support*

2. COUNTRY CONTEXT *(maximum 1 page)*

This section does not need to be completed for joint appraisal update in interim years

[If relevant, comment only on any changes since the previous joint appraisal to key contextual factors that directly affect the performance of Gavi grants – see guidance document for more details]

In May, 2015 the Guyana experienced a change in Government after the national elections, this was directly translated to a change in the officials responsible for the Ministry of Health (now Ministry of Public Health) as well as the Ministry of Finance. The new appointment therefore dictated that there was a period of transition for the incoming officers.
Due to the change in government the national budget for 2015 was read and debated in the month of August. Though funding was available the entire programme budget was not official, this therefore affected some programmatic activities.

According to the WHO UNICEF Joint Reporting Report for 2015, GAVI financial contribution to the EPI programme in Guyana represented 18 % of the total vaccine funds and 11 % of the national immunization budget for 2015. The government contribution of new and routine vaccines accounts to 89 %. Budgeting for EPI is included as a line item in the national budget.

Since the country will be fully self-financing all Gavi supported vaccines (except IPV) as of 2017, the amount the government is expected to fund in 2017 has been taken into account into the National budget. The expected improved outcome is a reduction in the number of childhood morbidity and mortality from Rotavirus diarrheal diseases and respiratory infections due to pneumococcal diseases.

3. GRANT PERFORMANCE AND CHALLENGES *(maximum 3-4 pages)*

Describe only what has changed since the previous year's joint appraisal. For those countries conducting the joint appraisal 'update', only include information relevant to upcoming needs and strategic actions described in section 5

3.1. New and underused vaccine (NVS) support

3.1.1. Grant performance, lessons and challenges

[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: programmatic performance of each vaccine programme against approved targets and planned activities, including progress and bottlenecks in implementation; actual versus planned financial expenditure, associated challenges, proposals for using unspent funds, and complementarity between all cash grants]

-Introduction of IPV
IPV proposal was prepared and approved in April 2015. VIG/IPV cash support funding received was $99,980. In keeping with the Global Polio Endgame Plan, one dose of Inactivated Polio Vaccine (IPV) with GAVI support commenced on the 1 September 2015.
During the period from October to December 2015, a total of $26,984. Three days training on the IPV was conducted in Regions 1, 2, 3, 4, 5, 6 and 7. A total of 194 health workers were trained. Preparation of the IPV materials and printing was also done. These materials were used during the trainings in the different regions. Adjustments of the EPI reporting form was also completed during this time.

From the period January to August 2016, the following activities were completed:

1) *One day training with national stakeholders on the IPV Introduction plan*
2) *Regional trainings on the vaccine switch from tOPV to bOPV was completed.*
3) *Production of 700 training booklets on IPV.*
4) *Updated the immunization schedule and printing of 500 copies to include IPV.*
5) *Updated and printed the immunization brochures on polio.*
6) *Cold Chain capacity for the enhancement of IPV, procure one Refrigerator for Region 1, Baramita and two others for Region 4 with stabilizers and voltage regulators.*

For 2015 the EPI programme experienced a short period of stock out of the IPV vaccine which

was due to delayed arrival of the vaccine this however did not cause any major interruption of the programme since several strategies were implemented to ensure that the coverage was not affected. Such strategies included outreach activities to catch infants who were not vaccinated as well as a look at the procurement of the vaccine to adjust the quarterly requests. Also house to house vaccination, pooling of children who have missed vaccination, reviewing of the under 5 registers for defaulters and use of the CARPHA monitoring tool to assess the cumulative percentage gained against the targets to be achieved.

In addition, switching of tOPV to bOPV was completed in April 2016. Presently, there is a balance of $7,305 of the IPV VIG up to 31 August 2016.

(Please note that the PAHO Financial Report for 2015 has been already uploaded to the GAVI portal. An annual official financial report for 2016 will be submitted within 6 months of the end of the calendar year).

Equity access analysis that shows any socio-economic, geographic or gender barriers to health

Guyana's Health Vision 2020 addresses not only EPI but of creating equity in health by improving access to quality health care for the poor, geographic and gender barriers to health as well the indigenous population in remote villages. In its efforts to provide universal vaccination coverage, the programme prioritizes investments in those areas where vaccination coverage (and often health status in general) are lowest. For example, the Multi-Year Plan 2017-2021 focuses on activities and funding on improving coverage in remote and hinterland communities, primarily inhabited by Amerindians with limited economic opportunities and severely limited health care access. In addition, the health sector has implemented the Package of Publicly Guaranteed Services which will ensure equity access at all levels of the health care system to remove the barriers of health care. This package reviews the available services at each level of care ensuring access to the very remote and hard to access areas.

