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Progress Report

Updated February 2004

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

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by the Government of

COUNTRY: Guyana

Date of submission: 28th May, 2004.....

Reporting period: 1st January 2003-December 2003

refer to the previous calendar year

Information provided in this report MUST

- (Tick only one) :
- Inception report
 - First annual progress report
 - Second annual progress report
 - Third annual progress report
 - Fourth annual progress report
 - Fifth annual progress report

*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
Unless otherwise specified, documents may be shared with the GAVI partners and collaborators

Guyana

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1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

*Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

Requests to fund activities for \$100,000 US dollars for the EPI are made by the EPI Officer of the Ministry of Health to the Permanent Secretary. The Permanent Secretary would then send the request to the PAHO/WHO country office who would arrange disbursement of funds or procure the necessary equipment. PAHO/WHO serves as the coordinating body for funds and management. This greatly assisted in the refurbishing of the regular cold chain refrigerator system in all the ten regions. Items received from this fund included refrigerators (gas, electric and kerosene), vaccine carriers (small, igloos) and thermometers. The ICC is fully appraised and in agreement with the line of movement.

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year 2003 Remaining funds (carry over) from the previous year _____

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US \$	PUBLIC SECTOR			Government Estimated amounts as of FSP 2003
		Central	Region/State/	District	
a) Total Project support revised based on correspondence dated May 11 th , 2004 (\$1,017,000 plus \$100,000 supplemental assistance.	\$1,117,500				
b) Total Expenditure in 2001 (A)	\$186,152.50				
c) Total Expenditure in 2002 (E)	\$318 869.26				
TOTAL EXPENDITURE IN 2003					
Vaccines exp. as supplied by Revolving Fund(E)	\$133,629.28				\$278,400
Injection supplies exp. as supplied by Revolving Fund(E)	\$6,577.07				\$25,700
Personnel					\$488,540
Transportation					\$65,620
Maintenance and overheads					\$93,780
Training Related Events (A)	* \$2,020.38				\$22,030
IEC / social mobilization					\$3,290
Monitoring and evaluation					\$26,880
Epidemiological surveillance					\$26,230
Vehicles					-
Cold chain equipment (A)	*1,872.01				\$49,000
d) TOTAL IN 2003(E)	\$144,098.74				\$1,130,540
e) Adjustments to 2002 Estimated amount	- \$ (7,432.20)				
Remaining funds for next year ; a- (b+c +d) – e =	\$475,811.7				

* See Table 1.2.3 (A) denotes actual expenditure and (E) estimated expenditure

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed – Appendix 11

Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

For the latter part of 2003, outreach activities were conducted in several low coverage areas in an effort to increase national vaccination coverage. These intense outreach activities were conducted in areas of lower socio-economic status, hard to access communities and hinterland communities. The lower income communities were in Region 4 (Georgetown and East Bank), the hinterland and hard to access areas were within Region 1, 7, 8 and 9. This greatly increased the overall coverage at the end of 2003.

A review of some of the existing solar photo voltaic refrigeration system was conducted in Regions 1, 5,6 and 7. Recommendations were made as to the type of equipment that is necessary for these areas

1.1.3 Immunization Data Quality Audit (DQA) (If it has been implemented in your country) NOT APPLICABLE

*Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.*

YES

NO

If yes, please attach the plan and report on the degree of its implementation.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

Planning for a national EPI situational analysis was initiated in December 2003. The main purpose of this study is to analyze the National EPI Plan of Action in order to identify constraints to its implementation at all levels and to determine potential solutions. This study will target all areas in the

country with emphasis on the hinterland and hard to access areas. This study will review characteristics of EPI for example, cold chain, biological and logistics, human resources, injection safety, training and supervision issues. These would be analysed per region and used as a tool for planning.

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Start of vaccinations with the new and under-used vaccine: MONTH November YEAR...2001

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

For 2003, 34, 500 doses of pentavalent was provided.

- 1) 5/5/2003 – 10,000 doses of pentavalent vaccines..*
- 2) 4/11/2003- 12,000 doses of pentavalent vaccines.*
- 3) 16/12/2003-12,500 doses of pentavalent vaccines*

The Ministry of Health organised the delivery of the vaccines for optimum use of the cold chain.

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

A cold chain consultant visited in March and reviewed the estimated cost of the national cold room and the solar photovoltaic refrigeration system in Regions 1, 5, 6 and 7. The revised cost of the national cold room was estimated to be \$195,450 US (\$38,503,650 Guyana dollars).