In an effort to improve equity in access to vaccination services, assessment of the readiness and availability of immunization services was conducted in two hinterlands: Region 1, Baramita, and Region 7, Upper Mazaruni. During this assessment, the following was noted: cold chain, supply and logistics; infrastructure; EPI documentation; target settings; human resources management. Follow up visits were carried out, and similar exercises will be conducted in other targeted hinterland districts.

Progress of introduction actual versus planned

The progress of introduction with regards to the actual versus planned of new vaccines (RV and PCV 13 vaccines) have been progressing satisfactory. However, there was an initial delay in the execution of the planned activities for the transitional plan since there were difficulties in the PMIS system. However, this issue is being resolved.

With reference to IPV, VIG process is satisfactory and it is expected that all the funds will be utilized prior to the end of 2016.

Status of implementation of IRC recommendations*.*

- *There were no IRC recommendations in 2014.*

- Status of surveillance activities

EPI Surveillance is maintained for poliomyelitis, tetanus including neonatal and adult, diphtheria, whooping cough (pertussis), tuberculosis and yellow fever. Since 1962, Guyana has maintained a polio free status. Since 1991, there was no reported case of Measles. The country was certified free of polio in 1991 by PAHO/WHO. The last case of yellow fever

reported was in 1968. The last reported case of whooping cough was in 2002. In 2011, an assessment report of Measles, Rubella by PAHO/WHO, CAREC revealed that there was no evidence of unreported cases of measles and rubella.
In 2015, an update was provided to CARPHA on measles, mumps and rubella which illustrated the continued high coverage of MMR vaccine and the absence of indigenous measles transmission.

At the end of 2015, there 23 suspected cases of rash with fever, AFP 6 suspected cases none of these samples were positive for neither measles nor polio respectively.

3.1.2. NVS future plans and priorities

[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: for existing vaccines - reasonableness of targets for next implementation year, plans for any changes in presentation or type, risks to future implementation and mitigating actions; for new applications – any expected future applications (include in table 1 above), emerging new priorities for the national immunization programme]

Proposed targets for the next year implementation of the new vaccines, and change in the target

The proposed under 1 target in the Annual Progress Report 2015 for Pneumococcal Vaccines would remain the same/ based on the trends over the last years.

The IPV proposed target in the IPV proposal of 15,042 will also remain the same as per Introduction proposal

Project growth in year by coverage performance

The performance estimated targets for PCV 13 is projected at 97 % coverage by year from 2016-2017. Based on the trends, this should remain as proposed in the Annual Progress Report 2015.

Plans for any change in the vaccine presentation

The vaccine presentation for PCV 13 should remain as single dose. However, it would be preferable for the IPV vaccines to be single dose instead of 5 doses (we accepted the 5 doses since this is what was available at the given time but for the 2017-2018 period the single dose is the preferred choice).

Risk to future plans and mitigating factors

Risk of full graduation of PCV 13 and RV in 2016 includes the competitive funding for programmes that was currently funded by CDC and Global Fund (that is Prevention of Mother to Child Transmission of HIV) that is now being transitioned under the government system. Careful planning is currently underway to ensure that this issue is not a major one.

Projected real economic growth in Guyana in 2016 and 2017 is 4%. Meeting was held with the Minister of Finance who highlighted that funding and fiscal space for health and immunization was not an issue as health is a priority but there was a bottleneck in planning and execution of the health programmes. PAHO/WHO has pledged support to the ministry in building capacity of the relevant areas in planning and implementation of the corresponding programmes.There are two main issues: human resources in rural areas (technical and supervision) and health planning and absorption of funds. These issues are more health system oriented but can affect immunization programmes. Other more specific issues are cold chain capacities, immunization trainings and logistics that should be tackled by transition grant and supported by government

- Also of importance to note is the difficulties that continues with supply of vaccines. An analysis of vaccine procurement and supply for the last 5 years clearly indicates that the country has received less PCV13 than requested. PAHO/WHO in efforts to mitigate this risk has trained all EPI officers on how to request vaccines so as to prevent stock outs. At the local level the distribution chain needs to be revisited as well as request for vaccines.