The Ministry of Finance has appropriated the sum of \$9, 000,000 million Guyana dollar - (app \$45,000 US \$) in the national budget towards the construction of the national cold room. This construction is expected to be on a phased basis. In 2004, the physical works of the building are expected to be completed. In 2005, the refrigeration units will be procured and installed. By the end of 2005, it is expected that this project will be completed once financing is in order.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US\$ used activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Category in 2003	Actual Expenditure	Completed or Not completed
Estimated Expenditure in 2002- \$ 77, 458.28 as reported in the 2002 Annual Report		
Adjustments to 2002 Estimated amount (-\$ 7, 432.20)*	\$ 70,026.08	Completed
Expenditure in 2003		
1) EPI training related activities and field survey (Region 1, 7,8 and (actual expenditure in 2003)	\$ 2,020.38	Completed
2) Procurement of cold chain equipment , -2003 Thermometers vertical, alcohol, 1 (actual expenditure in 2003)	\$ 1,872.01	Completed
	\$3,892.39	
Total	\$73, 918.47	

* Price Related adjustments in 2002

ICC minutes attached in Appendix II

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

<p><i>The following was received in 2003</i></p> <p><i>AD syringes</i></p> <p>1) 22/5/2003- 20,000 -23G X1-1/2 inch syringes. 2) 1/09/03-17,000 -23Gx1-1/2 inches 3) 17/12/2003-2,500- 23 G X1 inch syringes.</p>

Reconstituted syringes
 1) 1/1/03 -20,000 –syringes 1 cc

Safety boxes
 1) 22/5/2003-700 Safety boxes with liners.

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
<i>Percentage of health facilities who have implemented safe disposal for syringes and needles</i>	<i>To have at least 70% of health facilities implemented safe disposal of needles and syringes .</i>	<i>About 75% of the coastland facilities have small burning chambers(Incinerators for the disposal of needles and syringes.</i>		<i>To have at least 80% of the coastland areas implemented safe disposal of needles and syringes</i>

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution) NOT APPLICABLE

The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

Please note the following :
 - *The Ministry of Health is eligible for a World Bank HIV/AIDS grant US \$10 Million. One of the project components is the disposal of biological waste. This should take care of injection safety as well.*

2. Financial sustainability

Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

First Annual Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Submitted first and second Annual progress Report, indicators are listed below

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. Two indicators were selected for monitoring the FSP annually as recommended in the Letter dated 2nd March, 2004 to the Minister of Health. A copy of the Plan of action is summarised in Annex 1 (modified from Table 17 in the Financial Substantiality document 2003)

Indicators	Targets	Achievements	Constraints	Updated targets
1) Decrease in missed opportunities and attrition rate nationally. Current value -15% nationally in 2001.	1) Target value - 5 % by 2008 nationally	1) Attrition Rate was 3.2% in 2003, nationally.	-Climate and difficulties in logistics to access regions in order to provide vaccination services makes it difficult to reach some remote areas.	Targets remains the same
2) The number of RHIO's trained and actively participating in budget preparation (3 out of 10) in 2001.	2) By 2008, 10 out of 10 RHIO's	2) In 2003, 8 out of 10 RHIO participated fully in budget preparation in 2003.		Targets remains the same.

In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	2004	2005	2006.	2007.	20..	20..	20..	20..	20..	20..
Proportion funded by GAVI/VF (%) new vaccines *	55	35	20	10						
Proportion funded by the Government and other sources (%)	45	65	80	90						

* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.
 Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gavittf.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.\

These indicators as listed in Section 4 are used to monitor performance of the EPI .

3. Request for new and under-used vaccines for year (indicate forthcoming year)

Section 3 is related to the request for new and under used vaccines and injection safety for the forthcoming year.

Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies MUST be justified in the space provided (page 12). Targets for future years MUST be provided.