- Key risks of introducing IPV include the financial burden of simultaneous transition from donor support to country financing in parallel programs and graduating from GAVI financing for vaccine support.

Guyana has requested GAVI catalytic support for the implementation of HPV for 50% of the cohort at the age of 10 year for 8171 doses of HPV (Gardasil) vaccines for nationwide introduction. Guyana EPI will do catch up for the 11 and 12 years old and it is expected that they will have access to the same GAVI prices for HPV.

3.2. Health systems strengthening (HSS) support

3.2.1. Strategic focus of HSS grant

[Comment on the extent to which the HSS grant contributes to improve coverage and equity in access to immunization, and how it helps to address the technical, health systems and financial bottlenecks that might jeopardize the sustainability of these gains. See guidance document for more details]

Not applicable

3.2.2. Grant performance and challenges

[Comment on the relevant bolded areas listed in the table in this section of the guidance document, e.g.: achievements of targets and intermediate results; actual versus planned activity implementation and financial expenditure; use of PBF reward and budgets/plans; degree of participation of key stakeholders in implementation of HSS proposal; implementation bottlenecks and key challenges regarding financial management of HSS grant; compliance with data quality and survey requirements]

Not applicable

3.2.3. Describe any changes to HSS funding and plans for future HSS applications

[Present the rationale for a new tranche of HSS funds (and the associated amount as per table in section 1) or no-cost extension, or any planned changes in terms of re-allocation or reprogramming]

Not applicable

3.3. Transition planning *(if relevant)*

[Comment on all bolded areas listed in the table in this section of the guidance document, e.g. progress of implementation of planned activities; implementation bottlenecks; changes required to the transition plan for coming years, including rationale and costing/proposed financing]

Progress of implementation of planned activities

Though the Gavi transitional Plan was approved early, the country received the first tranche ($185,000) for implementation of the activities in late October 2015.

From October to December 2015, with the support of PAHO/WHO a total of $42,700 was utilized; the status of the activities are as follows:

1) Cold chain - The assessment of the cold chain system was initiated, which included the recruitment of a consultant, visits were made to Regions 2,3,4 ,5 and 6 during this period, in collaboration with

the Ministry of Public Health Personnel.

2) Information System, Monitoring and Evaluation - Health Qual: Improvement of the key health indicators at the primary health care level. These activities included recruitment of a consultant to assess all the ten regions. Visits were made to Regions 2, 3,4,5,6, and 10. This project reviewed the existing health data, noting the strengths and weakness, and make recommendations to improve.

3) Social mobilization

- Production of IEC materials for the new vaccines introduction- Production of the Child /EPI passport forms, vaccination brochures.

- Support to vaccination catch up activities were competed.

4) EPI surveillance

- Updated the materials and printed.

- One-day meeting in the implementation of the surveillance system was conducted. A total of 30 health workers attended this meeting. Regional EPI Manager was also part of this facilitation.

5) Human Resources Development and Training: Training was conducted in EVM in for Regions 1, 2,3,4,5, and 7. A total of 160 health workers were trained.

From January to August 2016, the following activities pertaining to the transitional grant were in progress. Up to August, the balance of transitional funds was $79,115.

1) Cold Chain -

Visits were completed by the consultant to Regions 1, 7, 8, 9 and 10. Final report on the cold chain assessment was shared with the ICC and a plan of action noted to improve the cold chain including the procurement of the cold chin equipment.

Procurement of the cold equipment is in process. Overseas procurement: 484 small vaccine carriers, 20 large vaccine carriers, 21- log tags for continuous mapping of the cold room,1Redundant system control (replacement for one at the cold chain walk in freezer and 500 temperature monitoring devices(freeze tags indicators) were received. Remaining procurement, of 500 refrigerator continuous monitoring devices and other solar equipment, is in progress.

For the local procurement: 2 vaccine refrigerators, 2 stabilizers and 2 voltage regulators have been procured; the remaining 8 vaccine refrigerators, 8 stabilizers and 8 voltage refrigerators are to be procured.

Completion of pending cold chain procurement will be carried out as soon as the second tranche is received.

2) Information System- Health Quality visits were completed in Regions 1, 7, 8 and 9. Final Health Quality assessment report was completed by the consultant and shared with the ICC committee. Recommendations on the improvement of the information system was discussed and plans are in place to conduct training in the regions on Health Quality.

3) Human Resources Development and Training – As part of implementation of the EVM Improvement Plan,

- Training in EVM was conducted in Regions 1, 5, 9 and 10. A total of 108 persons were trained.

- EPI Manual was updated. A one day meeting was held with the senior health visitors and key stakeholders on the EPI Manual. This is currently being printed.

4) Supervision:

- Supervision was done in all regions in collaboration with Ministry of Public Health

- Printing of EPI forms/charts including surveillance forms and immunization charts and passports

5) Social Mobilization:

- Production and printing of IEC materials for these training was completed as well as the

production of the immunization materials on measles, mumps, rubella, tetanus, yellow fever etc

- Support to immunization (mop-up) activities were completed in Region 1, Baramita, and Region 7, Upper Mazaruni.

6) Monitoring and Evaluation; National EPI review meeting was conducted 3 times for 2015 with all regional supervisors

7) Improve access to hinterland regions; Outreach activities were conducted in hard to reach areas in Region 7; Kangaruma, Issano/Tassaren and Bartica

To date 36% of the transitional grant has been implemented as it relates to actual expenditure. An estimated 52% is the accumulated total for both the obligated and actual expenditure. Due to late disbursement a "no cost" extension for transitional grant implementation will be required.

3.4. Financial management of all cash grants *(e.g. HSS, VIG, campaign operational cost grant, transition grant)*

[Comment on the bolded areas listed in the table in this section of the guidance document, e.g.: cash utilization performance and financial capacity constraints; modifications to financial management arrangements; major issues arising from cash programme audits or monitoring review; degree of compliance with Financial Management Requirements]

All Gavi funds are handled by PAHO/WHO as agreed by the Ministry of Public Health (MOPH) and the Interagency Coordination Committee (ICC) on immunization. All requests for support for activities by MoPH are made in accordance with PAHO /WHO rules and regulations. Each Technical Cooperation Request by the MoPH is signed by the EPI Manager and the Permanent Secretary, and then sent to the PAHO/WHO Guyana Country Office for processing.

In terms of banking, the funds from Gavi grants are consolidated into a PAHO/WHO HQ bank account Allotments are made to the PAHO/WHO Country Office, based on the budget contained in the Grant Agreement for activities to be implemented by the country

The Financial Statements received from the Finance Department (FRM) at PAHO's HQ in WDC, are signed by the authorized official and can be used as the supporting documents for the GAVI Reports, as these have been accepted by GAVI over the years of our reporting on these grants.

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

[Status of top 5 prioritized strategic actions from previous joint appraisal and any additional IRC or HLRP recommendations (if relevant)]

Prioritized strategic actions from previous joint appraisal / HLRP process	Current status
1. Adequate human resources to carry out the functions of the program	Human resource continues to be a challenge. For 2015 the programme experienced a high staff turnover due to retirement as well as health workers leaving. Many of the positions remains vacant and for those that have been filled the officers are to some extent inexperienced in the area of supervision of the programme at a regional level. Lack of incentives is another factor that contributes to this issue but with a finite health budget this cannot be solved immediately.
2. Availability of transportation to carry out day to day vaccination activities especially in Hinterland Region	The vaccination coverage especially within the hinterland regions have dropped due to the transportation challenges that they experience on a continual basis. Though the programme received support for vaccination mop-up activities the gaps still remain as it relates to meeting the target population.

	There is a need for an in-depth analysis of logistic needs and a detailed logistics plan for the regions, in order to improve the distribution of vaccines and related supplies.

5. PRIORITISED COUNTRY NEEDS[1]

[Summarise the highest priority country needs and strategic actions that could significantly improve coverage, equity and financial sustainability; the timeline for completing the actions and the type of technical assistance needed if applicable – see guidance document for more details]

Prioritized needs and strategic actions	Associated timeline for completing the actions	Does this require technical assistance?* *(yes/no)* If yes, indicate type of assistance needed
Capacity building at all levels as it relates to public health administration (supervision) and management of programme (e.g., target setting and vaccine stock management)	**2017**	**yes**
Strengthening of surveillance for VPD (e.g. Technical support for monitoring and evaluation of the implementation of HPV)	**2017**	**Yes**
Health system planning and management (e.g., to improve human resources training/distribution/incentives, transportation, supply distribution [gas and other])	**2017**	**Yes**
Advocacy and communication for strengthening of the EPI programme	**2017**	**Yes**

**Technical assistance not applicable for countries in final year of Gavi support*

6. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT AND ADDITIONAL COMMENTS

This section does not need to be completed for joint appraisal update in interim years; instead the EPI manager is expected to endorse the joint appraisal report.