Number of	Baseline and targets (actual)				Proposed targets and estimated population				
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births (Live)	18,550	18,289	18,199	17,030 ^E	18,346	18,346	18,346	18,346	18,346
Infants' deaths	410	328	344	299 ^E	360	360	360	360	360
Surviving infants	18,149	17,961	17,855	16,731	17,988	17,988	17,988	17,988	17,988
Infants vaccinated with DTP3 [*]/Pentavalent vaccine									
Number of Infants vaccinated with DTP3/pentavalent	15,750	15,199	16,271	15,098	16,728	16,728	17,086	17,086	17,086
NEW VACCINES									
Infants vaccinated with DPT3/ pentavalent vaccine (Percentage %)	88	85	91	90	93	93	95	95	95
INJECTION SAFETY									
Pregnant women vaccinated with TT /DT (in Guyana DT used)	81 %	83 %	87 %	89	90	90	92	94	95
Infants vaccinated with BCG	93 %	95 %	91 %	95	95	95	95	98	98
Infants vaccinated with Measles (in Guyana MMR used)		93 %	93%	89	95	95	95	98	98

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows for every new vaccine introduced

E- estimated up to time of reporting for annual report . Source, MOH Statistical Department

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

Please note that these are the same figures as reported in the 2002 Annual Report for GAVI but the 2003 figures are actual figures. The infant deaths are still being tabulated by the Statistical Department of the Ministry of Health and these are estimated figures.

Table 4: Estimated number of doses of vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of (new vaccine)		17,988
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	35
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	18,887.4
E	Estimated wastage factor	(see list in table 3)	0
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	18,887.4
G	Vaccines buffer stock	$F \times 0.25$	4721.85
H	Anticipated vaccines in stock at start of year .		10,000
I	Total vaccine doses requested	$F + G - H$	13,609.25
J	Number of doses per vial		1
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	15,106.26
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	15,106.26
M	Total of safety boxes (+ 10% of extra need)	$(K+L)/100 \times 1.11$	335.4

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

*Please report the same figure as in table 3.

3.3 Confirmed/ revised request for injection safety support for the year (indicate forthcoming year) NOT APPLICABLE

Table 6: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year	For year
A	Target of children for vaccination (for TT : target of pregnant women) ¹	#		
B	Number of doses per child (for TT woman)	#		
C	Number of doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock ²	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	Either 2 or 1.6		
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$		

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

Not applicable

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

² The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/IF support

Indicators	Targets	Achievements	Constraints	Updated targets
a) The percentage of children by the age of one year who have received one dose of BCG and three doses of OPV and pentavalent vaccines	BCG-95 % OPV-90 % Pentavalent -90%	For 2003, 95 % of children received BCG by age one and three doses of OPV 91%, Pentavalent 90% by the age of one. The targets for antigens under 1 year were achieved.	Although the national coverage is high, inequities exist in the regional coverage especially in hinterland areas. Coastland areas represent over 80% of the population.	To have at least 95% coverage in BCG and for the rest of antigens 93%.
b) Percentage of children at 12 months who are vaccinated against MMR/Yellow Fever.	MMR and Yellow Fever - 90%	For 2003, MMR was 89% and Yellow Fever 88%.	Two areas (low income communities) in Region 4 were below 80% . Efforts were made in the latter half of the year to do mini-campaign activities in these areas.	To have at least 95% coverage in MMR and Yellow Fever.
c) Zero prevalence of vaccine preventable diseases	Zero cases of vaccine preventable diseases	No cases of polio, tetanus , diphtheria, measles or yellow fever.		No case of vaccine preventable disease reported.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	28 th May , 2004	
Reporting Period (consistent with previous calendar year)	Yes	
Table 1 filled-in	Yes	
DQA reported on	No	
Reported on use of 100,000 US\$	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	Yes	
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Not applicable	
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

► *ICC/RWG comments:*

We the members of the ICC committee will strive to assist the EPI programme in Guyana by technical and financial support .

Signatures

For the Government ofGuyana

Signature: *Leti Nansang*

Title: *Minister of Health*

Date: *24/5/04*

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Dr Rudolph Cummings	Chief Medical Officer, Ministry of Health		<i>RD</i>	Mr Mohamed Hamid	National Officer , Health UNICEF		<i>M. Hamid</i>
Dr Jomo Osborne	Maternal and Child Health Officer, EPI Manager (acting)		<i>Jomo Osborne</i>	Mr Murray Kam	CIDA		<i>Murray Kam</i>
Mr Aubrey Williams	Planning Department Ministry of Health		<i>Aubrey Williams</i>	Mr Fritz M ^e Lean	Rotary International		<i>Fritz M^e Lean</i>
Dr Bernadette Theodore-Gandi	PAHO/WHO Representative, Guyana	<i>21/5/04</i>	<i>Bernadette Gandi</i>	Ms Adele Clarke	Planner 2, Ministry of Finance	<i>21/5/04</i>	<i>Adele Clarke</i>

~ End ~