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism	On completion of the draft report there was a special ICC meeting that was convened to review and endorse the report. The report was presented by the EPI Country Manager after which there was a round of discussions.
Issues raised during debrief of joint appraisal findings to national coordination mechanism	The issues raised were as follows; - Distribution of vaccines especially in the hinterland communities which remains a challenge - The lack of data analysis by health workers at the regional level - Inadequate human resources due to lack of incentives which will not be addressed in the near

[1] Subsequent planning and discussions on Targeted Country Assistance will take place - detailed guidance on the process will be shared in May 2016.

	future - Multi-sectorial approach to address the transportation issue as a short term solution.
Any additional comments from: • **Ministry of Health** • **Gavi Alliance partners** • **Gavi Senior Country Manager**	

7. ANNEXES

This section does not need to be completed for joint appraisal update in interim years. Please include the following Annexes when submitting the report, and any others as necessary

Annex A. Description of joint appraisal process (e.g. team composition, how information was gathered, how discussions were held)

The persons who completed the report were the EPI Manager and PAHO/WHO Immunization Focal Point. The Joint Appraisal team from the Gavi Secretariat and PAHO/WHO headquarters reviewed and provided feedback.

Information was used from the following existing documents to complete the joint appraisal report:

- Annual Progress Repot 2015
- CMYP 2013-2017, 2017-2021
- WHO UNICEF Joint Reporting Format
- Guyana IPV introduction Plan 2014
- Guyana Health Vision 2020
- Overview of the EPI programme in 2015
- Guyana EPI National Data 2015
- Inactivated Polio Vaccine Introduction Plan
- GAVI IRC notes
- GAVI Transitional Plan funding proposal

UNICEF has committed to conduct an assessment to identify the migration factors that affect registration and vaccination of children in rural areas and mining zones (e.g young girl sex workers after delivery leaving the areas). The EPI officer will follow up this with the UNICEF counterparts.

Annex B: Changes to transition plan *(if relevant)*

Changes proposed	Rationale for changes	Related cost (US$)	Source of funding for amended activities	Implementation agency	Expected result
Increase in the allocation of the funding for the information system	The assessment carried out for the information system involved travel to hinterland regions which exceeded the costs Follow up training is needed on the assessment provided on the information system	Increase by $20,000 This could be taken from the 28,000 USD co-financing rotavirus compensation and the rest will be go towards the cold chain	Second tranche disbursement from $155,000	MOPH in collaboration with PAHO/WHO	Health information system at the regional level improved

Annex C.

Immunization Programme Under 1 Coverage
JANUARY - December 2015
BCG, Pentavalent

REGION	TARGET			BCG		PENTAVALENT					
						1ST		2ND		3RD	
		Male	Female	DOSES	%	DOSES	%	DOSES	%	DOSES	%
1	1036	507	529	999	96%	1031	100 %	1007	97%	953	92%
2	1044	537	507	980	94%	994	97%	982	94%	947	91%
3	1978	1017	961	1788	90%	1933	98%	1995	101 %	1886	95%
4 E Bank	1353	702	712	1362	101 %	1200	91%	1282	91%	1279	90%
4 East Coast	1984	991	993	1868	94%	1732	87%	1757	89%	1785	90%
4 Mun	869	410	459	741	85%	718	83%	696	80%	781	90%
4 GT	1715	886	829	1633	95%	1554	91%	1675	98%	1694	99%
5	974	492	482	964	99%	975	100 %	962	99%	939	96%
6	1925	1032	1025	1918	100 %	1959	102 %	1967	102 %	1934	100 %
7	535	275	260	475	89%	504	95%	532	99%	480	91%
8	327	166	161	300	92%	286	87%	263	82%	247	71%
9	705	369	336	673	95%	699	99%	666	94%	610	87%
10	969	480	489	819	85%	919	95%	891	92%	821	85%
Private				688		318		315		293	
TOTAL	15414	7864	7743	15208	99%	14822	96%	14990	97%	14649	95%

Guyana under 1 coverage Jan to December 2015 OPV and IPV

Regions	OPV + IPV					
	1ST Doses	%	2ND DOSES	%	3RD DOSES	%
1	900	87%	886	86%	857	83%
2	967	93%	965	92%	922	88%
3	1925	97%	1832	93%	1770	89%
4 E Bank	876	82%	1284	91%	1277	90%
4 East Coast	1715	86%	1741	88%	1783	90%
4 Mun	711	82%	667	77%	781	90%
4 GT	2101	123%	1654	96%	1635	95%
5	972	99%	953	98%	930	95%
6	1933	100%	1908	99%	1903	99%
7	504	95%	493	92%	480	91%
8	283	87%	264	81%	223	68%
9	691	98%	662	94%	606	86%
10	596	62%	819	85%	731	75%
Private	293		326		306	
TOTAL	14467	94%	14454	94	14204	92%

UNDER ONE COVERAGE
JANUARY - December 2015
Rotavirus and PCV 13 coverage

REGION	TARGET	Rotarix vaccines				PCV 13					
		1ST		2ND		1ST		2ND		3RD	
		DOSES	%	DOSES	%	DOSES	%	DOSES	%	DOSES	%
1	1036	1009	97%	1063	103%	1030	99%	1001	97%	955	92%
2	1044	948	91%	930	89%	983	91%	968	93%	905	87%
3	1978	1913	97%	1955	99%	1965	99%	1968	99%	1776	90%
4 E Bank	1353	1279	90%	1365	97%	1302	92%	1317	93%	1272	90%
4 East Coast	1984	1721	87%	1748	88%	1744	88%	1735	87%	1780	90%
4 Mun	869	674	78%	654	75%	432	50%	688	79%	785	90%
4 GT	1715	1600	93%	1701	99%	1416	83%	1376	80%	1746	102%
5	974	968	99%	1052	108%	975	100%	962	99%	940	97%
6	1925	1965	102%	2093	108%	1958	101%	1963	101%	1930	100%
7	535	514	96%	508	95%	540	100%	424	79%	470	90%
8	327	280	86%	276	84%	288	88%	270	83%	250	76%
9	705	686	97%	657	93%	680	96%	669	94%	602	85%
10	969	823	85%	758	78%	920	95%	888	92%	835	86%
Private		248		96		285		306		305	
TOTAL	15413	14628	94%	14856	96%	14518	94%	14535	94%	14551	94%

Immunization Programme Under 1 Coverage

September - December 2015

Inactivated Polio Vaccine 1st Dose

		Doses			**Percentage**		
Region	**Target**	**Total**	**Males**	**Females**	**Total**	**Males**	**Females**
1	1036	214	118	96	21	11	9
2	1044	313	164	149	30	16	14
3	1978	652	332	320	33	17	16
4 E Bank	1353	420	214	206	31	16	15
4 East Coast	1984	547	293	254	28	15	13
4 Mun	869	279	133	146	32	15	17
4 GT	1715	498	252	246	29	28	30
5	974	486	181	305	35	18	17
6	1925	704	357	347	36	19	18
7	535	144	75	69	27	14	13
8	327	66	32	34	21	10	11
9	705	216	116	100	31	16	14
10	968	289	154	135	30	15	14
Private							
TOTAL	15413	4828	2421	2407	32	16	16

MMR 12 MONTHS COVERAGE

JANUARY - December 2015

REGION	Target	NUMBER IMMUNIZED THIS QUARTER M	F	T	%
1	1062	499	477	976	92%
2	1009	513	495	1008	100%
3	1944	1005	872	1877	97%
4 E Bank	1306	663	618	1301	100%
4 EC	1873	967	951	1918	102%
4 Mun	786	378	381	759	97%
4 GT	1676	895	782	1677	100%
5	959	484	470	954	99%
6	1943	995	908	1903	98%
7	546	271	226	497	91%
8	312	127	129	256	82%
9	710	382	343	725	101%
10	928	451	448	899	97%
Private		0	0	379	
Total	15054	7630	7100	15129	100%

Yellow Fever Coverage
January- December, 2015

REGION	NO. IMMUNIZED THIS YEAR Target	M	F	T	%
1	1062	477	457	934	88%
2	1009	514	477	991	98%
3	1944	1013	857	1870	96%
4 E Bank	1306	654	638	1292	99%
4 EC	1873	971	963	1934	103%
4 Mun	786	370	335	705	90%
4 GT	1676	930	814	1744	104%
5	959	484	470	954	99%
6	1943	994	910	1904	98%
7	546	271	226	497	91%
8	312	162	150	312	100%
9	710	382	345	727	102%
10	928	363	444	807	87%
Private		0	0	377	
Total	15054	7585	7086	15048	100%